NEVADA STATE
BOARD OF PHARMACY

BOARD MEETING

June 1-2, 2022

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

Please do not remove the book from the meeting room.

Nevada State Board of Pharmacy

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

Date Posted: May 23, 2022

SECOND AMENDED AGENDA

◈ PUBLIC NOTICE ◈

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday June 1, 2022, at 9:00 am. The meeting will continue, Thursday, June 2, 2022, at 9:00 am if necessary or until the Board concludes its business. Pursuant to NRS 241.023(1)(c) the meeting is being conducted by means of remote technology. The public may attend the meeting via live stream remotely or in person at the following location:

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

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

Please Note:

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

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

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

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

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

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

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

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

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

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

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

◈ CONSENT AGENDA ◈

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

3. Approval of the April 13-14, 2022, Meeting Minutes (**FOR POSSIBLE ACTION)**

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

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

   Background Check Not Required by Law.

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

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

   A. Arthrex, Inc. – Fort Myers, FL
   B. Banner Life Sciences, LLC – High Point, NC
   C. Casper Pharma LLC – East Brunswick, NJ
   D. Dash Pharmaceuticals LLC – Upper Saddle River, NJ
   E. Kaleo, Inc. – Richmond, VA
   F. MYCO Medical Supplies, Inc. – Apex, NC
   G. Myonex Inc. – Horsham, PA
   H. OrthogenRx, Inc – Doylestown, PA
   I. Pharma Source Direct, Inc. – Englewood, CO

J. ProVen Pharmaceuticals, LLC – Plymouth Meeting, PA
K. Rising Pharmaceuticals – Somerset, NJ
L. The Hibbert Group – Aurora, CO

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

M. Abbott Laboratories, Inc. – Irving, TX
N. Abbott Laboratories, Inc. – Irving, TX
O. Abbott Laboratories, Inc. – North Chicago, IL
P. Abbott Laboratories, Inc. – Plano, TX
Q. Abbott Laboratories, Inc. – Roseville, MN
R. Abbott Laboratories, Inc. – Sylmar, CA
S. Abbott Laboratories, Inc. – Temecula, CA
T. Abbott Rapid Dx North America, LLC – Freehold, NJ
U. Abbott Rapid Dx North America, LLC – San Diego, CA
V. Amylyx Pharmaceuticals, Inc. – Cambridge, MA
W. ANDA #28 – Grand Island, NY
X. Cardinal Health at Home – Portland, OR
Y. Edgepark Medical Supplies; Cardinal Health at Home – Cranbury, NJ
Z. Edgepark Medical Supplies; Cardinal Health at Home – Durham, NC
AA. Edgepark Medical Supplies; Cardinal Health at Home – Fort Worth, TX
BB. Edgepark Medical Supplies; Cardinal Health at Home – Jacksonville, FL
CC. Edgepark Medical Supplies; Cardinal Health at Home – Ontario, CA

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

DD. Kowa Pharmaceuticals America, Inc. – Montgomery, AL
EE. Medline Industries, LP – Grayslake, IL
FF. Medline Industries, LP – Rialto, CA
GG. Medline Industries, LP – Salt Lake City, UT
HH. Medline Industries, LP – Southaven, MS

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

II. L. Perrigo Company – Allegan, MI
JJ. QPharma, Inc. – Cedar Knolls, NJ

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

KK. Abbott Molecular, Inc. – Des Plaines, IL
LL. Abbott Molecular, Inc. – Elk Grove Village, IL
MM. Alere San Diego Inc. – Pomona, CA
NN. Axsome Therapeutics, Inc. – Bridgewater, NJ
OO. La Jolla Pharmaceutical Company – Waltham, MA
PP. Linde Gas & Equipment Inc. – Santa Ana, CA
QQ. PROCEPT BioRobotics Corporation – Redwood Shores, CA
RR. Tulsa Dental Products LLC – Johnson City, TN

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

SS. Edgepark Medical Supplies; Cardinal Health at Home – Elgin, IL
TT. Edgepark Medical Supplies; Cardinal Health at Home – Twinsburg, OH

4.2.7 Background checks completed in compliance with NRS 639.500.

UU. ASD Specialty Healthcare, LLC – Montclair, CA
VV. HemaSource, Inc. – Dallas, TX

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

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

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

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

WW. Henderson Pharmacy LLC – Henderson, NV

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

XX. Avita Pharmacy 1025 – Brea, CA
YY. Covetrus North America, LLC – Fort Worth, TX
ZZ. Covetrus North America, LLC – Houston, TX
AAA. Golden Gate Pharmacy Services, Inc. – Novato, CA
BBB. Roman Health Pharmacy LLC – Englewood, CO
CCC. Roman Health Pharmacy LLC – Long Island City, NY
DDD. Santa Rose Pharmacy – Santa Rosa Beach, FL
EEE. Synergen Rx, LLC – Doraville, GA
FFF. Trinity Health Pharmacy Services – Fort Wayne, IN

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

GGG. Curexa – Egg Harbor Township, NJ
HHH. F&M Specialty Pharmacy – Flowood, MS
III. Kaizen Compounding Pharmacy – Redding, CA
JJJ. Spectrum Solutions Rx, LLC – Draper, UT

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

4.9 Application for Ambulatory Surgery Center License (NAC 639.4992) - Non-appearance **(FOR POSSIBLE ACTION)**

KKK. Box Canyon Surgery Center LLC – Las Vegas, NV
LLL. Coronado Surgical Recovery Suites – Henderson, NV

◈ REGULAR AGENDA ◈

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

A.	Jahnavi Rao, DDS	(21-226-CS-S)
B.	Alan D. Marvin, MD	(21-222-CS-S)
C.	Ann Kershnar, MD	(21-220-CS-S)
D.	Kord T. Strebel, MD	(19-053-CS-S)
E.	Thomas Strebel, RPH	(19-053-RPH-S)
F.	Order to Show Cause: Rosa A. Bellota-Rojas, MD	(18-103-CS-A-S)
G.	Order to Show Cause: Anuranjan Bist, MD	(18-103-CS-B-S)
H.	Rosa A. Bellota Rojas, MD	(21-205-A-CS-S)
I.	Anuranjan Bist, MD	(21-205-B-CS-S)
J.	Jeffrey Brown, PA	(21-205-C-CS-S)
K.	Michael Burkintas, RPH	(22-063-RPH-S)
L.	Stephen Dubin, MD	(20-020-CS-S)
M.	Sherman Washington, MD	(21-104-CS-N)
N.	Las Vegas Scripts Rx	(19-243-PH-S)
O.	Nathan Edouard, RPH	(19-243-RPH-S)
P.	Sherman Washington, MD	(19-243-CS-S)
Q.	Airtec Gases, LLC	(22-080-MP-S)

6. Applications for Controlled Substance Registration (NRS 453.226) – Appearance **(FOR POSSIBLE ACTION)**

A. Ivan Goldsmith
B. Sherman Washington – Iuventus Medical Center – Las Vegas, NV
C. Sherman Washington – Iuventus Medical Center – Las Vegas, NV

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

Christina Chalikias

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

Karen Price

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

   A. First Class Rx Pharmacy LLC – Las Vegas, NV
   B. NOWRX – North Las Vegas, NV

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

    UpScript Pharmacy, LLC – Sandy, UT

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

    A. ACA Pharmacy, LLC – Nashville, TN
    B. IgG of America, Inc. – Linthicum Heights, MD
    C. Integrity Compounding Pharmacy – Sandy Springs, Ga
    D. Mid Valley Health Services – Ceres, CA
    E. Optum Infusion Services 550, LLC – Carlsbad, CA
    F. Optum Infusion Services 550, LLC – Cincinnati, OH
    G. Pentec Health, Inc. – Boothwyn, PA
    H. Village Lane Apothecary – Colleyville, TX
    I. Wickliffe Veterinary Pharmacy – Lexington, KY

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

    A. Airtec Gases, LLC – Las Vegas, NV – Background Check Not Required – Manufacturer (NAC 639.593 (7)(d)) – Disclosure
    B. Airtec Gases, LLC – Sparks, NV - Background Check Not Required – Manufacturer (NAC 639.593 (7)(d)) – Disclosure
    C. Medidenta – Las Vegas, NV – Background checks completed in compliance with NRS 639.500.

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

    Medivant Health – Chandler, AZ

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

    A. KayLynn Bowman
    B. Remmington Junior

15. Approval of Revised Pharmacist Application **(FOR POSSIBLE ACTION)**

16. Approval of Revised Dispensing Practitioner Registration Application, Advanced Practitioner Registered Nurse Dispensing Registration Application, and Physician Assistant Dispensing Registration Application **(FOR POSSIBLE ACTION)**

17. Approval of Physician Assistant Prescribe/Controlled Substance Registration Application **(FOR POSSIBLE ACTION)**

18. Election of President and Treasurer pursuant to NRS 639.040.

19. Discussion and possible action to amend, revise and/or approve proposed FY23 budget. **(FOR POSSIBLE ACTION)**

20. Board Discussion of (i) American Pharmacist Association (APhA), March 2022 State Report for State Boards of Pharmacy – NABP District Eight States; and (ii) Journal of the American Pharmacist Association, June 2020 – Ability of the Well-Being Index to identify pharmacist in distress.

    Public Comment concerning (i) American Pharmacist Association (APhA), March 2022 State Report for State Boards of Pharmacy – NABP District Eight States; and (ii) Journal of the American Pharmacist Association, June 2020 – Ability of the Well-Being Index to identify pharmacist in distress.

    Members of the Public are invited to provide public comment. No action will be taken regarding public comments made on this agenda item. Public comment may be limited to three (3) minutes at the discretion of the Board President.

    Direction to Board Staff regarding (i) American Pharmacist Association (APhA), March 2022 State Report for State Boards of Pharmacy – NABP District Eight States; and (ii) Journal of the American Pharmacist Association, June 2020 – Ability of the Well-Being Index to identify pharmacist in distress. - **(FOR POSSIBLE ACTION)**

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

22. Executive Secretary Report:

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

Thursday June 2, 2022 – 9:00 am

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

A. **Amendment to Nevada Administrative Code (NAC) 639**. The proposed amendments relate to licensing and regulation of Medical Products Wholesalers as Wholesalers in order to conform the requirements of existing law

B. **Amendment to Nevada Administrative Code (NAC) 639**. The proposed amendments authorize a practitioner working in a hospital to dispense medications related to Medication Assisted Treatment (MAT) for a limited time without obtaining a dispensing license from the Board of Pharmacy.

C. **Amendment to Nevada Administrative Code (NAC) 639.870**. The proposed amendment removes the requirement that an advanced practice registered nurse must appear at a Board Meeting prior to obtaining a dispensing license from the Board of Pharmacy. Changes the language to may be required to appear.

◈ PUBLIC HEARING ◈

Thursday June 2, 2022 – 9:00 am

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

A. **Amendment of Nevada Administrative Code (NAC) 639.742, 639.743, 639.744. and 639.745: Dispensing Practitioners.** The proposed amendments establish requirements for an oncology group practice to obtain a certificate of registration to maintain a single inventory of dangerous drugs received at a site of practice, prescribe the procedure for renewing such a certificate, and prescribe certain powers and duties of the dispensing practitioners of such a registered oncology group practice. (LCB File R007-21)

B. **Amendment of Nevada Administrative Code (NAC) 639.240, and 639.242 639.256.** The proposed amendment to NAC 639.240, and 639.242 will amend the requirements necessary for an applicant to obtain a registration as a pharmaceutical technician and pharmaceutical technician in training. (LCB File R041-21)

C. **Amendment of Nevada Administrative Code (NAC) 639.360**: The proposed amendments revise certain requirements governing continuing education for pharmacists; eliminating the Advisory Committee on Continuing Education which advises the Board concerning the accreditation of CE. (LCB File R 120-21)

25. Date and Location of Next Scheduled Board Meeting:

July 13-14, 2022 – Reno, NV

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

27. Adjournment

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

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

Continuing Education credit will be given for in person attendance at this Board meeting pursuant to NAC 639.330(1)(b)(2).

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

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Ste 206, Reno, NV 89521

(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

• Web Page: bop.nv.gov

MINUTES

April 13-14, 2022

BOARD MEETING

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday April 13, 2022, at 9:00 am. The meeting will continue, Thursday, April 14, 2022, at 9:00 am if necessary or until the Board concludes its business. Pursuant to NRS 241.023(1)(c) the meeting is being conducted by means of remote technology. The public may attend the meeting via live stream remotely or in person at the following location:

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

Board Members Present:

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

Board Staff Present:

Dave Wuest	Yenh Long	Shirley Hunting	Kristopher Mangosing
Brett Kandt	Peter Keegan	Darlene Nases	Joe Dodge
Leo Basch	Ken Scheuber	Luis Curras	Sophia Long

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

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

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

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

2. Public Comment April 13, 2022, 9:00 AM

There was no public comment.

◈ CONSENT AGENDA ◈

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

3. Approval of the March 2-3, 2022 Meeting Minutes (**FOR POSSIBLE ACTION)**

Board discussion ensued.

Board Action:

Motion: Rolf Zakariassen moved to approve March Board meeting minutes.

Second: Wayne Mitchell

Action: Passed unanimously.

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

A. Advanced Diabetes Supply – Carlsbad, CA
B. AMSR LLC – Centennial, CO
C. RehabPulse Inc – Middleton, WI

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

Background Check Not Required by Law.

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

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

D. A-dec, Inc. – Fenton, MO
E. A-dec, Inc. – Newberg, OR
F. Gilead Sciences, LLC – Foster City, CA
G. Modavar Pharmaceuticals LLC – Washington, DC
H. Spectra Medical Devices, LLC – Wilmington, MA
I. Stratatech Corporation – Madison, WI
J. Trigen Laboratories, LLC – Sayreville, NJ

K. Trigen Laboratories, LLC – Tampa, FL

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

L. Becton, Dickinson and Company – Columbus, NE
M. FedEx Supply Chain, Inc. – Mooresville, IN
N. Henry Schein Inc. – Southlake, TX

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

O. Covetrus North America – Aurora, CO
P. Covetrus North America, LLC – Columbus, OH
Q. Covetrus North America, LLC – Columbus, OH
R. Covetrus North America, LLC – Ft. Worth, TX
S. Covetrus North America – Lexington, KY
T. Covetrus North America – Southaven, MS
U. Covetrus North America, LLC – Tualatin, OR
V. Covetrus North America, LLC – Visalia, CA
W. Integrated Commercialization Solutions, LLC – Brooks, KY

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

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

X. AcelRx Pharmaceuticals, Inc. – Hayward, CA
Y. Ascendis Pharma Endocrinology, Inc. – Princeton, NJ
Z. Cytokinetics, Incorporated – South San Francisco, CA
AA. Johnson & Johnson Vision Care, Inc. – Jacksonville, FL
BB. Kite Pharma, Inc. – Frederick, MD
CC. Marinus Pharmaceuticals, Inc. – Radnor, PA
DD. Novartis Gene Therapies, Inc. – Durham, NC

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

4.2.7 **Background checks completed in compliance with NRS 639.500.**

EE. Reliance Wholesale, Inc. – Miami, FL
FF. Summit SD, LLC – Lee's Summit, MO

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

Background checks completed in compliance with NRS 639.500.

GG. 21st Century Environmental Management of Nevada, LLC – Fernley, NV

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

HH. Community Health Alliance Sun Valley Pharmacy – Sun Valley, NV
II. Save Mart Pharmacy #551 – Carson City, NV
JJ. Save Mart Pharmacy #552 – Carson City, NV
KK. Save Mart Pharmacy #553 – Reno, NV
LL. Save Mart Pharmacy #554 – Reno, NV
MM. Save Mart Pharmacy #555 – Reno, NV
NN. Save Mart Pharmacy #556 – Reno, NV
OO. Save Mart Pharmacy #559 – Reno, NV

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

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

PP. Alto Pharmacy, LLC – San Francisco, CA
QQ. Coram CVS/Specialty Infusion Services – Cumberland, RI
RR. Covetrus North America, LLC – Portland, ME
SS. Curexa – Galloway, NJ
TT. IHS Acquisition XXX, Inc. – Denver, CO
UU. Lemonaid Pharmacy, LLC – Saint Louis, MO
VV. Optum Infusion Services 550, LLC – Scottsdale, AZ
WW. PipelineRx – Denver, CO
XX. PipelineRx – Rosemont, IL
YY. US Bioservices – Anaheim, CA
ZZ. US Bioservices – Carrollton, TX
AAA. Vital Care Rx – Meridian, MS

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

BBB. Covetrus North America, LLC – Omaha, NE
CCC. Covetrus North America, LLC – Phoenix, AZ
DDD. Medication Management Partners, LLC – Crestwood, IL
EEE. Pharmacy Solutions – Ann Arbor, MI

Rolf Zakariassen recused himself from 4II, 4JJ, 4KK, 4 LL, 4MM, 4NN, 4OO as he was involved with the Albertson's/Sav-On's/Save-Mart transition and some of their disciplinary actions mentioned in the Board book. In addition, he recused himself from 4QQ, 4YY, and 4ZZ as he is currently an employee of CVS.

Jade Jacobo recused herself from 4PP as she is currently an employee off Alto Pharmacy.

Board staff commented that 4VV asked to withdraw their application, so they were removed from the Consent Agenda.

Dave Wuest, Executive Secretary for the Nevada Board of Pharmacy, commented that Save Mart had updates to their Change of Ownership (CHOW) Application which was distributed to the Board for review.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Consent Agenda excluding Agenda Items 4PP and 4VV.

Second: Wayne Mitchell

Action: Passed unanimously (Zakariassen recused).

Board Action:

Motion: Krystal Freitas moved to approve Consent Agenda Item 4PP.

Second: Wayne Mitchell

Action: Passed unanimously (Jacobo recused).

◈ REGULAR AGENDA ◈

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

I. Walgreens Pharmacy #4242 (17-076-PH-S)
J. Nazida Zebari (17-076-RPH-S)

Jade Jacobo disclosed that she knows Ms. Nazida Zebari but stated that she could participate in this matter fairly and without bias.

Nazida Zebari was present for the hearing.

Lyn Beggs appeared as counsel on behalf of Nazida Zebari.

Bill Stilling appeared as counsel on behalf of Walgreens Pharmacy #4242.

Peter Keegan, General Counsel for the Nevada Board of Pharmacy, prosecuted the case regarding a misfill.

Mr. Keegan provided a proposed stipulation and order for the Board's consideration.

Krystal Freitas commented that the store #7864 is listed in one of the sentences in the proposed stipulation and order rather than #4242.

Mr. Keegan commented that he will update the stipulation and order with the correct store number.

Mr. Stilling agreed to the updated stipulation and order

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Stipulation and Order as presented by Mr. Keegan.

Second: Wayne Mitchell

Action: Passed unanimously.

K. Maria Martinez, MD (21-221-CS-S)

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

Mr. Keegan prosecuted the case regarding Dr. Martinez prescribing a controlled substance without a valid registration.

Mr. Keegan provided a proposed stipulation and order for the Board's consideration.

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell move to approve the Stipulation and Order as presented by Mr. Keegan.

Second: Krystal Freitas

Action: Passed unanimously.

O. Paul Howse (20-135-RPH-S)

DRAFT

Paul Howse appeared and was sworn in by President Park prior to answering questions and offering testimony.

Lyn Beggs appeared as counsel on behalf of Paul Howse.

Mr. Keegan prosecuted the case regarding unauthorized access to the PMP under his credentials.

Mr. Keegan provided a proposed stipulation and order for the Board's consideration.

Board discussion ensued.

Board Action:

Motion: Richard Tomasso move to approve the Stipulation and Order with modification to remove $1,000 fine.

Ms. Beggs agreed to the modified stipulation and order for the Board's consideration.

Second: Rolf Zakariassen

Board discussion ensued.

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

Action: Motion carried.

P. Justine Stanevich (20-135-PT-S)

Justine Stanevich appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Keegan prosecuted the case regarding Ms. Stanevich having unauthorized access to the PMP for personal use.

Mr. Keegan requested Exhibits 1-8 be admitted into the record.

President Park entered Exhibits 1-8 into the record.

Ms. Stanevich had no objections to Exhibits 1-8.

Mr. Keegan called Ms. Stanevich as witness.

DRAFT

Mr. Keegan questioned Ms. Stanevich on the exhibits and the events that occurred in this case.

The Board questioned Ms. Stanevich.

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

Mr. Keegan requested the Board find the findings of fact in the Notice of Intended Action and Accusation in paragraphs 1-5 and counts 2-3 as proven.

Board Action:

Motion: Jade Jacobo moved to find the findings of fact in the Notice of Intended Action and Accusation in paragraphs 1-5 and counts 2-3 as proven.

Second: President Park

Action: Passed unanimously.

Mr. Keegan requested the Board find the attorney's fees and cost of $793.88 as reasonable, necessary and actually incurred.

Ms. Stanevich has no objections to the attorney's fees and cost.

Mr. Keegan commented that bate stamped page 21 in the exhibits is duplicated. Shirley Hunting's timesheet appears twice, but he can attest that his time on this case equals to $233.75.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to revoke Justine Stanevich's Certificate of Registration No. PT18958: 1) the revocation is stayed; 2) she is placed on probation for a period of one year; 3) pay a fine of $500; 4) award $793.88 to partially reimburse the Board for recoverable attorney's fees and costs that were reasonable, necessary and actually incurred in investigating and prosecuting this matter; 5) take two extra continuing education (CE) courses – one related to ethics and one related to HIPAA; 6) attend two board meetings on the discipline day within one year; 7) no other complaints filed by employers or members of the public which may result in an order to show cause; and 8) must comply with all laws and regulations.

Second: Wayne Mitchell

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

Action: Motion carried.

N. George Dockendorf, DO (21-216-CS-S)

George Dockendorf appeared and was sworn in by President Park prior to answering questions and offering testimony.

James Boyle appeared as counsel on behalf of George Dockendorf.

Mr. Keegan prosecuted the case regarding Dr. Dockendorf prescribing a controlled substance without a valid registration.

Mr. Keegan provided a stipulation and order for the Board's consideration.

Dr. Dockendorf commented that it was an honest mistake, and he apologizes for this error.

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to approve Stipulation and Order with payment terms determined by Board staff.

Second: Jade Jacobo

Action: Passed unanimously.

A. Alyssa Cocjin (20-109-TD-N)
B. Sowjanya Reganti, MD (20-109-CS-A-N)
C. Vodur Suresh Reddy, MD (20-109-CS-B-N)
D. Emily Guerard, MD (20-109-CS-C-N)
E. Santhosh Ambika, MD (20-109-CS-D-N)
F. Tejvir Singh, MD (20-109-CS-E-N)
G. Aaron Bowman, MD (20-109-CS-F-N)
H. Juan Cattoni, MD (20-109-CS-G-N)

Edwards Lemons appeared as counsel on behalf of the Respondents.

Brett Kandt made an opening statement on the charges that Ms. Cocjin was employed as a dispensing technician with expired registrations for Dr. Reganti, Dr. Reddy, Dr. Guerard, Dr. Ambika, Dr. Singh, Dr. Bowman, and Dr. Cattoni.

Mr. Kandt presented a proposed stipulation and order for the Board's consideration.

Mr. Kandt commented the language in section 7B stating, "…, and dispensed controlled substances and dangerous drugs" should be removed.

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to approve the stipulation and order with modification to remove 7B language.

Second: Jade Jacobo

Action: Passed unanimously.

L. Kristina Nguyen (21-223-CS-S)

Kristina Nguyen appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Keegan prosecuted the case regarding Ms. Nguyen prescribing a controlled substance without a valid registration.

Mr. Keegan provided a proposed stipulation and order for the Board's consideration.

Ms. Nguyen apologized for this error and knew that it was her responsibility to ensure her registration was active.

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to approve Stipulation and Order as presented by Mr. Keegan.

Second: Krystal Freitas

Action: Passed unanimously.

M. Ida Washington (21-224-CS-S)

Ida Washington appeared and was sworn in by President Park prior to answering questions and offering testimony.

DRAFT

Mr. Keegan prosecuted the case regarding Ms. Washington prescribing a controlled substance without a valid registration.

Mr. Keegan provided a proposed stipulation and order for the Board's consideration.

Ms. Washington apologized and commented that it was an oversight on her part.

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to approve Stipulation and Order as presented by Mr. Keegan.

Second: Rolf Zakariassen

Action: Passed unanimously.

X. Elliot Shin (18-100-CS-S)

Elliot Shin was not present for the meeting.

J. Malcom DeVoy was present on behalf of Dr. Shin.

Mr. Kandt made an opening statement on the charges that Dr. Shin dispensed dangerous drugs without a dispensing practitioner registration.

Mr. Kandt presented a proposed stipulation and order for the Board's consideration.

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to approve Stipulation and Order as presented by Mr. Kandt.

Second: Jade Jacobo

Action: Passed unanimously.

R. Jose Dastas, RPH (18-130-RPH-S)
S. Vertisis Custom Pharmacy, LLC (18-130-PH-S)

Mr. Kandt made an opening statement on the charges that Vertisis compounded or permitted compounding of sterile products on patient-specific prescriptions for administration to multiple

patients. He represented that Jose Dastas is deceased; therefore, counts 1-3 in the Notice of Intended Action and Accusation are dismissed as to Dastas.

Bill Stilling appeared as counsel on behalf of Vertisis Custom Pharmacy.

Mr. Kandt presented a proposed stipulation and order for the Board's consideration.

Mr. Stilling appeared on behalf of Vertisis Custom Pharmacy.

Christie Plimmer, Managing Pharmacist for Vertisis Pharmacy appeared and was sworn in by President Park prior to answering questions and offering testimony.

Krystal Freitas was excused from the meeting at 11:40 AM.

Krystal Freitas returned to the meeting at 11:56 AM.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Stipulation and Order as presented by Mr. Kandt with an additional condition of one unannounced inspection at the pharmacy's expense within 60 days of the Order.

Second: Wayne Mitchell

Action: Passed unanimously.

16. Executive Secretary Report:

A. Financial Report

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

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

Y. Chad Hall (21-108-CS-S)

This matter was continued to a future Board meeting.

U. Ukoshovbera Gbenedio (21-178-RPH-N)

There was no representative present on behalf of Ukoshovbera Gbenedio.

Mr. Keegan prosecuted the case.

Mr. Keegan called Darlene Nases as a witness.

Darlene Nases appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Keegan questioned Ms. Nases and if she properly served Mr. Gbenedio with the Notice of Intended Action and Accusation.

Ms. Nases confirmed that she did not serve the accusation, but her colleague Shirley Hunting did.

Mr. Keegan called Shirley Hunting as a witness.

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

Mr. Keegan questioned Ms. Hunting and if she properly served the accusation to Mr. Gbenedio.

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

Board discussion ensued.

Mr. Keegan requested the Board to consider a default pursuant to NRS 639.242, NRS 639.255; and NRS 622A.350 since Mr. Gbenedio was properly noticed and failed to appear.

Board Action:

Motion: Jade Jacobo moved to find that Mr. Gbenedio was properly served with the Notice of Intended Action and Accusation and the 21-day Notice to appear before the Board.

Second: Gener Tejero

Action: Passed unanimously.

Mr. Keegan requested that the Board find that Mr. Gbenedio defaulted as he is absent from the hearing and find that the factual allegations and the alleged violations of law in Counts 1-3 of the Notice of Intended Action and Accusation be found as true.

Board Action:

Motion: Jade Jacobo moved to find that Mr. Gbenedio defaulted as he is absent from the hearing and find that the factual allegations and the alleged violations of

law in Counts 1-3 of the Notice of Intended Action and Accusation be found as true.

Second: Wayne Mitchell

Action: Passed unanimously.

Mr. Keegan requested Exhibits 1-7 be admitted into the record.

President Park entered Exhibits 1-7 into the record.

Mr. Keegan requested Board's recommendations on the proposed discipline for Mr. Gbenedio.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to award $384.13 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter, and she moved to revoke Ukoshovbera Gbenedio Certificate of Registration No. 09407 and he is not able to reapply for no less than 10 years.

Second: Wayne Mitchell

Action: Passed unanimously.

V. Rajkamal Hansra (21-217-CS-S)

There was no representative present on behalf of Rajkamal Hansra.

Mr. Keegan prosecuted the case regarding Mr. Hansra prescribing a controlled substance without a valid registration.

Mr. Keegan called Darlene Nases as a witness.

President Park commented that Ms. Nases is still sworn in.

Mr. Keegan questioned Ms. Nases on if she properly served Mr. Hansra with the Notice of Intended Action and Accusation.

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

Mr. Keegan requested the Board to consider a default pursuant to NRS 639.242, NRS 639.255; and NRS 622A.350 since Mr. Hansra was properly noticed and failed to appear. In

addition, he requested the Board to find the factual allegations and the alleged violations of law be found as true.

Board Action:

Motion: Rolf Zakariassen moved to find Mr. Hansra defaulted and find that the factual allegations and the alleged violations of law be found as true.

Second: Jade Jacobo

Action: Passed unanimously.

Mr. Keegan requested Exhibits 1-4 be admitted into the record.

President Park entered Exhibits 1-4 into the record.

Board Action:

Motion: Jade Jacobo moved to award the attorney's fees and cost of $594.30 as reasonable, necessary and actually incurred.

Second: Wayne Mitchell

Action: Passed unanimously.

Mr. Keegan is looking for recommendations on discipline from the Board but recommends a $5,000 fine be imposed on this matter.

Board discussion ensued.

Board Action:

Motion: Richard Tomasso moved to revoke Rajkamal Hansra Certificate of Registration No. CS25854 and pay a fine of $5,000.

Second: Jade Jacobo

Action: Passed unanimously.

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

Q. Sircy Moore (21-111-CS-S)

John Hunt appeared as counsel on behalf of Sircy Moore.

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

Mr. Kandt prosecuted the case regarding Dr. Moore dispensing controlled substances and dangerous drugs for animal patients without a practitioner dispensing registration. In addition, Dr. Moore did not have drugs properly locked in the storage area and did not keep accurate recordkeeping and inventories of the controlled substances and dangerous drugs at his practice.

Mr. Kandt provided a proposed stipulation and order for the Board's consideration.

Dr. Moore apologized to the Board for this error.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve Stipulation and Order as presented by Mr. Kandt.

Second: Wayne Mitchell

Joe Dodge, Nevada Board of Pharmacy Inspector, wanted clarification on the time frame for the quarterly inspections.

Mr. Kandt confirmed that the quarterly inspections is for a period of one year.

Action: Passed unanimously.

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

   Sircy Moore

Mr. Kandt addressed that in conjunction with 5Q. Dr. Moore has an application for Veterinarian Authority to Dispense Drugs to be in compliance with Nevada law.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Application for Veterinarian Authority to Dispense Drugs for Sircy Moore.

Second: Krystal Freitas

DRAFT

Action: Passed unanimously.

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

T. Abdel Khalek (22-019-N)

There was no representative present on behalf of Abdel Khalek.

Mr. Kandt prosecuted the case regarding Dr. Khalek suspension of his registration with the Nevada Board of Pharmacy, his DEA Surrender for Cause, and the Nevada State Board of Medical Examiners revoking his license to practice medicine.

Mr. Kandt called Shirley Hunting as a witness.

President Park commented that Ms. Hunting is still sworn in.

Mr. Kandt questioned Ms. Hunting on properly serving Dr. Khalek with the Notice of Intended Action and Accusation.

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

Mr. Kandt requested that Exhibit 1 be admitted into the record.

President Park entered Exhibit 1 into the record.

Mr. Kandt called Kristopher Mangosing as a witness.

Kristopher Mangosing appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Kandt questioned Mr. Mangosing on the 21-day notice served to Dr. Khalek.

Mr. Mangosing answered questions to the Board' satisfaction.

Mr. Kandt requested that Exhibit 2 be admitted into the record.

President Park entered Exhibit 2 into the record.

Mr. Kandt requested the Board find that the Findings of Fact are consistent with paragraphs 1-6 of the Notice of Intended Action and Accusation.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to find that the Findings of Fact are consistent with paragraphs 1-6 of the Notice of Intended Action and Accusation.

Second: Rolf Zakariassen

Action: Passed unanimously.

Mr. Kandt requested the Board find that Dr. Kahlek was properly noticed for this hearing in conformance with Nevada law.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to find that Dr. Abdel Kahlek was properly noticed for this hearing in conformance with Nevada law.

Second: Rolf Zakariassen

Action: Passed unanimously.

Mr. Kandt requested the Board to find that the Conclusions of Law are consistent with paragraphs 7-12 of the Notice of Intended Action and Accusation.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to find that the Conclusions of Law are consistent with paragraphs 7-12 of the Notice of Intended Action and Accusation.

Second: Rolf Zakariassen

Action: Passed unanimously.

Mr. Kandt requested Board find an additional Conclusion of Law that Dr. Khalek was properly served and was given statutory legal notice.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to find that Dr. Khalek was properly served and was given statutory legal notice.

DRAFT

Second: Rolf Zakariassen

Action: Passed unanimously.

Mr. Kandt requested the Board to revoke Dr. Khalek's Certificate of Registration Nos. CS19745 and PD00722 pursuant to NRS 453.241(1)(b).

Board discussion ensued.

Board Action:

Motion: Rolf Zakariassen moved to revoke Dr. Khalek's Certificate of Registration Nos. CS19745 and PD00722 pursuant to NRS 453.241(1)(b) and he is unable to petition for reinstatement for 2 years, effective immediately.

Second: Jade Jacobo

Action: Passed unanimously.

W. Robert Hill, DDS (21-219-CS-S)

There was no representative present on behalf of Robert Hill.

Mr. Keegan prosecuted the case regarding Dr. Hill prescribing a controlled substance without a valid registration.

Mr. Keegan called Darlene Nases as a witness.

President Park commented that Ms. Nases is still sworn in.

Mr. Keegan questioned Ms. Nases on if she properly served Dr. Hill with the Notice of Intended Action and Accusation.

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

Mr. Keegan called Kristopher Mangosing as a witness.

President Park commented that Mr. Mangosing is still sworn in.

Mr. Keegan questioned Mr. Mangosing on the 21-day notice served to Dr. Hill.

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

Mr. Keegan requested that Exhibits 1-2 be admitted into the record.

President Park entered Exhibits 1-2 into the record.

Mr. Keegan requested Board find that Dr. Hill was properly served with the Notice of Intended Action and Accusation and the 21-day Notice to appear before the Board. In addition, Mr. Keegan requested the Board accept all allegations of fact, applicable law, and the alleged violations in the Accusation in paragraphs 1-16 be accepted as true and proven.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to find that Dr. Robert Hill was properly noticed and moved to accept all allegations of fact, applicable law, and the alleged violations in the Accusation in paragraphs 1-16 be accepted as true and proven.

Second: Rolf Zakariassen

Action: Passed unanimously.

Mr. Keegan requested that Exhibits 3-4 be admitted into the record.

President Park entered Exhibits 3-4 into the record.

Mr. Keegan requested the Board find that Dr. Hill defaulted and find that the attorney's fees and cost of $594.30 were reasonable, necessary and actually incurred.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to find that Dr. Robert Hill defaulted and award $594.30 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Second: Rolf Zakariassen

Action: Passed unanimously.

Mr. Keegan proposed the following discipline: 1) Dr. Robert Hill's Certificate of Registration No. CS02594 is revoked; 2) pay a fine of $5,000; and 3) pay $594.30 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Board Action:

DRAFT

Motion: Jade Jacobo moved to approve the discipline for Dr. Robert Hill's Certificate of Registration No. CS02594 as proposed by Mr. Keegan.

Second: Rolf Zakariassen

Action: Passed unanimously.

Z. William Torch, MD

This matter was continued to a future Board meeting.

AA. Kord Strebel

This matter was continued to a future Board meeting.

BB. Thomas Strebel

This matter was continued to a future Board meeting.

16. Executive Secretary Report:

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

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

Board discussion ensued.

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

Mr. Kandt provided the General Counsel Report to the Board's satisfaction.

Board discussion ensued.

Public Comment April 13, 2022, 5:00 PM

There was no public comment.

DRAFT

President Park recessed the meeting for the night and reconvened the meeting the next morning and performed the roll call. All Board members were present and a quorum was established.

Board Members Present:

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

Board Staff Present:

Dave Wuest	Yenh Long	Shirley Hunting	Kristopher Mangosing
Brett Kandt	Peter Keegan	Darlene Nases	Joe Dodge
Leo Basch	Ken Scheuber	Luis Curras	

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

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

Call to Order and Roll Call – Establishment of Quorum

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

Public Comment April 14, 2022, 9:00 AM

There was no public comment.

◈ WORKSHOP ◈

Thursday April 14, 2022 – 9:00 am

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

A. **Amendment to Nevada Administrative Code (NAC) 453**. The proposed amendments relate to controlled substances, provide for the registration of a law enforcement officer engaged in training a canine in drug detection, and add methoxetamine to the controlled substances listed in Schedule I.

Mr. Wuest provided background on the proposed regulation.

President Park opened public comment for this workshop item.

There was no public comment.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve proposed regulation for Amendment to Nevada Administrative Code (NAC) 453 and move to public hearing.

Second: Krystal Freitas

Action: Passed unanimously.

B. **Amendment to Nevada Administrative Code (NAC) 639**. The proposed amendments will require the holder of any certificate, license or permit issued by the State Board of Pharmacy to report certain convictions and administrative actions to the Board.

Mr. Keegan provided background on the proposed regulation.

Mr. Kandt provided further clarification on proposed regulation language.

Mr. Wuest commented that this proposed regulation will have some economic impact on the Board.

President Park opened public comment for this workshop item.

Liz McMenamin from the Retail Association of Nevada is in support of this language. However, she wants to know what imminent risk the Board is referring to in relation to this proposed regulation.

Mr. Wuest answered Ms. McMenamin's concerns regarding alcohol and drug impairment which can harm the public.

Lauren Paul from CVS Health is in support of the language but is concerned with section 1(b). She is requesting the Board to review language to see if all discipline should be disclosed or only discipline related to Nevada patients. If the Board is unwilling to remove requirement, she is requesting that the Board consider defining what administrative action is and what a final disposition is.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve proposed regulation for Amendment to Nevada Administrative Code (NAC) 639 with modifications to report discipline within 30 days and moved to public hearing.

Second: Krystal Freitas

Action: Passed unanimously.

◈ PUBLIC HEARING ◈

Thursday April 14, 2022 – 9:00 am

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

A. **Amendment of Nevada Administrative Code (NAC) 453.510: Schedule I**. The proposed amendment to NAC 453.510 will add isotonitazene to the list of controlled substances listed in Schedule I. (LCB File R006-22)

Yenh Long, Deputy Secretary of the Nevada Board of Pharmacy, provided background on the proposed regulation and language changes.

President Park opened public comment for this public hearing item.

There was no public comment.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to adopt the proposed Amendment of Nevada Administrative Code (NAC) 453.510: Schedule I. (LCB File R006-22)

Second: Rolf Zakariassen

Action: Passed unanimously.

C. **Amendment of Nevada Administrative Code (NAC 639).** Establishes languages in which certain pharmacies are required to provide the directions for use of a prescription drug to certain patients. (LCB File R119-21)

Ms. Long provided background on the proposed regulation and language changes.

President Park opened public comment for this public hearing item.

Liz McMenamin from the Retail Association of Nevada commented that she appreciates the work that Board staff has done on this proposed regulation.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to adopt the proposed Amendment of Nevada Administrative Code (NAC 639). (LCB File R119-21)

Second: President Park

Action: Passed unanimously.

B. **Amendment of Nevada Administrative Code (NAC) 639.742, 639.743, 639.744. and 639.745: Dispensing Practitioners.** The proposed amendments establish requirements for an oncology group practice to obtain a certificate of registration to maintain a single inventory of dangerous drugs received at a site of practice, prescribe the procedure for renewing such a certificate, and prescribe certain powers and duties of the dispensing practitioners of such a registered oncology group practice. (LCB File R007-21)

Mr. Kandt provided background on the proposed regulation and language changes.

President Park opened public comment for this public hearing item.

Liz McMenamin from the Retail Association of Nevada has concerns about the proposed regulation. She comments that this will allow practitioners to run a pharmacy without owning it.

Dr. Rupesh Parikh, Oncologist for Cancer Centers in Nevada, is in support of the proposed regulation. This regulation will improve care and compliance.

Lindsey Harmon from Planned Parenthood Health Centers expressed support of the proposed regulation.

Wendy McGee, Patient of Dr. Nguyen's at Comprehensive Centers of Nevada, expressed support of the proposed regulation.

Board discussion ensued.

President Park opened public comment again for this public hearing item.

Dr. Parikh is supporting this proposed regulation as it will allow practitioners to provide the best patient care.

Ms. McMenamin voiced her concerns with the proposed regulation as it appears to allow practitioners to operate a pharmacy.

Angela Storseth from the US Oncology Network is in favor as the practice is current today in other states.

Board Action:

Motion: Richard Tomasso moved to adopt the proposed Amendment of Nevada Administrative Code (NAC) 639.742, 639.743, 639.744. and 639.745: Dispensing Practitioners. (LCB File R007-21)

Second: President Park

Board discussion ensued.

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

Action: Motion failed.

7. Application for Pharmacist Registration by Examination (NRS 639.127) – Appearance **(FOR POSSIBLE ACTION)**

   John Revolinski

John Revolinski appeared and was sworn in by President Park prior to answering questions and offering testimony.

Ms. Long provided background on application and disclosure regarding dispensing drugs and controlled substances without a valid prescription or payment.

Krystal Freitas was excused from the meeting at 11:40 AM.

Ms. Long questioned Mr. Revolinski on what occurred with his disclosure and the intent behind his application.

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

Board discussion ensued.

Board Action:

DRAFT

Motion: Jade Jacobo moved to approve application for Pharmacist Registration by Examination for John Revolinski.

Second: President Park

Action: Passed unanimously (Freitas excused).

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

A. Xiaojiao Brown

This item was removed from the agenda.

B. Erika Cardon

Allison Snow and Mark Boesen appeared as counsel on behalf of Erika Cardon.

Erika Cardon appeared and was sworn in by President Park prior to answering questions and offering testimony.

Krystal Freitas returned to the meeting at 11:52 AM.

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

Mr. Keegan questioned Ms. Cardon on her disclosure.

The Board questioned Ms. Cardon on her disclosure and why they should license her in Nevada.

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

Board discussion ensued.

President Park requested the letter of recommendation from her program with Professionals Assisting Professionals of Arizona (PAPA).

Jade Jacobo requested that Ms. Cardon continues to follow her consent agreement with Arizona State Board of Pharmacy until August of 2022.

Board Action:

Motion: Jade Jacobo moved to approve application for Pharmacist Registration by Reciprocation for Erika Cardon pending letter of recommendation from PAPA's

and for her to abide by the consent agreement with Arizona State Board of Pharmacy.

Second: Rolf Zakariassen

Action: Passed unanimously.

C. Lyndon Leitner

Lydon Leitner appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Kandt provided background on application and disclosure regarding a DUI and fraudulent billing at his pharmacy practice.

Richard Tomasso was excused from the meeting at 12:05 PM.

Richard Tomasso returned to the meeting at 12:09 PM.

The Board questioned Mr. Leitner on the events that occurred with his disclosures and reason for his application.

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

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve application for Pharmacist Registration by Reciprocation for Lyndon Leitner.

Second: Krystal Freitas

Action: Passed unanimously.

D. Thomas Muthart

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

Ms. Long provided background and disclosure regarding diversion of drugs.

The Board questioned Mr. Muthart on the events that occurred with his disclosure and reason for his application.

DRAFT

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

President Park requested a letter of recommendation from PAPA's.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve application for Pharmacist Registration by Reciprocation for Thomas Muthart pending letter of recommendation from PAPA's and for him to abide by the consent agreement with Arizona State Board of Pharmacy.

Second: Rolf Zakariassen

Action: Passed unanimously.

E. Cody Walker

Cody Walker appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Wuest provided background on application and disclosure regarding issues with HRX Pharmacy that he was the Managing Pharmacist at.

The Board questioned Mr. Walker on the events that occurred with his disclosure and reason for his application.

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

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve application for Pharmacist Registration by Reciprocation for Cody Walker.

Second: Krystal Freitas

Board discussion ensued.

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

Action: Motion carried.

F. David Walters

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

Mr. Keegan provided background on application and disclosure regarding theft of a controlled substance.

Mr. Keegan questioned Mr. Walters on the events that occurred with his disclosure and reason for his application.

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

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve application for Pharmacist Registration by Reciprocation for David Walters.

Second: Jade Jacobo

Action: Passed unanimously.

13. Applications for Nevada Veterinary Drug Supplier License (NRS 639.2345) – Appearance **(FOR POSSIBLE ACTION)**

A. Tractor Supply #1753 – Carson City, NV
B. Tractor Supply #1822 – Minden, NV
C. Tractor Supply #2200 – Pahrump, NV
D. Tractor Supply #2274 – Sparks, NV
E. Tractor Supply #2465 – Las Vegas, NV
F. Tractor Supply #2471 – Las Vegas, NV

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

Mr. Wuest wanted clarification on who signed the application and if a letter of authorization can be provided to speak on behalf of the company.

Mr. McGrath stated that he is an Officer at Tractor Supply, so no letter of authorization is needed.

Mr. Wuest provided background on application and found that they were dispensing without proper licensure.

Mr. McGrath clarified that it was an oversight and worked to rectify the issue. Therefore, they ceased operations and applied for licensure.

The Board questioned Mr. McGrath on the products that they were selling in Nevada.

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

Board discussion ensued.

Board Action:

Motion: Rolf Zakariassen moved to approve applications for Nevada Veterinary Drug Supplier License for Tractor Supply Store #1753, Tractor Supply Store #1822, Tractor Supply Store #2200, Tractor Supply Store #2274, Tractor Supply Store #2465, and Tractor Supply Store #2471.

Second: Gener Tejero

Action: Passed unanimously.

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

    The Medicine Shoppe LTC Pharmacy – Las Vegas, NV

This matter was continued to a future Board meeting.

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

    IgG of America, Inc. – Linthicum Heights, MD

This matter was continued to a future Board meeting.

Gener Tejero was excused from the meeting at 1:33 PM.

Gener Tejero returned to the meeting at 1:34 PM.

9. Applications for Controlled Substance Registration (NRS 453.226) – Appearance **(FOR POSSIBLE ACTION)**

   B. Sherman Washington – Iuventus Medical Center – Las Vegas, NV

C. Sherman Washington – Iuventus Medical Center – Las Vegas, NV

Sherman Washington appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Kandt provided background on application and disclosures from other states that Mr. Washington did not provide on his application.

The Board questioned Dr. Washington on why he did not disclose his past discipline on his application.

Mr. Washington thought the issue was resolved, so he did not need to disclose it.

Board discussion ensued.

President Park offered Dr. Washington the option to table his application so that he can provide all documentation on his disclosures and submit a complete and accurate application.

Dr. Washington agreed.

President Park tabled application at Dr. Washington's request.

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

Complete Care Pharmacy – Las Vegas, NV

Roger Morris appeared as counsel on behalf of Complete Care Pharmacy.

Kema Ogden (Owner of Complete Care Pharmacy), Parag Choksi (Regional Director of Recept Rx), Kathleen Rand (Compliance Officer of Recept Rx), Samantha Burford (Director of 340B Client Services for Recept Rx), and Paulina Ngo (Managing Pharmacist for Complete Care Pharmacy) appeared and were sworn in by President Park prior to answering questions and offering testimony.

Joe Dodge, Nevada State Board of Pharmacy Investigator, provided background on application.

Mr. Dodge questioned Ms. Ogden on her history with the pharmacy and their business model.

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

Mr. Dodge questioned Ms. Ngo on her work history and her experience working in a specialty pharmacy

Ms. Ngo answered questions, but the Board commented that her application does not match the information provided.

Ms. Ngo commented that she can resubmit her application to reflect the accurate information.

Mr. Choksi further clarified the training process for their pharmacist and stated that Ms. Ngo will undergo that training.

Ms. Long questioned Ms. Ogden on her cannabis industry that it will not be associated with the pharmacy.

Ms. Ogden confirmed that there will be no cannabis sales in the pharmacy.

The Board questioned Ms. Ogden on how she got involved with this pharmacy.

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

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to approve application for Nevada Pharmacy License for Complete Care Pharmacy with conditions of quarterly inspections for a period of one year at the company's expense and an updated application regarding the Managing Pharmacist's work history within seven days.

Second: Rolf Zakariassen

Action: Passed unanimously.

14. Request to Engage in the Practice of Pharmacy at a Site Other than a Licensed Pharmacy (NAC 639.403)– Appearance **(FOR POSSIBLE ACTION)**

A. Quynh Nhu Doan

President Park disclosed that she knows Ms. Quynh Nhu Doan from previous employment but stated that she could participate in this matter fairly and without bias.

Quynh Nhu Doan appeared and was sworn in by President Park prior to answering questions and offering testimony.

Ms. Long provided background on Ms. Doan's request to engage in the practice of pharmacy at a site other than a licensed pharmacy and if there was a signed collaborative practice agreement (CPA).

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

Ms. Long clarified that Ms. Doan will be unable to provide the services until the Board receives her CPA even if she gets approved.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve Quynh Nhu Doan's request to engage in the practice of pharmacy at a site other than a licensed pharmacy.

Second: Wayne Mitchell

Action: Passed unanimously.

B. Jennifer Miller

Jennifer Miller appeared and was sworn in by President Park prior to answering questions and offering testimony.

Ms. Long provided background on Ms. Miller's request to engage in the practice of pharmacy at a site other than a licensed pharmacy.

Ms. Miller provided further clarification on what she intends to do.

Ms. Long commented that if she intends to manage medication in the future that a collaborative practice agreement (CPA) will need to be in place before she can engage in that practice.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve Jennifer Miller's request to engage in the practice of pharmacy at a site other than a licensed pharmacy.

Second: Wayne Mitchell

Action: Passed unanimously.

9. Applications for Controlled Substance Registration (NRS 453.226) – Appearance **(FOR POSSIBLE ACTION)**

A. David James Smith

There was no representative present on behalf of David Smith.

19. Date and Location of Next Scheduled Board Meeting:

June 1-2, 2022 – Las Vegas, NV

20. Public Comment April 14, 2022, 5:00 PM

There was no public comment.

21. Adjournment

DRAFT

4

4A

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Rev (08/12/2021)

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

Is your facility a reverse distributor? ☐ Yes ☑ No

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

Section 1: General Information

Facility Name: Arthrex, Inc

Physical Address: 14550 Plantation Road

City: Fort Myers State: FL Zip: 33912

Mailing Address (if different from physical address): 1370 Creekside Blvd

City: Naples State: FL Zip: 34108

Telephone: 239-643-5553 Website: www.arthrex.com

Name of Designated Representative (DR): Ryan Hoag

Licensing Company Email: inc_regulatory@arthrex.com DR Email: ryan.hoag@arthrex.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☑ Pharmacies	☑ Legend Pharmaceuticals, Supplies or Devices
☑ Practitioners	☐ Controlled Substances
☑ Hospitals	☐ Hypodermic Devices
☐ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☑ Others: Agencies, Government Facilities	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

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

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Pheonix Medical Products Inc
Address: 1535 Cold Springs Road City: Mountain City State: TN Zip: 37683
Name: New Deantronics LTD
Address: Cheng Dist. City: New Taipei City State: N/A Zip: 23675
Name: Autocam Medical Devices LLC (Plymouth)
Address: 24 Aldrin Road City: Plymouth State: MA Zip: 02360
Name: RK Manufacturing
Address: 34 Executive Drive City: Danbury State: CT Zip: 06810

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

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

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): N/A
Corporation/Organization Name: Arthrex, Inc
Mailing Address: 1370 Creekside Blvd
City: Naples State: FL Zip: 34108
Telephone: 238-643-5553 Email: inc_regulatory@arthrex.com
Contact Person Name: David Rogers

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

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

Antonio Regalado

Print Name of Authorized Person Submitting Application

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

29 Nov 2021

Date

Board Use Only	Date Received: _____	Amount: 500 00 ✓ Processed 2/16/22



Arthrex Inc. 1370 Creekside Boulevard, Naples, Florida 34108-1945 • Tel: 800-933-7001 or 239-643-5553 • Fax: 239-591-6980 • www.Arthrex.com

NOTICE OF PENDING LITIGATION

Arthrex is a global medical device company and leader in new product development. With a corporate mission of Helping Surgeons Treat Their Patients Better, Arthrex remains a privately held company committed to delivering uncompromising quality to the health care professionals who use our products, and ultimately, the millions of patients whose lives we impact. To demonstrate our commitment to product quality, Arthrex's overall complaint rate is at or below our Quality System benchmark of 0.015%. Most importantly, none of Arthrex's open or closed litigation matters have resulted in any kind of surrender of a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise.

As a global company, Arthrex, Inc. has many litigation matters in the normal course of its business. These matters, such as patent litigation, contractual disputes, products liability matters, and employment matters are ordinary and in the normal course of business. Please find below a list of our open litigation matters:

Stephen Burkhart, MD, et al. v. Arthrex, Inc.
Twentieth Judicial Circuit Court of Florida, Collier County
2020-CA-401

Case Status: Open
Case Type: Civil, Contract Dispute

Stephen Burkhart, MD, et al. v. Arthrex, Inc.
Second District Court of Appeals, Florida
2D21-2223

Case Status: Open
Case Type: Civil, Contract Dispute (appeal of the lower court's decision)

Center City Healthcare, LLC, et al. v. Arthrex Inc.
United States Bankruptcy Court, District of Delaware
21-AP-51028

Case Status: Open
Case Type: Bankruptcy of the Center City healthcare facility

Clifford Epsy v. Arthrex, Inc., et al.
Superior Court of California, Los Angeles County
21STCV44116

Case Status: Open
Case Type: Motor Vehicle

Michael Evans, et al. v. Arthrex, Inc., et al.
Circuit Court of Arkansas, Cross County
19CV-19-30-3

Case Status: Open
Case Type: Product Liability.
Summary: Plaintiff underwent an achilles repair on 11-17-2016 utilizing the Arthrex Achilles Speedbridge System which includes (4) BioComposite SwiveLock suture anchors. 18 months after surgery, Plaintiff presented with heel pain and diagnosed with osteomyelitis. Plaintiff then underwent a debridement of the calcaneus and removal of (1) BioComposite SwiveLock anchor. Plaintiff's records indicate his postoperative surgical incision failed to heal secondary to multiple preoperative risk factors and poor postoperative compliance and infection treatment by the physician. Arthrex denies all liability and continues to defend the case.

Jeffrey Gelfand, MD v. Arthrex, Inc.
United Stated District Court, District of Delaware
21-CV-01754

Case Status: Open
Case Type: Patent Infringement

Lewis M.B. Golubosky, et al. v. Arthrex, Inc., et al.
Court of Common Pleas Pennsylvania, Washington County
2019-429

Case Status: Open
Case Type: Product Liability
Summary: Plaintiff alleges he was injured during a surgical procedure that utilized the Arthrex DualWave Arthroscopy Pump. Plaintiff alleges the pump, which uses sale to pressurize the arthroscopic surgical site, extravasated saline into the Plaintiff thigh region causing further injury and damage. Plaintiff alleges his injuries were a direct or proximate result of Arthrex's manufacture, design, sale and/or distribution of the allegedly defective DualWave pump. Arthrex denies all liability in this matter and continues to defend the case.

Leslie Greenwood v. Arthrex, Inc., et al.
United States District Court, Western District of New York
21-CV-01101

Case Status: Open
Case Type: Product Liability
Summary: During a 2018 rotator cuff repair surgery, a surgeon utilized the Arthrex Burr device to resection the Plaintiff's clavicle. The device allegedly malfunctioned and overheated causing the patient a quarter-sized burn at the posterior portal site on her shoulder. Plaintiff alleges her injuries where a direct or proximate cause of Arthrex's manufacture or design of the shaver device. Arthrex denies all liability and continues to defend the case.

Arthrex, Inc. v. Jeremy Charles Hilton, et al.
United States District Court, Middle District of Florida
21-CV-00850

Case Status: Open
Case Type: Employment case- Misappropriation of Trade Secrets

Cheryl Horton v. Arthrex, Inc.
United States District Court, Central District of Illinois, Peoria Division
21-CV-01354

Case Status: Open
Case Type: Product Liability
Summary: Plaintiff underwent a right flatfoot reconstruction surgery where the Arthrex BioSync wedge was implanted. Three years postoperatively, the plaintiff's x-ray showed the Biosync implant was loose and her subtalar joint had collapsed. Plaintiff underwent a second surgery for removal of the fractured implant and repair of her flatfoot condition. Plaintiff claims the BioSync wedge was defectively manufactured and designed. Arthrex denies all liability and continues to defend the case.

Brian Mellace v. Arthrex, Inc., et al.
United States District Court, District of Massachusetts
21-CV-10672

Case Status: Closed
Case Type: Product Liability
Summary: Since our initial license application, this claim has now closed and all claims between the parties have been resolved.

Jane Melvin v. Arthrex, Inc.
United States District Court, Southern District of New York
7-22-cv-01004

Case Status: Open
Case Type: Product Liability
Summary: Plaintiff underwent a rotator cuff repair utilizing Arthrex's SwiveLock suture anchor. Five months postoperatively, Plaintiff presented with pain in her shoulder and a MRI revealed a fractured suture anchor. Plaintiff underwent a second surgery for removal of the device fragments and repair of her rotator cuff. She is now seeking damages arising from Arthrex's allegedly defectively designed and manufactured suture anchor device. Arthrex denies all liability and continues to defend the case.

P Tech, LLC v. Arthrex, Inc.
United States District Court, District of Delaware
21-CV-00968

Case Status: Open
Case Type: Patent Infringement

Smith & Nephew, Inc. Vs. Arthrex, Inc.
US Patent Trial and Appeals Board – Alexandria
PR2016-00918

Case Status: Open
Case Type: Patent Litigation

James Studensky v. Arthrex, Inc.
United Stated Bankruptcy Court, Western District of Texas, Waco Division
20-AP-6015

Case Status: Open
Case Type: Bankruptcy of the Little River Healthcare Holdings, LLC.

St. Vincent Medical Center, et al. v. Arthrex, Inc.
United States Bankruptcy Court, Central District of California
20-AP-1501

Case Status: Open
Case Type: Bankruptcy of St. Vincent's Medical Center

Arthrex, Inc. v. West Coast Medical Resources, LLC, et al.
Sixth Judicial Circuit Court of Florida, Pinellas County
17-004751-CI

Case Status: Open
Case Type: Contract Dispute

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ARTHREX, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF DECEMBER, A.D. 2021.

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

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

Jeffrey W. Bullock, Secretary of State

2050452 8300

SR# 20214225430

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

Authentication: 205089606

Date: 12-27-21

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

FLORIDA DRUGS, DEVICES AND COSMETICS
2601 BLAIR STONE ROAD
TALLAHASSEE FL 32399-1047

(850) 487-1395

ARTHREX INC
1370 CREEKSIDE BOULEVARD
NAPLES FL 34108

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto **www.myfloridalicense.com**. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

20373 ISSUED: 04/26/2021

PRESCRIPTION DRUG MANUFACTURER
ARTHREX INC

HAS REGISTERED under the provisions of Ch 499 FS
Expiration date APR 30 2023 L2104260000280

DETACH HERE

RON DESANTIS, GOVERNOR

JULIE I. BROWN, SECRETARY

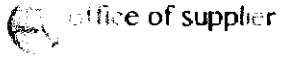
STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
FLORIDA DRUGS, DEVICES AND COSMETICS

LICENSE NUMBER	
20373	

The PRESCRIPTION DRUG MANUFACTURER
Named below HAS REGISTERED
Under the provisions of Chapter 499 FS.
Expiration date: APR 30, 2023

ARTHREX INC
14550 PLANTATION ROAD
FORT MYERS FL 33912

ISSUED 04/26/2021 DISPLAY AS REQUIRED BY LAW SEQ # L2104260000280



The Department of Management Services' Office of Supplier Diversity "serves those who serve Florida."

The Office of Supplier Diversity provides resources designed to improve business and economic opportunities for Florida's woman-, veteran- and minority-owned businesses. Learn more about becoming a certified business enterprise at ***dms.myflorida.com/osd*** or call 850-487-0915.



To find out about State of Florida tools supporting statewide centralized procurement activities which have streamlined interactions between vendors and state government entities, please contact or visit the Department of Management Services' MyFloridaMarketPlace at: ***https://vendor.myfloridamarketplace.com***

AC# 02985467

SIGNATURE

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The Department of Business and Professional Regulation (DBPR), issues licenses for many licensed businesses and practitioners in the State of Florida

DBPR is changing the way you interact with state government. Many of DBPR's services are available online at www.MyFloridaLicense.com We encourage you to utilize these services to make address changes, licensing changes or to renew your license.

Name changes require legal documentation verifying the name change, which must be mailed to the DBPR. An original, a certified copy or a duplicate copy of an original or certified copy of a document that shows the legal name change will be accepted, unless the DBPR has a question about the authenticity of the document.

If applicable, the DBPR will send a renewal notice to your last known address or email address of record. If you have not received your renewal notice, please call our Customer Contact Center at 850.487.1395 or online at www.MyFloridaLicense.com/contactus.

Please refer to your profession's governing statutes and Administrative codes for further information regarding renewals. These may be accessed from our website.

AC# 02985467

Establishment Registration & Device Listing

New Search | Back To Search Results

Establishment:
Arthrex Logistic Center
14550 Plantation Road
Fort Myers, FL 33912
Registration Number: 3009423112
FEI Number*: 3009423112
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types.
Please Review Listings For Further Information.
Date Of Registration Status: 2022

Owner/Operator:
ARTHREX, INC.
1370 CREEKSIDE BLVD.
Naples, FL US 34108
Owner/Operator Number: 1220287

Official Correspondent:
Dawn Rubel
1370 CREEKSIDE BLVD.
Naples, FL 34108
Phone: 1-239-5984302-75574

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

Page Last Updated: 02/14/2022
Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.
Language Assistance Available: Español | 繁體中文 | Tiếng Việt | 한국어 | Tagalog | Русский | العربية | Kreyòl Ayisyen | Français | Polski | Português | Italiano | Deutsch | 日本語 | فارسی | English



November 29, 2021

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

To Whom It May Concern:

Here are our answers to several of the questions on the Wholesaler Application.

Section 8: FDA Registration

- Arthrex Inc has registered each facility with the FDA. The location of the establishment to be licensed is 14550 Plantation Road, Fort Myers, FL, and is registered with the FDA under the Establishment Registration Number **3009423112** as a Manufacturer. Arthrex Inc headquarters is located at 1370 Creekside Blvd, Naples and is registered with the FDA under the Establishment Registration Number **1220246**. As Arthrex Inc is a medical device manufacturer, both of these registrations are Medical Device Establishment Registraions.

- Cash Deposit Form in lieu of bond and $25,000.00 check
  - Attached

Section 9: Additional Documents

- List of all Corporate Officers and Directors:
  - **Corporate Officers**
    - Reinhold Schmieding – President
    - John Schmieding – Vice President
    - Kathleen Sparrow – Vice President
  - **Directors**
    - Reinhold Schmieding
    - John Schmieding

NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PKWY SUITE
206, RENO, NV 89521
(775) 850-1440 – (775) 850-1444 – FAX
pharmacy@pharmacy.nv.gov

PHARMACEUTICAL WHOLESALER CASH DEPOSIT IN LIEU OF BOND

Name of Applicant/Licensee: Arthrex, Inc.

Address: 1370 Creekside Blvd.

City: Naples State: FL Zip: 34108

The above named applicant/licensee (hereinafter referred to as Assignor), does hereby assign and set over to the Nevada State Board of Pharmacy (the Board) all right, title and interest of any kind whatsoever owned or held by Assignor in the cash sum of $25,000.00 which was delivered simultaneously with this form. Assignor provides the cash sum as security pursuant to NRS 639.515(2). This assignment is binding on Assignor, his/hers heirs, administrators, successors, and assigns, jointly or severally, and is conditioned that Assignor has made, or is about to make, application to the Board for a pharmaceutical wholesaler's license.

Assignor understands, acknowledges, and agrees that:

1. The Board is not authorized to refund the cash deposit until sixty days beyond the date upon which the Assignor ceases to be licensed by the Board.

2. The cash deposit will not draw interest and will be kept in a segregated fund within the Board's accounts.

3. The Board is authorized to remove from the cash deposit money to satisfy fines or costs assessed against the Assignor pursuant to NRS 639.515, and that if the Board removes any money from the cash deposit, Assignor shall replenish the cash deposit or shall deposit other security pursuant to NRS 639.515 sufficient to retain the total amount of the cash deposit or else Assignor's license may not be renewed.

Executed in Naples, FL on 11/4/2021.
City and State Date

Signature of Assignor's Authorized Representative

Dan Hall
Print Name

Vice President of Shareholder Relations & Taxation
Title

Check received

- List of all corporation shareholders and their percentage of ownership:

Corporate Owners	
Name	Percentage of Ownership
Reinhold Schmieding	55
Erika Schmieding	45

- Certificate of Good Standing
  - Attached

- Designated Representative form
  - Attached

- Personal History Record Applications for each shareholder
  - Attached

- Copy of DEA Certificate if handling controlled substances
  - Not applicable as Arthrex does not handle any controlled substances

- List containing each employee of Arthrex's facility located at 14550 Plantation Road, Fort Myers, FL:
  - Attached

- Copy of home state license:
  - Attached

Sincerely,



Antonio Regalado
Senior Manager, Global Alignment,
Regulatory Affairs and Quality Assurance

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (04/22/2021)

Y

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Arthrex, Inc

Physical Address: 14550 Plantation Road

City: Fort Myers State: Florida Zip: 33912

Mailing Address (if different from physical address): 1370 Creekside Blvd

City: Naples State: Florida Zip: 34108

Telephone: 239-643-5553 Website: www.arthrex.com

Licensing Company Email: inc_regulatory@arthrex.com

Section 2: Personal Information

First: Ryan Middle: Keith Last: Hoag

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

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

Mailing Address: 14550 Plantation Road

City: Fort Myers State: FL Zip: 34108

Telephone: 239-598-4302 x73004 Email: ryan.hoag@arthrex.com

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

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

Ind. Disclosure

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

Applicant's initials RHH

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

School Name		From - To (MM/YY – MM/YY)	
Western Michigan University		01/11-04/13	
Address	City	State	Zip
1903 W Michigan Ave	Kalamazoo	MI	49008
Diploma/Degree obtained, if any			
Master of Science, Engineering Management			

School Name		From - To (MM/YY – MM/YY)	
Western Michigan University		08/02-12/08	
Address	City	State	Zip
1903 W Michigan Ave	Kalamazoo	MI	49008
Diploma/Degree obtained, if any			
Bachelor of Science, Manufacturing Engineering Technology			

School Name		From - To (MM/YY – MM/YY)	
Lakeview High School		09/98-05/02	
Address	City	State	Zip
15 Arbor St	Battle Creek	MI	49015
Diploma/Degree obtained, if any			
Diploma			

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/18-Present	[redacted] Fawn Ridge Dr	Fort Myers	FL	33912
06/10-05/18	[redacted] Crosby Dr	Battle Creek	MI	49014

Applicant's initials KBH 3

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Arthrex, Inc.			06/18-Present	
Business Address		**City**	**State**	**Zip**
14550 Plantation Road		Fort Myers	FL	33912
Phone	**Title**		**Number of Employed Hours**	
239-598-4302	Quality Assurance Manager		6720	
Description of Duties				
Manage Quality Assurance and Control teams at distribution center				

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

This is in response to Question # 01. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
06/2004	06/2005	MI	South Haven	Van Burren
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2004-0429853-OM		7th District Court		
Reason/Charge				
Minor in Possession of Alcohol				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
South Haven v Ryan Keith Hoag			Misdemeanor	
Name of Business/Industry/Entity				
N/A				

Provide explanation below:

Drinking on the beach as a minor (under 21)

Original Signature (electronic, copies or stamps not accepted)

11/30/2021
Date

Applicant's initials

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

This is in response to Question # 01. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
07/2003	03/2004	MI	Battle Creek	Calhoun
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2003-C035796-OT		10th District Court		
Reason/Charge				
Person under 21 transport or 1307 possess in motor vehicle – driver				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
City of Battle Creek v Hoag			Misdemeanor	
Name of Business/Industry/Entity				
N/A				

Provide explanation below:

Driving to a party with alcohol as a minor (under 21)

RKH

Original Signature (electronic, copies or stamps not accepted)

11/30/2021

Date

Applicant's initials RKH

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

This is in response to Question # 01. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
04/2004	01/2005	MI	Battle Creek	Calhoun
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2004-C042881-OD		10th District Court		
Reason/Charge				
OPERATED WHILE VISIBLY IMPAIRED (1200)				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
City of Battle Creek v Hoag			Misdemeanor	
Name of Business/Industry/Entity				
N/A				

Provide explanation below:

Operating a motor vehicle after consuming alcohol

RKH

Original Signature (electronic, copies or stamps not accepted)

11/30/2021

Date

Applicant's initials RKH

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

This is in response to Question # 01. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
01/2005	02/2005	MI	Kalamazoo	Kalamazoo
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
2005-0503217OT-OT		8th District Court		
Reason/Charge				
~LICENSE: FAIL TO DISPLAY LICENSE (30001)				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Township of Kalamazoo V Hoag			Misdemeanor	
Name of Business/Industry/Entity				
N/A				

Provide explanation below:

Driving without a license

Original Signature (electronic, copies or stamps not accepted)

11/30/2021
Date

Applicant's initials

I, Ryan Keith Hoag, **certify that as the designated representative for** Arthrex, Inc.,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Ryan Hoag

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/30/2021

Date

Applicant's initials RKH

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

RYAN HOAG
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/30/2021
Date

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

State of FL, ss. County of Lee

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

Original Signature

11/30/2021
Date

Subscribed and Sworn to before me this 30 day of November

Notary Public Signature

Notary Public State of Florida
Jennifer Marie Loyola
My Commission HH 049163
Expires 09/30/2024

(Seal)

Applicant's initials RKH

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (04/22/2021)

Y

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Arthrex, Inc.

Physical Address 14550 Plantation Road

City Fort Myers State Florida Zip 33912

Mailing Address (if different from physical address) 1370 Creekside Boulevard

City Naples State Florida Zip 34108

Telephone 239-643-5553 Website www.arthrex.com

Licensing Company Email inc_regulatory@arthrex.com

Section 2: Personal Information

facility disclosures

First Erika Middle _____ Last Schmiedig

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

Date of Birth _____ SSN or ITIN _____ Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] Creekside Blvd

City Naples State FL Zip 34108

Telephone 239-643-5553 Email _____

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

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

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

Applicant's initials ES

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

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

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

From - To (MM/YY – MM/YY)	Address [redacted] Eugenia Dr	City Naples	State FL	Zip 34108
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

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

Business Name: Arthrex Inc			From - To (MM/YY – MM/YY)
Business Address: 1370 Creekside Blvd	City: Naples	State: FL	Zip: 34108
Phone: 239 643-5553	Title: Co-Owner		
Description of Duties:			

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

Applicant's initials E.S.

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

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

This is in response to Question # 4-5. Provide all the following *where applicable*:

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

Provide explanation below:

See Attached

Original Signature (electronic, copies or stamps not accepted)

1-19-2022
Date

Applicant's initials F.S.

Arthrex Inc. 1370 Creekside Boulevard, Naples, Florida 34108-1945 • Tel: 800-933-7001 or 239-643-5553 • Fax: 239-591-6980 •
www.Arthrex.com

NOTICE OF PENDING LITIGATION

Arthrex, Inc. has and has had many litigation matters in the normal course of its business. These matters, such as patent litigation, contractual disputes, products liability matters, and employment matters are ordinary and in the normal course of business. It would be unduly burdensome to list all matters for the past 10 years. Please find below a list of our open litigation matters:

Stephen Burkhart, MD, et al. v. Arthrex, Inc.
Twentieth Judicial Circuit Court of Florida, Collier County
2020-CA-401

Stephen Burkhart, MD, et al. v. Arthrex, Inc.
Second District Court of Appeals, Florida
2D21-2223

Center City Healthcare, LLC, et al. v. Arthrex Inc.
United States Bankruptcy Court, District of Delaware
21-AP-51028

Clifford Epsy v. Arthrex, Inc., et al.
Superior Court of California, Los Angeles County
21STCV44116

Michael Evans, et al. v. Arthrex, Inc., et al.
Circuit Court of Arkansas, Cross County
19CV-19-30-3

Jeffrey Gelfand, MD v. Arthrex, Inc.
United Stated District Court, District of Delaware
21-CV-01754

Lewis M.B. Golubosky, et al. v. Arthrex, Inc., et al.
Court of Common Pleas Pennsylvania, Washington County
2019-429

Leslie Greenwood v. Arthrex, Inc., et al.
United States District Court, Western District of New York
21-CV-01101

Arthrex, Inc. v. Jeremy Charles Hilton, et al.
United States District Court, Middle District of Florida
21-CV-00850

Cheryl Horton v. Arthrex, Inc.
United States District Court, Central District of Illinois, Peoria Division
21-CV-01354

Brian Mellace v. Arthrex, Inc., et al.
United States District Court, District of Massachusetts
21-CV-10672

Jane Melvin v. Arthrex, Inc.
Supreme Court of the State of New York, Orange County
EF007934-2021

P Tech, LLC v. Arthrex, Inc.
United States District Court, District of Delaware
21-CV-00968

Arthrex, Inc. v. Parcus Medical, LLC
United Stated District Court, Middle District of Florida
Case No. TBD

Smith & Nephew, Inc. Vs. Arthrex, Inc.
US Patent Trial and Appeals Board – Alexandria
PR2016-00918

James Studensky v. Arthrex, Inc.
United Stated Bankruptcy Court, Western District of Texas, Waco Division
20-AP-6015

St. Vincent Medical Center, et al. v. Arthrex, Inc.
United States Bankruptcy Court, Central District of California
20-AP-1501

Arthrex, Inc. v. West Coast Medical Resources, LLC, et al.
Sixth Judicial Circuit Court of Florida, Pinellas County
17-004751-CI



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

ERIKA SCHMIEDING
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1-19-2022
Date

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

State of FLORIDA, ss. County of COLLIER

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

Original Signature

1-19-2022
Date

Subscribed and Sworn to before me this 19th day of January 2022

Suzanne Pahl-Boland
Notary Public Signature

SUZANNE PAHL-BOLAND
Commission # GG 200110
Expires May 15, 2022
Bonded Thru Troy Fain Insurance 800-385-7019

(Seal)

Applicant's initials E.S

NEVADA STATE BOARD OF PHARMACY

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

Y

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Arthrex, Inc.

Physical Address 14550 Plantation Road

City Fort Myers State Florida Zip 33912

Mailing Address (if different from physical address) 1370 Creekside Boulevard

City Naples State Florida Zip 34108

Telephone 239-643-5553 Website www.arthrex.com

Licensing Company Email inc_regulatory@arthrex.com

Section 2: Personal Information

First Reinhold Middle D Last Schmieding

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

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

Mailing Address [redacted] Creekside Blvd

City Naples State FL Zip 34108

Telephone 239-643-5553 Email _____

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

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

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

Applicant's initials _____

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

School Name		From - To (MM/YY – MM/YY)	
Michigan State University		73-77	
Address	City	State	Zip
		MI	
Diploma/Degree obtained, if any			
BS			

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

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
	[redacted] Eugenia Dr	Naples	FL	34108
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

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

Business Name: Arthrex, Inc			From - To (MM/YY – MM/YY): 1981 - Present	
Business Address: 1370 Creekside Blvd	City: Naples		State: FL	Zip: 34108
Phone: 239.643.5553	Title: President Co-Owner			
Description of Duties: CEO				

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

Applicant's initials _____

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

Applicant's initials _____

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

This is in response to Question # 2/4 5. **Provide all the following *where applicable*:**

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

Provide explanation below:

See Attached

Original Signature (electronic, copies or stamps not accepted)

1-19-2022
Date

Applicant's initials

Arthrex Inc. 1370 Creekside Boulevard, Naples, Florida 34108-1945 • Tel: 800-933-7001 or 239-643-5553 • Fax: 239-591-6980 • www.Arthrex.com

NOTICE OF PENDING LITIGATION

Arthrex, Inc. has and has had many litigation matters in the normal course of its business. These matters, such as patent litigation, contractual disputes, products liability matters, and employment matters are ordinary and in the normal course of business. It would be unduly burdensome to list all matters for the past 10 years. Please find below a list of our open litigation matters:

Stephen Burkhart, MD, et al. v. Arthrex, Inc.
Twentieth Judicial Circuit Court of Florida, Collier County
2020-CA-401

Stephen Burkhart, MD, et al. v. Arthrex, Inc.
Second District Court of Appeals, Florida
2D21-2223

Center City Healthcare, LLC, et al. v. Arthrex Inc.
United States Bankruptcy Court, District of Delaware
21-AP-51028

Clifford Epsy v. Arthrex, Inc., et al.
Superior Court of California, Los Angeles County
21STCV44116

Michael Evans, et al. v. Arthrex, Inc., et al.
Circuit Court of Arkansas, Cross County
19CV-19-30-3

Jeffrey Gelfand, MD v. Arthrex, Inc.
United Stated District Court, District of Delaware
21-CV-01754

Lewis M.B. Golubosky, et al. v. Arthrex, Inc., et al.
Court of Common Pleas Pennsylvania, Washington County
2019-429

Leslie Greenwood v. Arthrex, Inc., et al.
United States District Court, Western District of New York
21-CV-01101

Arthrex, Inc. v. Jeremy Charles Hilton, et al.
United States District Court, Middle District of Florida
21-CV-00850

Cheryl Horton v. Arthrex, Inc.
United States District Court, Central District of Illinois, Peoria Division
21-CV-01354

Brian Mellace v. Arthrex, Inc., et al.
United States District Court, District of Massachusetts
21-CV-10672

Jane Melvin v. Arthrex, Inc.
Supreme Court of the State of New York, Orange County
EF007934-2021

P Tech, LLC v. Arthrex, Inc.
United States District Court, District of Delaware
21-CV-00968

Arthrex, Inc. v. Parcus Medical, LLC
United Stated District Court, Middle District of Florida
Case No. TBD

Smith & Nephew, Inc. Vs. Arthrex, Inc.
US Patent Trial and Appeals Board – Alexandria
PR2016-00918

James Studensky v. Arthrex, Inc.
United Stated Bankruptcy Court, Western District of Texas, Waco Division
20-AP-6015

St. Vincent Medical Center, et al. v. Arthrex, Inc.
United States Bankruptcy Court, Central District of California
20-AP-1501

Arthrex, Inc. v. West Coast Medical Resources, LLC, et al.
Sixth Judicial Circuit Court of Florida, Pinellas County
17-004751-CI



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

REINHOLD SCHMIEDING

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1-19-2022

Date

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

State of FLORIDA, ss. County of COLLIER

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

Original Signature

1-19-2022

Date

Subscribed and Sworn to before me this 19 day of January 2022

Notary Public Signature

SUZANNE PAHL-BOLAND
Commission # GG 200110
Expires May 15, 2022
Bonded Thru Troy Fain Insurance 800-385-7019

(Seal)

Applicant's initials

PERS NO	Employee Name	ORIGINAL HIRE DATE	Company Code	PERSONNEL AREA	Personnel Sub Area Description	JOB TITLE
14	Theresa Dunivan	12/8/1999	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Loaner Returns Cust Service Analyst Sr
15	Thomas Hogan	1/5/2000	Arthrex, Inc.	ALC-INC- Fort Myers FL	Lab	Lab Operations Associate Sr
22	Jimmy Rodriguez	7/19/2000	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate Sr
23	Connie Natwick	9/23/1996	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Customer Service Coordinator II
29	Kathleen Pniewski	10/8/2001	Arthrex, Inc.	ALC-INC- Fort Myers FL	Lab	Lab Operations Associate Sr
32	Michael Singarella	9/23/2002	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Field Operations Credit Analyst Lead
33	Osiel Enriquez	11/25/2002	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Field Ops Loaners Material Handler Sr
48	Paula Bass	2/2/2004	Arthrex, Inc.	ALC-INC- Fort Myers FL	Quality	Quality Specialist Associate
61	Larry Harrison	8/23/2004	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Customer Care Coordinator Vet Systems Sr
62	Steven Mirtil	10/11/2004	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Loaner Returns Cust Service Team Lead
64	Roger Turnbull	11/22/2004	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Supervisor - Warehouse
67	Adel Gatri	12/6/2004	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Supervisor - Global Trade
81	Lester Piper	10/10/2005	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate II
89	Stefan Mccomas	12/5/2005	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate II
127	Gregg Seide	12/16/1996	Arthrex, Inc.	ALC-INC- Fort Myers FL	Facilites Mgmt	Manager - Facilities
157	Cynthia Lilly	5/24/2000	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Sr Manager - CS Agency Bill and Loan Ret
161	David Bumpous	8/4/2003	Arthrex, Inc.	ALC-INC- Fort Myers FL	Administration	VP - Operations
173	Laurie Picerno	3/8/2004	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Manager - OTC Systems
176	Kristin Jowett	7/9/1997	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Manager - Warehousing and Distr Process
281	Jose Cuna	12/23/2002	Arthrex, Inc.	ALC-INC- Fort Myers FL	Quality	QC Crew Coordinator
297	Christina Castellanos	7/28/2003	Arthrex, Inc.	ALC-INC- Fort Myers FL	Human Resources	Manager - HR - ALC
368	Beatriz Martel	3/18/2005	Arthrex, Inc.	ALC-INC- Fort Myers FL	Quality	QC Inspector Sr
371	Olga Garcia	3/21/2005	Arthrex, Inc.	ALC-INC- Fort Myers FL	Quality	QC Inspector Sr
388	Magaly Reyes	8/17/2005	Arthrex Manufacturing Inc	ALC-AMI- Fort Myers FL	Scheduling	SC Production Planner I
410	Brian Kaczynski	2/20/2006	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Field Operations Credit Analyst Sr
417	Katrina Page	2/20/2006	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Loaner Returns Cust Service Analyst Sr
496	Dawn Asmund	3/18/2005	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate II
507	Eric Thomas	6/5/2006	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Customer Experience Master Data Svc Lead
510	Magdelena Harding	6/5/2006	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Field Operations Credit Analyst II
527	Erica Gonzalez	6/26/2006	Arthrex, Inc.	ALC-INC- Fort Myers FL	Quality	Quality Specialist
540	Kuen Cheung	7/17/2006	Arthrex Manufacturing Inc	ALC-AMI- Fort Myers FL	Boxing	Boxing Specialist Sr
541	Jewell Ghosh	7/17/2006	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Field Operations Credit Analyst II
579	James Foster	10/2/2006	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Contracts Administrator
590	Alexander Mateo	11/20/2006	Arthrex, Inc.	ALC-INC- Fort Myers FL	Quality	QC Inspector Sr
591	Agustin Limon	11/6/2006	Arthrex, Inc.	ALC-INC- Fort Myers FL	Lab	Lab Operations Associate Sr
635	Tracy Haskins	4/2/2007	Arthrex, Inc.	ALC-INC- Fort Myers FL	Acounts Rec	Supervisor - Resolutions

PERS NO	Employee Name	ORIGINAL HIRE DATE	Company Code	PERSONNEL AREA	Personnel Sub Area Description	JOB TITLE
648	Elissa Clark	S/7/2007	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Customer Service Lead
651	Tatiana Olazabal	S/14/2007	Arthrex, Inc.	ALC-INC- Fort Myers FL	Quality	QC Inspector Sr
682	Oscar Garcia	7/9/2007	Arthrex, Inc.	ALC-INC- Fort Myers FL	Quality	QC Inspector Sr
688	Alba Gil	7/30/2007	Arthrex, Inc.	ALC-INC- Fort Myers FL	Quality	QC Inspector III
689	Katharine Ivy	7/30/2007	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate Sr
692	Maria Robinson	7/30/2007	Arthrex Manufacturing Inc	ALC-AMI- Fort Myers FL	Boxing	Boxing Coordinator
697	Yuk Ho	8/6/2007	Arthrex Manufacturing Inc	ALC-AMI- Fort Myers FL	Boxing	Boxing Coordinator
729	Maday Cueli	9/24/2007	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate I
780	Kevin Roberts	12/17/2007	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate Sr
781	Ramiro Navarro	12/10/2007	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Repair Logistics Technician III
783	Sandra Leopard	12/31/2007	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Global Trade Analyst II
784	Luis Hernandez	1/7/2008	Arthrex, Inc.	ALC-INC- Fort Myers FL	Lab	Lab Operations Specialist Sr - LATAM
789	Phillip Brabant	1/7/2008	Arthrex Manufacturing Inc	ALC-AMI- Fort Myers FL	Quality	Metrologist Sr
799	Michele Avrilien	2/4/2008	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Int'l Logistics Integration Spec Sr
806	Jorge Millan	2/4/2008	Arthrex, Inc.	ALC-INC- Fort Myers FL	Quality	QC Inspector Sr
834	Jacqueline Griffin	4/7/2008	Arthrex, Inc.	ALC-INC- Fort Myers FL	Human Resources	Recruiter Sr
844	Jennifer Loyola	4/21/2008	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Manager - Customer Service Data Mgmt
853	Bradley Edmonds	4/21/2008	Arthrex, Inc.	ALC-INC- Fort Myers FL	IT	IT User Support Technician Sr
890	Yoke Choo	6/9/2008	Arthrex Manufacturing Inc	ALC-AMI- Fort Myers FL	Boxing	Boxing Specialist Sr
933	Hui Chen Chen	8/11/2008	Arthrex Manufacturing Inc	ALC-AMI- Fort Myers FL	Boxing	Boxing Specialist
943	Reymundo Reyna	8/11/2008	Arthrex, Inc.	ALC-INC- Fort Myers FL	Field Inventory	Manager - Field Audits
944	Danial Forhay	8/11/2008	Arthrex, Inc.	ALC-INC- Fort Myers FL	Facilites Mgmt	Supervisor - Facilities
959	Sheila Pierre	8/25/2008	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Supervisor - Customer Service Loaner Ret
978	James Colbert	9/8/2008	Arthrex, Inc.	ALC-INC- Fort Myers FL	Lab	Supervisor - Offsite Labs
985	Somkhith Inthasane	9/22/2008	Arthrex, Inc.	ALC-INC- Fort Myers FL	Quality	QC Inspector Sr
993	Marlon Bernardez O'neil	10/6/2008	Arthrex, Inc.	ALC-INC- Fort Myers FL	Facilites Mgmt	Custodian
999	Liza Figueroa Alfaro	10/6/2008	Arthrex, Inc.	ALC-INC- Fort Myers FL	Lab	Lab Operations Lead
1014	Kelly Hyler	S/S/2003	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Contracts Administrator Sr
1041	Leticia Munoz	2/9/2009	Arthrex, Inc.	ALC-INC- Fort Myers FL	Field Inventory	Manager - Field Logistics Services
1049	Kari Palmer	2/23/2009	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	OTC Systems Assistant
1061	Gerson Perez	4/6/2009	Arthrex, Inc.	ALC-INC- Fort Myers FL	Lab	Lab Operations Inventory Coordinator
1115	Stacie Sattler	6/15/2009	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Director - Warehouse and Distribution
1125	Monica Morales	9/24/2007	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Service Parts Coordinator II
1141	Sean Swanlaw	7/27/2009	Arthrex, Inc.	ALC-INC- Fort Myers FL	Quality	QC Crew Coordinator
1156	James Cordato	8/24/2009	Arthrex, Inc.	ALC-INC- Fort Myers FL	Quality	QC Inspector Sr
1175	Arlenys Gonzalez	9/21/2009	Arthrex, Inc.	ALC-INC- Fort Myers FL	Field Inventory	Field Inventory Auditor II

PERS NO	Employee Name	ORIGINAL HIRE DATE	Company Code	PERSONNEL AREA	Personnel Sub Area Description	JOB TITLE
1183	Mei Ling Huang	10/5/2009	Arthrex Manufacturing Inc	ALC-AMI- Fort Myers FL	Boxing	Boxing Specialist
1186	Michael Stoewer	10/5/2009	Arthrex Manufacturing Inc	ALC-AMI- Fort Myers FL	Boxing	Supervisor Lead - Assembly and Packaging
1208	Man Hon Kwan	11/2/2009	Arthrex Manufacturing Inc	ALC-AMI- Fort Myers FL	Boxing	Boxing Specialist Sr
1214	Eva Poon	11/16/2009	Arthrex Manufacturing Inc	ALC-AMI- Fort Myers FL	Boxing	Boxing Specialist Sr
1246	Jiuhong Spears	1/11/2010	Arthrex, Inc.	ALC-INC- Fort Myers FL	Quality	QC Inspector Sr
1248	Rong Wei	1/11/2010	Arthrex Manufacturing Inc	ALC-AMI- Fort Myers FL	Boxing	Boxing Specialist
1258	Andrew Patti	5/29/1996	Arthrex, Inc.	ALC-INC- Fort Myers FL	Quality	QC Inspector Sr
1268	Soraya Valdes	3/24/2008	Arthrex, Inc.	ALC-INC- Fort Myers FL	Quality	Quality Specialist Sr
1269	Carlos Gonzalez	3/5/2007	Arthrex, Inc.	ALC-INC- Fort Myers FL	Quality	QC Inspector Sr
1273	Maria Del Pilar Hoyos	2/18/2008	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Field Operations Credit Analyst Sr
1287	Kathi Taliercio	3/8/2010	Arthrex, Inc.	ALC-INC- Fort Myers FL	Field Inventory	Manager - Vet Field Operations
1294	Elizabeth Beltran Force	3/22/2010	Arthrex, Inc.	ALC-INC- Fort Myers FL	Quality	Quality Specialist
1299	Peter Russano	4/5/2010	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Sr Director - Logistics
1306	Isabel Chavarry	4/19/2010	Arthrex Manufacturing Inc	ALC-AMI- Fort Myers FL	Boxing	Boxing Specialist
1315	Olga Osorio	5/19/2008	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Field Operations Loaners Coordinator
1351	Brandon Bagley	6/14/2010	Arthrex, Inc.	ALC-INC- Fort Myers FL	Acounts Rec	Credit Analyst Sr
1395	John Taylor	8/9/2010	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Sr Director - Global Trade
1419	Tamara Pancake	9/20/2010	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Global Trade Analyst II
1463	Ana Jimenez	1/24/2011	Arthrex Manufacturing Inc	ALC-AMI- Fort Myers FL	Boxing	Boxing Specialist
1466	Dennis Alvarez	2/7/2011	Arthrex Manufacturing Inc	ALC-AMI- Fort Myers FL	Boxing	Boxing Coordinator
1478	David Capone	2/21/2011	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate Sr
1510	Miriam Fernandez	3/21/2011	Arthrex Manufacturing Inc	ALC-AMI- Fort Myers FL	Boxing	Boxing Specialist
1513	Marlon Nunez	3/21/2011	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Manager - Loaner and Returns Processing
1523	Yenilee Martinez	4/4/2011	Arthrex, Inc.	ALC-INC- Fort Myers FL	Quality	Quality Specialist
1541	John Ramirez	4/3/2017	Arthrex, Inc.	ALC-INC- Fort Myers FL	Culinary	Steward
1545	Judy Boothby	4/18/2011	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Sr Manager - Customer Service
1546	Katty Poteau	4/18/2011	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Customer Service Coordinator II - Int'l
1551	Susana Benfield	5/2/2011	Arthrex Manufacturing Inc	ALC-AMI- Fort Myers FL	Boxing	Boxing Specialist Sr
1574	Jose Hurtado	5/16/2011	Arthrex, Inc.	ALC-INC- Fort Myers FL	Quality	QC Inspector Sr
1580	Anabel Ledesma	5/16/2011	Arthrex Manufacturing Inc	ALC-AMI- Fort Myers FL	Boxing	Boxing Specialist
1598	Lisbet Hernandez	6/13/2011	Arthrex, Inc.	ALC-INC- Fort Myers FL	Quality	QC Inspector III
1602	Maritza Guerrero	6/13/2011	Arthrex Manufacturing Inc	ALC-AMI- Fort Myers FL	Boxing	Boxing Specialist
1636	Cheryl Turnbull	7/11/2011	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Supervisor - Customer Service
1671	Miladys English	9/12/2011	Arthrex, Inc.	ALC-INC- Fort Myers FL	Quality	Quality Specialist Associate
1748	Robin Williams	11/28/2011	Arthrex, Inc.	ALC-INC- Fort Myers FL	IT	IT User Support Technician Sr
1750	Gerardo Bello	6/2/2008	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate Sr

PERS NO	Employee Name	ORIGINAL HIRE DATE	Company Code	PERSONNEL AREA	Personnel Sub Area Description	JOB TITLE
1755	Luis Marin Sanz	12/12/2011	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Supervisor - Loaner and Returns Process
1791	Quin Khan	5/4/2009	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate Sr
1822	Bernadette Farrah	3/5/2012	Arthrex, Inc.	ALC-INC- Fort Myers FL	Acounts Rec	Supervisor - Cash Application
1848	Noemi Ceballos	6/23/2008	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Global Trade Specialist Sr
1854	Craig Dorflinger	4/16/2012	Arthrex, Inc.	ALC-INC- Fort Myers FL	Quality	QC Inspector Sr
1865	Cheri Cable	4/30/2012	Arthrex, Inc.	ALC-INC- Fort Myers FL	Clinic	ARNP/PA
1920	Tyler Cossairt	5/29/2012	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Transportation Operations Specialist Sr
1958	Thomas Armata	7/11/2011	Arthrex, Inc.	ALC-INC- Fort Myers FL	Facilites Mgmt	Facilities Tech III
1997	Paula Voelker	7/16/2012	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Customer Service Coordinator II
2019	Nathan Nedli	7/30/2012	Arthrex, Inc.	ALC-INC- Fort Myers FL	Product Mgmt	Vet Systems Product Specialist Lead
2028	Gabriel Salinas	9/2/2008	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate II
2041	Steven Kingsley	8/13/2012	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Sr Manager - Transportation
2068	Franklin Cole	9/10/2012	Arthrex, Inc.	ALC-INC- Fort Myers FL	IT	Telecom Technician Sr
2095	Alan Butler	10/8/2012	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate II
2115	Christopher Senecal	11/12/2012	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Business Analyst Sr
2119	John Ozga	11/26/2012	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Repair Logistics Technician II
2126	Megan Keicher	11/26/2012	Arthrex, Inc.	ALC-INC- Fort Myers FL	Acounts Rec	Legal Collections Analyst
2132	Charlotte Sharrett	12/10/2012	Arthrex, Inc.	ALC-INC- Fort Myers FL	Acounts Rec	Business Collections Specialist II
2191	Dawn Jeffries	1/7/2013	Arthrex, Inc.	ALC-INC- Fort Myers FL	IT	Supervisor - IT User Support
2195	Kenia Knight	1/7/2013	Arthrex, Inc.	ALC-INC- Fort Myers FL	Acounts Rec	AR Resolutions Lead
2208	Harver Borbon-Mendez	1/14/2013	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Field Operations Loaners Coordinator
2214	Jam Diaz	3/19/2012	Arthrex, Inc.	ALC-INC- Fort Myers FL	Lab	Lab Operations Coordinator - Offsite
2244	Jaimie Nelson	2/11/2013	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Contracts Administrator
2248	Matthew Torres	1/23/2012	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Customer Service Lead
2263	Martine Calixte	2/25/2013	Arthrex, Inc.	ALC-INC- Fort Myers FL	Quality	QC Inspector II
2282	Marcia Carmona	3/11/2013	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate II
2295	Joel Fernandez	3/18/2013	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate Sr
2328	Yamile Leal	3/25/2013	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate Sr
2336	Kyle Cravo	4/8/2013	Arthrex, Inc.	ALC-INC- Fort Myers FL	Field Inventory	Field Inventory Auditor II
2387	Timothy Riggs	4/22/2013	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Transportation Operations Specialist Sr
2407	Chantale Poulard	5/6/2013	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Field Operations Loaners Technician I
2415	Kimberly Moreno	5/6/2013	Arthrex, Inc.	ALC-INC- Fort Myers FL	Field Inventory	FLS Specialist
2417	Jo-Anne DeLucia	5/6/2013	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Customer Service Lead
2460	Alexandra Campbell	10/11/2021	Arthrex, Inc.	ALC-INC- Fort Myers FL	Acounts Rec	Business Collections Specialist II
2488	Vanda Mallo	6/3/2013	Arthrex, Inc.	ALC-INC- Fort Myers FL	Acounts Rec	Supervisor - Credit and Collect - Int'l
2527	Rebecca Blackford	6/17/2013	Arthrex, Inc.	ALC-INC- Fort Myers FL	Finance	Transformation Analyst Associate

PERS NO	Employee Name	ORIGINAL HIRE DATE	Company Code	PERSONNEL AREA	Personnel Sub Area Description	JOB TITLE
2S28	Yudelkis Frenes Simo	6/17/2013	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate Sr
2S47	Yamila Fleitas	7/1/2013	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate Sr
2S49	Wai Wong	4/4/2011	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate Sr
2S51	Bradley Bixler	7/1S/2013	Arthrex, Inc.	ALC-INC- Fort Myers FL	Field Inventory	FLS Inventory Analyst
2S54	Debra Rivas-Atherton	7/1S/2013	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Supervisor - Customer Master Data Mgmt
2SSS	Cheryl Foster	7/15/2013	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Field Operations Loaners Coord Lead
2SS9	Higinia Castillo	7/15/2013	Arthrex Manufacturing Inc	ALC-AMI- Fort Myers FL	Boxing	Boxing Coordinator
2S6S	Rosaleen Georg	1/23/2012	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Field Operations Loaners Technician Sr
2S94	James Letourneau	8/12/2013	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate II
2S96	Vicki N Johnson Cohrs	8/12/2013	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	EDI Analyst
2606	Anna Rohling	8/26/2013	Arthrex, Inc.	ALC-INC- Fort Myers FL	Acounts Rec	Business Collections Specialist Sr
2607	Kimberly Kropff	8/26/2013	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Supervisor - Customer Service - Int'l
2609	Ashley Haley	8/26/2013	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Customer Service Coordinator II
2612	Jennifer Reagan	8/26/2013	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Sr Manager - International Logistics
2613	Anthony Klinsky	2/4/200S	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate Sr
2616	Basil Spaulding	10/29/2007	Arthrex, Inc.	ALC-INC- Fort Myers FL	Quality	QC Inspector Sr
2617	Alexandru Plavita	9/9/2013	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Supervisor - Warehouse Operations
2620	Joyce Courtade	9/9/2013	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Transportation Freight Analyst
2622	Tracy Somora	9/9/2013	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Sr Manager - Global Trade
2633	Joseph Keane	9/23/2013	Arthrex, Inc.	ALC-INC- Fort Myers FL	IT	Application Analyst Sr
2665	Joan Cerabona	11/4/2013	Arthrex, Inc.	ALC-INC- Fort Myers FL	Acounts Rec	Business Collections Lead
2669	Matthew Burton	11/4/2013	Arthrex, Inc.	ALC-INC- Fort Myers FL	IT	Application Analyst II
2671	Tammarah Goudy	11/4/2013	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Manager - Technical Operations
2693	Thomas Russell	12/2/2013	Arthrex, Inc.	ALC-INC- Fort Myers FL	Field Inventory	Director - Field Operations
S011	David Sims	1/6/2014	Arthrex, Inc.	ALC-INC- Fort Myers FL	Facilites Mgmt	Custodian
S107	Samuel Pringle	1/27/2014	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Field Ops Loaners Material Handler II
S111	Kristyn Burrell	1/27/2014	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Global Trade Analyst II
S115	Brenda Desirant	1/27/2014	Arthrex, Inc.	ALC-INC- Fort Myers FL	Acounts Rec	AR Resolutions Specialist Sr
5125	Kathleen Kipp	2/10/2014	Arthrex, Inc.	ALC-INC- Fort Myers FL	Facilites Mgmt	Administrative Assistant Sr
S158	Deborah Florkey	4/21/2014	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Customer Service Coordinator II
5189	Robert Noriega	5/19/2014	Arthrex, Inc.	ALC-INC- Fort Myers FL	Quality	QC Inspector III
S206	Ralph Hickey	5/19/2014	Arthrex Manufacturing Inc	ALC-AMI- Fort Myers FL	Boxing	Boxing Specialist
5240	Yoniel Perez Rodriguez	6/2/2014	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Field Operations Loaners Technician II
S278	Amber White	6/30/2014	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate II
5282	Amber Mateo	6/30/2014	Arthrex, Inc.	ALC-INC- Fort Myers FL	Culinary	Chef
5286	Sheena Rambaran Yadav	6/30/2014	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Global Trade Analyst I

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5299	Brett Reagan	7/14/2014	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate Sr
5301	Logan Gary	7/14/2014	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate II
5305	Debora Rowell	7/16/2014	Arthrex, Inc.	ALC-INC- Fort Myers FL	Acounts Rec	Cash Application Specialist I
5341	Elizabeth Witherspoon	8/25/2014	Arthrex, Inc.	ALC-INC- Fort Myers FL	Facilites Mgmt	MRO Buyer - ALC
5349	Janice Powers	8/25/2014	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate II
5352	David Rebstock	8/25/2014	Arthrex, Inc.	ALC-INC- Fort Myers FL	Quality	QC Inspector Sr
5360	Marcos Farias	9/8/2014	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Global Trade Analyst II
5365	Michael Sheppard	8/9/2014	Arthrex, Inc.	ALC-INC- Fort Myers FL	Quality	QC Inspector III
5368	Matthew Austin	9/8/2014	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Field Operations Loaners Technician II
5381	Megan Sanchez	10/6/2014	Arthrex, Inc.	ALC-INC- Fort Myers FL	Acounts Rec	AR Business Analyst Sr
5384	Lori Reesey	10/6/2014	Arthrex, Inc.	ALC-INC- Fort Myers FL	Culinary	Line Cook
5466	Diana Gil Diaz	11/17/2014	Arthrex, Inc.	ALC-INC- Fort Myers FL	Quality	Quality Specialist Associate
5484	Nancy Acosta	12/1/2014	Arthrex, Inc.	ALC-INC- Fort Myers FL	Field Inventory	Field Inventory Auditor II
5487	Chad Jones	12/1/2014	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Customer Service Lead
5497	Egui Sandoval	12/1/2014	Arthrex, Inc.	ALC-INC- Fort Myers FL	Field Inventory	Field Inventory Auditor II
5503	Elizabeth Gburski	12/15/2014	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Supervisor - Government Contracts
5507	David Stahl	12/15/2014	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Supervisor - Warehouse
5508	Mary Margaret Maloney	12/15/2014	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Service Parts Coordinator II
5511	Francis Bodino	12/15/2014	Arthrex, Inc.	ALC-INC- Fort Myers FL	IT	Business Analyst Sr
5527	Jorge De La Cruz	1/5/2015	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate II
5530	Kevin O'Brien	1/5/2015	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Transportation Freight Analyst Sr
5537	Maritza Correa Perez	1/5/2015	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Service Parts Coordinator II
5566	Austin Kent	1/26/2015	Arthrex, Inc.	ALC-INC- Fort Myers FL	IT	Infrastructure Architect
5596	Richard Schiff	2/9/2015	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Service Parts Coordinator Sr
5597	James Chappelow	2/9/2015	Arthrex, Inc.	ALC-INC- Fort Myers FL	Facilites Mgmt	Custodian
5601	April Helton	2/9/2015	Arthrex, Inc.	ALC-INC- Fort Myers FL	Acounts Rec	Cash Application Specialist Sr
5605	Junior Nunez	2/9/2015	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Customer Service Coordinator I
5642	Jaime Williams	3/9/2015	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Supervisor - Agency Billing Services
5649	Michael Workman	3/9/2015	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate II
5651	Deborah Varghese	3/9/2015	Arthrex, Inc.	ALC-INC- Fort Myers FL	Quality	Supervisor - Engineering Supplier QA
5659	Jay Rivas	3/9/2015	Arthrex Manufacturing Inc	ALC-AMI- Fort Myers FL	Boxing	Boxing Specialist Sr
5672	James Agacinski	3/23/2015	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate Sr
5711	Brittany Mones	4/20/2015	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Supervisor - Customer Service
5725	Erika Schorpp	4/20/2015	Arthrex, Inc.	ALC-INC- Fort Myers FL	Quality	QC Inspector III
5741	Jeremy Abdo	5/4/2015	Arthrex, Inc.	ALC-INC- Fort Myers FL	Lab	Supervisor - ALC Lab Operations
5744	Shawn James	5/4/2015	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate II

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5745	Barbara Guiliano	5/4/2015	Arthrex, Inc.	ALC-INC- Fort Myers FL	Acounts Rec	Business Collections Lead
5762	Matthew Lehman	12/21/2016	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Supervisor - EDI
5769	Ryan Regolizio	5/18/2015	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Supervisor - Transportation
5770	Aluizio Carvalho	7/12/2021	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate I
5784	Joseph Pignoni	5/18/2015	Arthrex Manufacturing Inc	ALC-AMI- Fort Myers FL	Logistics	Ship Rec Clerk Sr
5836	Joseph Martie	6/15/2015	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate II
5846	Zuheily Negron Morales	6/15/2015	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Field Operations Loaners Technician Sr
5859	Gregory Geig	6/22/2015	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Transportation Operations Analyst Sr
5869	Amber Sigurani	6/29/2015	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Loaner Returns Customer Service Analyst
5872	Alana Williams	6/29/2015	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Loaner Returns Cust Service Analyst Sr
5881	Timothy Lux	6/29/2015	Arthrex, Inc.	ALC-INC- Fort Myers FL	IT	Software Developer Lead
5899	Sammy Akkoush	7/13/2015	Arthrex, Inc.	ALC-INC- Fort Myers FL	IT	Manager - Software Development
5914	Justin Kuchle	7/27/2015	Arthrex, Inc.	ALC-INC- Fort Myers FL	Facilites Mgmt	Facilities Tech II
5931	Humberto Gamarra	7/27/2015	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Field Operations Loaners Coordinator
5935	Raul Victoria	8/10/2015	Arthrex, Inc.	ALC-INC- Fort Myers FL	Culinary	Steward
5936	Roland Scott	8/10/2015	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Field Operations Analyst Sr
5938	Jesus Arambul	8/10/2015	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Customer Service Coordinator I
5940	Barbara Gburski	8/10/2015	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Quality Assurance and Training Analyst
5972	Christian Monroe	9/21/2015	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Service Parts Coordinator II
5975	Judith Petraglia	9/21/2015	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Supervisor - Customer Service
5992	Rajaram Balasubramanian	10/12/2015	Arthrex, Inc.	ALC-INC- Fort Myers FL	IT	Manager - Application Service Delivery
5995	Rodney Coulombe	10/12/2015	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate II
5997	Jennifer Small	10/26/2015	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate Sr
6001	Eilyn Gutierrez	10/26/2015	Arthrex, Inc.	ALC-INC- Fort Myers FL	Quality	Quality Specialist Associate
6002	Diana Roman	10/26/2015	Arthrex, Inc.	ALC-INC- Fort Myers FL	Acounts Rec	Business Collections Specialist II
6010	Darrell Treece	11/9/2015	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Customer Service Data Administrator Lead
6012	Jaysson Balbuena Feliz	11/9/2015	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate II
6016	Jennifer Straley	11/9/2015	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Supervisor - Customer Service - Orthobio
6020	Nayeni Ojeda	11/9/2015	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Field Operations Loaners Technician Sr
6029	Juan Soundara	11/30/2015	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Field Operations Loaners Technician II
6031	Alexi Thompson	11/30/2015	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate Sr
6033	Damien Tucker	11/30/2015	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate II
6058	Erik Samuelson	1/4/2016	Arthrex, Inc.	ALC-INC- Fort Myers FL	IT	Infrastructure Analyst Sr
6067	David Worboys	1/4/2016	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate II
6071	Luis Cala	1/4/2016	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Field Operations Loaners Technician II
6078	Janet Bryant	1/11/2016	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate II

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6087	Kathryn Witt	1/18/2016	Arthrex, Inc.	ALC-INC- Fort Myers FL	Field Inventory	Field Operations Product Compl Analyst
6107	Benjamin Good	2/1/2016	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate Sr
6115	Matthias Hessler	2/15/2016	Arthrex, Inc.	ALC-INC- Fort Myers FL	IT	Manager - SAP Technology and Governance
6116	Chandler Semrick	2/15/2016	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Transportation Operations Specialist Sr
6127	Yonaisy Gutierrez Alvarez	2/15/2016	Arthrex Manufacturing Inc	ALC-AMI- Fort Myers FL	Boxing	Boxing Specialist
6153	Francisco Garcia Curzio	2/29/2016	Arthrex, Inc.	ALC-INC- Fort Myers FL	Meeting/Events	Exhibit and Event Svcs Coordinator II
6170	Patricia Rodriguez	3/14/2016	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Customer Service Coordinator I - Int'l
6186	Maria Hurtado Selva	3/14/2016	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Customer Service Coord Lead - Int'l
6220	Marvin Ayala	3/28/2016	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Field Ops Loaners Material Handler Sr
6260	Ann-Marie Versnik	4/25/2016	Arthrex, Inc.	ALC-INC- Fort Myers FL	Acounts Rec	Supervisor - Credit
6261	Sergio Saldarriaga	4/25/2016	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Agency Billing Analyst I
6265	Ailin Sanchez Lago	4/25/2016	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Customer Service Coordinator I
6307	Brian Steuterman	5/23/2016	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Customer Care Coordinator Vet Systems Sr
6309	Courtney Delfino	5/23/2016	Arthrex, Inc.	ALC-INC- Fort Myers FL	Field Inventory	FLS Inventory Analyst Sr
6313	Deborah Arce-Suarez	6/6/2016	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate II
6344	Alejandro Ibarra	6/20/2016	Arthrex, Inc.	ALC-INC- Fort Myers FL	Field Inventory	Field Inventory Auditor I
6348	Shawn Rakowski	6/20/2016	Arthrex, Inc.	ALC-INC- Fort Myers FL	Materials Mgmt	International Supply Network Planner II
6357	Michelle Angela Parone	6/20/2016	Arthrex, Inc.	ALC-INC- Fort Myers FL	Field Inventory	FLS Inventory Analyst Lead
6424	Kevin Dowds	7/11/2016	Arthrex, Inc.	ALC-INC- Fort Myers FL	Quality	Supervisor - QC
6430	Tony Leopard	7/18/2016	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate II
6476	Daniel Ross	8/1/2016	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate Sr
6516	Alexandra Medina	8/15/2016	Arthrex, Inc.	ALC-INC- Fort Myers FL	Quality	Quality Specialist Associate
6560	Ivette Cordero	8/29/2016	Arthrex, Inc.	ALC-INC- Fort Myers FL	Quality	QC Inspector III
6583	Iris Najera	9/12/2016	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate II
6632	Kevin Vazquez Vazquez	9/26/2016	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Decontamination and Material Hand Tech
6637	Eleuterio Perez Rizzo	9/26/2016	Arthrex, Inc.	ALC-INC- Fort Myers FL	Facilites Mgmt	Security Officer
6669	Duly Bonheur	10/17/2016	Arthrex, Inc.	ALC-INC- Fort Myers FL	IT	Software Developer III
6670	Jared Zurbruegg	10/17/2016	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehousing Operations Analyst Sr
6674	Dino Mandala	10/17/2016	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate II
6694	Carlos Seoane	11/7/2016	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate II
6695	Christopher Ursrey	11/7/2016	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate Sr
6716	Stacey Porter	11/14/2016	Arthrex, Inc.	ALC-INC- Fort Myers FL	Materials Mgmt	International Supply Network Planner Sr
6720	Camilo Rodriguez Monsalve	11/14/2016	Arthrex, Inc.	ALC-INC- Fort Myers FL	Lab	Lab Operations Associate
6728	Lisa Walker	11/28/2016	Arthrex, Inc.	ALC-INC- Fort Myers FL	Acounts Rec	AR Resolutions Specialist Lead
6744	Ludema Dorward	12/5/2016	Arthrex Manufacturing Inc	ALC-AMI- Fort Myers FL	Boxing	Boxing Specialist
6749	Adam Bratko	12/12/2016	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Supervisor - Customer Service

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6786	Oswaldo Romero	1/9/2017	Arthrex, Inc.	ALC-INC- Fort Myers FL	IT	Application Analyst Sr
6796	Melissa DeLaGarza	2/25/2019	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Customer Service Coordinator I
6817	Oscar Alvarez	1/16/2017	Arthrex, Inc.	ALC-INC- Fort Myers FL	Field Inventory	Field Inventory Auditor Sr
6853	Hildelisa Rodriguez Cardo	1/30/2017	Arthrex Manufacturing Inc	ALC-AMI- Fort Myers FL	Boxing	Boxing Specialist
6878	Gina Jimenez	2/20/2017	Arthrex Manufacturing Inc	ALC-AMI- Fort Myers FL	Boxing	Boxing Specialist
6920	Jack Unger	3/20/2017	Arthrex, Inc.	ALC-INC- Fort Myers FL	Facilites Mgmt	Supervisor - Custodial
6921	Narender Khemani	3/20/2017	Arthrex, Inc.	ALC-INC- Fort Myers FL	IT	Software Developer Sr
6939	Barbara Rojas	3/20/2017	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate II
6949	Marcus Sweet	4/3/2017	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate II
6950	Leslie Maldonado Mont	4/3/2017	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate II
6951	Lucia Guerrero	4/3/2017	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate II
6955	Sterling Thomas	4/3/2017	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate Sr
6983	Elizabeth Perera	4/10/2017	Arthrex Manufacturing Inc	ALC-AMI- Fort Myers FL	Boxing	Boxing Specialist
6984	Jillian Lewis	4/24/2017	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Customer Service Coordinator II
7009	Yvette Loera	5/1/2017	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Orthobiologics Analyst
7020	Jenele Brescia	5/8/2017	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Service Parts Coordinator II
7022	Amainaa Saavedra Murillo	5/8/2017	Arthrex, Inc.	ALC-INC- Fort Myers FL	Materials Mgmt	International Supply Network Planner II
7082	Alexander Hierro	6/4/2018	Arthrex, Inc.	ALC-INC- Fort Myers FL	Acounts Rec	Credit Analyst II
7088	Maidel Ortiz Perez	5/30/2017	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate Sr
7142	Deandria Sykes	6/19/2017	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate II
7178	Brianna 5argent	7/10/2017	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Customer Service OrthoBiologics Coord
7199	Kyle Hunkler	7/10/2017	Arthrex, Inc.	ALC-INC- Fort Myers FL	IT	Software Developer II
7218	Eva Rivera	7/24/2017	Arthrex, Inc.	ALC-INC- Fort Myers FL	Field Inventory	FLS Inventory Analyst Sr
7231	Inkeyra Spencer	7/31/2017	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate II
7235	Mickael Spiak	7/31/2017	Arthrex, Inc.	ALC-INC- Fort Myers FL	Field Inventory	Supervisor - Field Audits
7254	Lisa Molinary Gonzalez	8/7/2017	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Agency Billing Analyst II
7255	Tyrone Lee	8/7/2017	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate II
7290	Robert Crane	9/5/2017	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Manager - Repair Logistics - ALC
7303	Lisa Wild	9/5/2017	Arthrex, Inc.	ALC-INC- Fort Myers FL	Acounts Rec	Cash Application Specialist II
7312	Allan Wade	9/5/2017	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Customer Service Coordinator I
7353	Eleticia Garcia Ayala	10/9/2017	Arthrex, Inc.	ALC-INC- Fort Myers FL	Acounts Rec	Supervisor - Collections
7369	Shay Thomas	10/23/2017	Arthrex, Inc.	ALC-INC- Fort Myers FL	Field Inventory	Field Inventory Auditor Sr
7391	Alexa Weaver	11/6/2017	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Global Trade Analyst I
7393	Holly Perkins	11/6/2017	Arthrex, Inc.	ALC-INC- Fort Myers FL	Field Inventory	Supervisor - Field Logistics Services
7396	5usan Brokaw	11/6/2017	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Global Trade Analyst II
7407	Penny Gambrel	11/6/2017	Arthrex, Inc.	ALC-INC- Fort Myers FL	Quality	QC Inspector III

PERS NO	Employee Name	ORIGINAL HIRE DATE	Company Code	PERSONNEL AREA	Personnel Sub Area Description	JOB TITLE
7421	Lindsey Rizzo	11/27/2017	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Customer Service OrthoBiologics Coord
7449	Enereida Valentin	12/4/2017	Arthrex, Inc.	ALC-INC- Fort Myers FL	Field Inventory	FLS Inventory Analyst
7450	Kaelee Edwards	12/4/2017	Arthrex, Inc.	ALC-INC- Fort Myers FL	Field Inventory	Field Audit and Operations Analyst
7492	Valeria Suarez	1/2/2018	Arthrex, Inc.	ALC-INC- Fort Myers FL	Acounts Rec	Int'l Credit and Collection Spec Sr
7499	Charles Benson	1/8/2018	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Service and Repair Buyer Planner II
7503	Michael Nedzweckas	1/8/2018	Arthrex, Inc.	ALC-INC- Fort Myers FL	Meeting/Events	Exhibit and Event Svcs Coordinator II
7538	Monica Leon Gama	1/22/2018	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate II
7607	Cristian Santiago Nieves	3/5/2018	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Service Parts Coordinator I
7611	Rosmary Suarez Garcia	3/5/2018	Arthrex, Inc.	ALC-INC- Fort Myers FL	Quality	QC Inspector II
7626	Joshua Cooper	3/19/2018	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate II
7789	Andrew Lewis	6/11/2018	Arthrex, Inc.	ALC-INC- Fort Myers FL	Lab	Lab Operations Associate
7802	Ryan Hoag	6/11/2018	Arthrex, Inc.	ALC-INC- Fort Myers FL	Quality	Manager - QA Division
7829	David Torres	6/25/2018	Arthrex Manufacturing Inc	ALC-AMI- Fort Myers FL	Packaging	Labeling Systems Technician II
7831	Christine O'Brien	6/25/2018	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Government Contract Administrator
7837	Tracey Russo	6/25/2018	Arthrex, Inc.	ALC-INC- Fort Myers FL	Field Inventory	FLS Inventory Analyst
7899	Kelly Boron	8/6/2018	Arthrex, Inc.	ALC-INC- Fort Myers FL	Acounts Rec	AR Resolutions Specialist II
7901	Michael Anderson	8/6/2018	Arthrex, Inc.	ALC-INC- Fort Myers FL	Field Inventory	Field Operations Vet Technician
7939	Jordan Taylor	8/27/2018	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Government Contract Administrator
7945	Michael Enright	9/10/2018	Arthrex, Inc.	ALC-INC- Fort Myers FL	IT	Manager - Software Development
7946	Austin Karasek	9/10/2018	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate II
7954	James Suarez-Lenis	9/10/2018	Arthrex, Inc.	ALC-INC- Fort Myers FL	Lab	Lab Operations Inventory Control Assoc
8008	Omar Hernandez Diaz	10/15/2018	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Field Operations Loaners Technician I
8038	Marta Quintero	11/5/2018	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Agency Billing Analyst I
8049	Edward Rosenman	11/12/2018	Arthrex, Inc.	ALC-INC- Fort Myers FL	Clinic	Medical Assistant
8051	Jennifer Noriega	11/12/2018	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Customer Service OrthoBiologics Coord
8091	Babette Geiger	12/10/2018	Arthrex, Inc.	ALC-INC- Fort Myers FL	Field Inventory	FLS Inventory Analyst
8092	Mary Esquilin	12/10/2018	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate II
8192	Derrick Coulter	2/11/2019	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate II
8197	Robert Reardon	2/11/2019	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate II
8255	Christopher Simo	3/25/2019	Arthrex, Inc.	ALC-INC- Fort Myers FL	Lab	Lab Operations Associate
8326	Mara Lavadenz	4/22/2019	Arthrex, Inc.	ALC-INC- Fort Myers FL	Acounts Rec	Credit Analyst I
8336	Yolanda Guaman De Cando	4/22/2019	Arthrex, Inc.	ALC-INC- Fort Myers FL	Facilites Mgmt	Custodian
8338	Katelynn Lehman	4/22/2019	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Government Contract Administrator
8339	Nicole Valdes	4/22/2019	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Customer Service OrthoBiologics Coord
8356	Kentora Campbell	5/6/2019	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Customer Service Data Administrator
8357	Josue Santiago	5/6/2019	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Service Parts Coordinator II

PERS NO	Employee Name	ORIGINAL HIRE DATE	Company Code	PERSONNEL AREA	Personnel Sub Area Description	JOB TITLE
8369	Taryn Hernandez	5/6/2019	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Customer Service Coordinator II - Int'l
8444	Jeannette Melendez-Lopez	6/3/2019	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Supervisor - Warehouse Operations
8452	Karen Salvatoriello	6/3/2019	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Customer Service Coordinator II
8454	Leo Disuanco	6/3/2019	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate I
8455	Shauna Martin	6/3/2019	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Customer Service Coordinator II
8472	Yoke Hsiao	6/10/2019	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate II
8537	Hortensia Requejo	7/8/2019	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate II
8570	Frances Beaupre	7/22/2019	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Agency Billing Analyst I
8605	William Skelton	8/5/2019	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Manager - Warehouse Operations
8611	Kamini Ramraj	8/19/2019	Arthrex, Inc.	ALC-INC- Fort Myers FL	Acounts Rec	Business Collections Specialist II
8660	Kenneth Wood	8/19/2019	Arthrex, Inc.	ALC-INC- Fort Myers FL	Acounts Rec	Manager - Credit and Collections
8661	Leanne Graves	8/19/2019	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Customer Service Coordinator I
8663	Preston Zaehringer	8/19/2019	Arthrex, Inc.	ALC-INC- Fort Myers FL	IT	Software Developer III - ABAP
8667	Robin Gajdarik	8/19/2019	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Customer Service Coordinator I
8682	Marella Abraham	8/19/2019	Arthrex, Inc.	ALC-INC- Fort Myers FL	Field Inventory	FLS Specialist
8695	Aaron Wilder	9/9/2019	Arthrex, Inc.	ALC-INC- Fort Myers FL	IT	Application Analyst III
8709	Laura Castro	9/9/2019	Arthrex, Inc.	ALC-INC- Fort Myers FL	Acounts Rec	AR Resolutions Specialist II
8764	Katie Hall	10/7/2019	Arthrex, Inc.	ALC-INC- Fort Myers FL	Acounts Rec	AR Resolutions Specialist I
8767	Kelsey Cohill	10/7/2019	Arthrex, Inc.	ALC-INC- Fort Myers FL	Acounts Rec	AR Resolutions Specialist I
8798	Chrysan Lappano	10/21/2019	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Customer Service Coordinator I
8866	Cruz Medina Lopez	12/2/2019	Arthrex, Inc.	ALC-INC- Fort Myers FL	Facilites Mgmt	Custodian
8873	Karen Oswell	12/16/2019	Arthrex, Inc.	ALC-INC- Fort Myers FL	Lab	Lab Operations Analyst
8918	Ali Raad	1/13/2020	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Customer Service Data Administrator
9046	Matthew Kehres	S/7/2018	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Int'l Logistics Integration Spec I
9126	Julian Mendoza	3/9/2020	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate II
9167	Ashley Collins	11/16/2020	Arthrex, Inc.	ALC-INC- Fort Myers FL	Field Inventory	Field Inventory Auditor I
9174	Birgit Fogle	3/23/2020	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate II
9321	Noemi Senteno	S/18/2020	Arthrex, Inc.	ALC-INC- Fort Myers FL	Facilites Mgmt	Custodian
9364	Weng Wong	6/8/2020	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate I
9397	Anne Coyne	6/29/2020	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Customer Service Coordinator I
9404	Leydisbel Jaime Robaina	6/29/2020	Arthrex, Inc.	ALC-INC- Fort Myers FL	IT	Software Developer III
940S	Anara Kussainova	6/29/2020	Arthrex, Inc.	ALC-INC- Fort Myers FL	IT	Software Developer II
9461	Andrew O'Quinn	7/13/2020	Arthrex, Inc.	ALC-INC- Fort Myers FL	Culinary	Line Cook
9497	Samayra Romano	5/21/2018	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Int'l Logistics Integration Spec I
9498	Suzanne Mandy	S/21/2018	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Agency Billing Analyst I
9517	Aaron Luther	5/30/2018	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate II

PERS NO	Employee Name	ORIGINAL HIRE DATE	Company Code	PERSONNEL AREA	Personnel Sub Area Description	JOB TITLE
9550	Jacqueline Simo	8/3/2020	Arthrex Manufacturing Inc	ALC-AMI- Fort Myers FL	Boxing	Boxing Specialist
9588	Enrique Sanchez Michel	8/17/2020	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate II
9592	Jake John Estrada	8/17/2020	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate II
9598	Andrew Zoch	8/31/2020	Arthrex, Inc.	ALC-INC- Fort Myers FL	Materials Mgmt	Manager - International Supply Network
9605	Cristian Maciel Ramirez	8/31/2020	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate II
9643	Ian Hampson	9/14/2020	Arthrex, Inc.	ALC-INC- Fort Myers FL	IT	Application Analyst III
9679	Donald Wagner	10/12/2020	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate II
9681	Sandra Checo	10/12/2020	Arthrex, Inc.	ALC-INC- Fort Myers FL	Acounts Rec	Business Collections Specialist II
9732	Maria Bascope Parada	11/2/2020	Arthrex, Inc.	ALC-INC- Fort Myers FL	Acounts Rec	Int'l Credit and Collection Spec I
9794	Jonathan Heiland	12/14/2020	Arthrex, Inc.	ALC-INC- Fort Myers FL	Materials Mgmt	International Supply Network Planner I
9795	Shakira Rios Pacheco	11/30/2020	Arthrex, Inc.	ALC-INC- Fort Myers FL	Materials Mgmt	International Supply Network Planner I
9797	Alok Yadav	11/30/2020	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate II
9895	Ramon Yu	1/11/2021	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Global Trade Analyst I
9899	Alyssa Martin	1/11/2021	Arthrex, Inc.	ALC-INC- Fort Myers FL	Acounts Rec	Intern
9903	Maria Sboro	1/11/2021	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Customer Service Coordinator I
9904	Julio Castro Delgado	1/11/2021	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate I
9905	Kenneth Poyaoan	1/11/2021	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate I
9906	Sulin Tabor	1/11/2021	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate II
9907	Lisa Miller	1/11/2021	Arthrex, Inc.	ALC-INC- Fort Myers FL	Acounts Rec	Business Collections Specialist II
9943	Ana Rojas	1/25/2021	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate II
9944	Emily Vira	1/25/2021	Arthrex, Inc.	ALC-INC- Fort Myers FL	Acounts Rec	Business Collections Specialist II
9951	Sierra Donnelly	2/8/2021	Arthrex, Inc.	ALC-INC- Fort Myers FL	Materials Mgmt	International Supply Network Planner I
9990	Daniel Garciamoreno Ortiz	2/22/2021	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate II
10031	Victoria Weatherford	3/8/2021	Arthrex, Inc.	ALC-INC- Fort Myers FL	Quality	Intern
10054	Stephanie Montalbo	3/22/2021	Arthrex, Inc.	ALC-INC- Fort Myers FL	Acounts Rec	Business Collections Specialist II
10100	Edel Machin Perez	4/5/2021	Arthrex, Inc.	ALC-INC- Fort Myers FL	IT	Software Developer II
10134	Yessenia Estrada	4/19/2021	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate II
10135	Molly Hussey	4/19/2021	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Customer Service Coordinator I
10137	Cady Ruth	4/19/2021	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Customer Service Coordinator I
10202	Ronald Guiliano	5/10/2021	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate I
10353	Amanda Moore	7/12/2021	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Customer Service Data Administrator
10365	Rosario Hernandez	7/12/2021	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate I
10366	Jonathan O'Dell	7/12/2021	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Customer Service Data Administrator
10369	Thomas Smith	7/12/2021	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate I
10415	Tito Reyes	8/2/2021	Arthrex, Inc.	ALC-INC- Fort Myers FL	Field Inventory	FLS Inventory Analyst
10419	Bryan Vallieres	8/2/2021	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate I

PERS NO	Employee Name	ORIGINAL HIRE DATE	Company Code	PERSONNEL AREA	Personnel Sub Area Description	JOB TITLE
1047S	Laura Falleck	8/30/2021	Arthrex, Inc.	ALC-INC- Fort Myers FL	Field Inventory	FLS Inventory Analyst
10477	Nashali Rivera Cruz	8/30/2021	Arthrex, Inc.	ALC-INC- Fort Myers FL	Field Inventory	Field Audit and Operations Analyst Assoc
10489	Richard Dick	8/30/2021	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate II
10530	Laura Baxter	9/13/2021	Arthrex, Inc.	ALC-INC- Fort Myers FL	Customer Svc	Customer Service Coordinator I
10532	Wilmer Silva	9/13/2021	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Intern
10572	Carlos Simon Bobadilla	9/27/2021	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate II
10573	Samantha Tovar	9/27/2021	Arthrex, Inc.	ALC-INC- Fort Myers FL	Acounts Rec	Business Collections Specialist II
10576	Courtney Morris	9/27/2021	Arthrex, Inc.	ALC-INC- Fort Myers FL	Acounts Rec	Business Collections Specialist II
10577	Helena Bekempis	9/27/2021	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate I
10S90	Cherline Javoile	9/27/2021	Arthrex, Inc.	ALC-INC- Fort Myers FL	Acounts Rec	Business Collections Specialist II
10600	David Robbins	10/11/2021	Arthrex, Inc.	ALC-INC- Fort Myers FL	Logistics	Warehouse Associate I
10602	Bruce Priest	10/11/2021	Arthrex, Inc.	ALC-INC- Fort Myers FL	IT	Software Developer III - ABAP

4B

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Rev (08/12/2021)

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

Is your facility a reverse distributor? ☐ Yes ☒ No

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

Section 1: General Information

Facility Name: Banner Life Sciences, LLC

Physical Address: 3980 Premier Dr Ste 110

City: High Point State: NC Zip: 27265

Mailing Address (if different from physical address): n/a

City: _____ State: _____ Zip: _____

Telephone: 877.393.2693 Website: www.bannerlc.com

Name of Designated Representative (DR): Tiffany (Nikki) Sprague

Licensing Company Email: kym.creekmore@bannerls.com DR Email: tiffany.sprague@bannerls.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☒ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☐ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

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

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Cardinal Health
Address: 501 Mason Road Ste 200 City: La Vergne State: TN Zip: 37086
Name: Patheon Softgels
Address: 4125 Premier Drive City: High Point State: NC Zip: 27265
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation: n/a
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

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

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any):
Corporation/Organization Name: Banner Life Sciences LLC
Mailing Address: 3980 Premier Drive Ste 110
City: High Point State: NC Zip: 27265
Telephone: 877.393.2693 Email: kym.creekmore@bannerls.com
Contact Person Name: Kym Creekmore

Section 6: Partnership

Partnership Name: n/a
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name: n/a
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

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

Kym Creekmore

Print Name of Authorized Person Submitting Application

Kym Creekmore

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

Nov 4, 2021

Date

Board Use Only	Date Received: _____	Amount: 500 cc ✓ Processed 11/4

Attachment F

Delaware Certificate of Good Standing

Attachment E

LLC Officer Information

Banner Life Sciences LLC
3980 Premier Drive, Suite 110
High Point, NC 27265

Franck S. Rousseau
Chief Executive Officer

Thomas W. Lategan
Vice President, Regulatory Affairs

Anders K. Lundstrom
Chief Commercial Officer

*The LLC officers may be reached at the above address.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BANNER LIFE SCIENCES LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BANNER LIFE SCIENCES LLC" WAS FORMED ON THE NINTH DAY OF SEPTEMBER, A.D. 2014.

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

Jeffrey W. Bullock, Secretary of State

5599298 8300

SR# 20214233693

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

Authentication: 205104812

Date: 12-29-21

2022

NOT TRANSFERABLE
STATUTE GS 81.106.119

North Carolina Department of Agriculture & Consumer Services
Steve Troxler, Commissioner
Food and Drug Protection Division

LICENSE/CERTIFICATE NO.
1638

LICENSE/CERTIFICATE: Virtual Manufacturer
TYPE

Expiration Date 12/31/2022

LICENSEE
OR
CERTIFICATOR

BANNER LIFE SCIENCES LLC
3980 PREMIER DRIVE STE 110
HIGH POINT NC 27265

N.C. DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES - FOUNDED 1877 -

LICENSED
2022
NORTH CAROLINA

THIS LICENSE/CERTIFICATE MAY BE SUBJECT TO REVOCATION OR SUSPENSION AS PROVIDED BY LAW

Steven W. Troxler
STEVE TROXLER, COMMISSIONER

Oparaugo, Marylyn

From: Garikipati, Vandana
Sent: Monday, November 17, 2014 1:47 PM
To: McKinley, Jermaine; Garcia, Claudia; Oparaugo, Marylyn
Subject: FW: Labeler Code Request Approved

FYI, Marylyn will update the team with the next steps to follow and the time frame. Thanks, Vandana

From: edrls@fda.hhs.gov [mailto:edrls@fda.hhs.gov]
Sent: Monday, November 17, 2014 7:00 AM
To: Garikipati, Vandana
Subject: Labeler Code Request Approved

eDRLS - Electronic Drug Registration & Listing System

Current Date: 17-NOV-14
Labeler DUNS: 079579273
Labeler Name: Banner Life Sciences LLC.
Labeler Code: 69387

The Food and Drug Administration (FDA) has assigned the above Labeler Code Number to your firm. The number cannot be used until you have confirmed the assignment. Please resubmit your Labeler Code Request SPL with the assigned number above to confirm the assignment and complete the process. **To do this, open the previous Labeler Code request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new id root and new version number with the original set id root and the appropriate effective time.**

This Labeler Code should be used on all forms related to drug establishment registration and/or drug product listing. Per Title 21, Part 207 of the Code of Federal Regulations (CFR), owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation.

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products.

For additional information please visit Drug Registration and Listing System or reply back to this email (edrls@fda.hhs.gov).

Attachment D

Nature of Business

Banner Life Sciences LLC (Banner) is a virtual manufacturer that will sell prescription drugs. Banner will utilize a contract manufacturer to produce its products and a licensed third party logistics provider to warehouse and distribute. Accordingly, Banner will never actually physically manufacture or distribute any products at its office space. Provided is contact information for Banner's third party logistics provider and contract manufacturer:

Third Party Logistics Provider:

Cardinal Health 105, Inc. d/b/a Specialty Pharmaceutical Services
15 Ingram Blvd.
La Vergne, TN 37086

Contract Manufacturer:

Patheon Softgels Inc.
4125 Premier Drive
High Point, NC 27265

U.S. Department of Health and Human Services

FDA U.S. FOOD & DRUG ADMINISTRATION

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Home › Drug Databases › NDC

National Drug Code Directory

SHARE TWEET LINKEDIN PIN IT EMAIL PRINT

Current through December 17, 2021

You have searched Finished drug products

Search Results '69387'

Back to Search Page | Search Again

CSV Excel

Display 50 records per page

Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description	Pharm Class	DEA
BAFIERTAM	69387-001-01	95 mg/1	CAPSULE	ORAL	NDA210296	Banner Life Sciences LLC	69387-001	monomethyl fumarate	MONOMETHYL FUMARATE	HUMAN PRESCRIPTION DRUG	04/28/2020	N/A	NDA	120 CAPSULE in 1 BOTTLE (69387-001-01)	N/A	N/A

Showing 1 to 1 of 1 entries

Previous 1 Next

Background Information

Verified
M.H 5/5/22

Attachment B

LLC Officer Information

Banner Life Sciences LLC
3980 Premier Drive, Suite 110
High Point, NC 27265

Franck S. Rousseau
Chief Executive Officer

Thomas W. Lategan
Vice President, Regulatory Affairs

Anders K. Lundstrom
Chief Commercial Officer

The officers may be reached at the address above.

Kym Creekmore, CHC
Compliance Manager
Banner Life Sciences
3980 Premier Drive, Suite 110
High Point, NC 27265

List of Employees 2022

Franck Rousseau, M.D., Chief Executive Officer

Thomas Lategan Ph.D, VP Regulatory Affairs

Anders Lundstrom, Chief Commercial Officer

Tiffany Sprague, VP Projects and Operations

Nick Pagano, Controller

Kym Creekmore, CHC Compliance Manager

• File an Annual Report/Amend an Annual Report • Upload a PDF Filing • Order a Document Online • Add Entity to My Email Notification List • View Filings • Print a Pre-Populated Annual Report form • Print an Amended a Annual Report form

Limited Liability Company

Legal Name
Banner Life Sciences LLC

Information

SosId: 1408880
Status: Current-Active ⓘ
Date Formed: 11/1/2014
Citizenship: Foreign
State of Incorporation: DE
Annual Report Due Date: April 15th
Current**Annual Report Status:**
Registered Agent: CT Corporation System

Addresses

Reg Office
160 Mine Lake Ct Ste 200
Raleigh, NC 27615-6417

Reg Mailing
160 Mine Lake Ct Ste 200
Raleigh, NC 27615-6417

Mailing
3980 Premier Drive, Suite 110
High Point, NC 27265-8144

Principal Office
3980 Premier Drive, Suite 110
High Point, NC 27265-8144

Company Officials

All LLCs are managed by their managers pursuant to N.C.G.S. 57D-3-20.

Chief Operating Officer
Anders Lundstrom
3980 Premier Drive, Suite 110
High Point NC 27265

Controller
Nick Pagano
3980 Premier Drive Suite 110
High Point NC 27265

Chief Executive Officer
Franck Rousseau
3980 PREMIER DR., STE. 110
HIGH POINT NC 27265

NC Dept. of Agriculture & Consumer Services

Food & Drug Protection Division

Firm Name: BANNER LIFE SCIENCES LLC

Address: 3980 PREMIER DRIVE STE 110 HIGH POINT, NC 27265

License Type: Virtual Manufacturer

License Number: 1638

Status: Active - in good standing

Discipline: No

Issue Date: 12/30/2021

Original Issue: 6/11/2020

Expiration Date: 12/31/2022

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 810005465

Application/License No. _____

Banner Life Sciences LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 3980 Premier Drive, Suite 110, High Point, North Carolina 27265 (Address of Applicant/Principal), as PRINCIPAL, and Atlantic Specialty Insurance Company (Surety Company), a corporation organized under the laws of the state of New York (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One State Street Plaza, 31st Floor, New York, NY 10004 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on June 10, 2020 (Effective Date).

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

THIS BOND is subject to the following conditions:

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

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

In witness whereof, each party to this bond has caused it to be executed on this 10th day of June, 20 20.

APPLICANT/PRINCIPAL
Banner Life Sciences LLC

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY COMPANY
Atlantic Specialty Insurance Company

Surety Company's Representative

Julie Karnes, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

N/A
Nevada Resident Agent

OneBeacon
INSURANCE GROUP

Power of Attorney

KNOW ALL MEN BY THESE PRESENTS, that ATLANTIC SPECIALTY INSURANCE COMPANY, a New York corporation with its principal office in Plymouth, Minnesota, does hereby constitute and appoint: **Carolyn E. Wheeler, Vicki Nobinger, Mary Y. Volmar, Loretta M. Jones, Sandra King, Joy M. Williams, Bonnie L. Rice, Rachel A. Chaveriat, Julie Karnes, Sandy McElhaney, Jessica Frederick, Thelma M. Lett, Andrea Allman**, each individually if there be more than one named, its true and lawful Attorney-in-Fact, to make, execute, seal and deliver, for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof; provided that no bond or undertaking executed under this authority shall exceed in amount the sum of: **sixty million dollars ($60,000,000)** and the execution of such bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof in pursuance of these presents, shall be as binding upon said Company as if they had been fully signed by an authorized officer of the Company and sealed with the Company seal. This Power of Attorney is made and executed by authority of the following resolutions adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the President, any Senior Vice President or Vice-President (each an "Authorized Officer") may execute for and in behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and affix the seal of the Company thereto; and that the Authorized Officer may appoint and authorize an Attorney-in-Fact to execute on behalf of the Company any and all such instruments and to affix the Company seal thereto; and that the Authorized Officer may at any time remove any such Attorney-in-Fact and revoke all power and authority given to any such Attorney-in-Fact.

Resolved: That the Attorney-in-Fact may be given full power and authority to execute for and in the name and on behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and any such instrument executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed and sealed by an Authorized Officer and, further, the Attorney-in-Fact is hereby authorized to verify any affidavit required to be attached to bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof.

This power of attorney is signed and sealed by facsimile under the authority of the following Resolution adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the signature of an Authorized Officer, the signature of the Secretary or the Assistant Secretary, and the Company seal may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing an Attorney-in-Fact for purposes only of executing and sealing any bond, undertaking, recognizance or other written obligation in the nature thereof, and any such signature and seal where so used, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, ATLANTIC SPECIALTY INSURANCE COMPANY has caused these presents to be signed by an Authorized Officer and the seal of the Company to be affixed this twenty-ninth day of April, 2019.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

By _____
Paul J. Brehm, Senior Vice President

STATE OF MINNESOTA
HENNEPIN COUNTY

On this twenty-ninth day of April, 2019, before me personally came Paul J. Brehm, Senior Vice President of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, that he is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.

MANDALY ANN LAMERE
NOTARY PUBLIC - MINNESOTA
My Commission Expires
January 31, 2023

_____
Notary Public

I, the undersigned, Secretary of ATLANTIC SPECIALTY INSURANCE COMPANY, a New York Corporation, do hereby certify that the foregoing power of attorney is in full force and has not been revoked, and the resolutions set forth above are now in force.

Signed and sealed. Dated 10th day of June, 2020.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

This Power of Attorney expires
January 31, 2023

_____
Christopher V. Jerry, Secretary

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Banner Life Sciences LLC

Physical Address: 3980 Premier Drive Suite 110

City: High Point State: NC Zip: 27265

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 336-899-0959 Website: www.bannerls.com

Licensing Company Email:

Section 2: Personal Information

First: Tiffany Middle: Nicole Last: Sprague

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

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

Mailing Address: [redacted] West Cornwallis Dr

City: Greensboro State: NC Zip: 27408

Telephone: [redacted] Email: tiffany.sprague@bannerls.com

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty: _____

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

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

Applicant's initials: TNS

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

School Name		From - To (MM/YY – MM/YY)	
Florida State University		07/04-05/06	
Address	City	State	Zip
600 W College Ave	Tallahassee	FL	32306
Diploma/Degree obtained, if any			
M.Sc Biochemistry			

School Name		From - To (MM/YY – MM/YY)	
University of Virginia		08/00-05/04	
Address	City	State	Zip
P.O. Box 400160, Peabody Hall	Charlottesville	VA	22904
Diploma/Degree obtained, if any			
B.Sc Chemistry, B.A French			

School Name		From - To (MM/YY – MM/YY)	
Princess Anne High School		09/96-06/00	
Address	City	State	Zip
4400 Virginia Beach Blvd	Virginia Beach	VA	23462
Diploma/Degree obtained, if any			
H.S diploma			

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/12-current	[redacted] West Cornwallis Dr	Greensboro	NC	27408
05/08-10/12	[redacted] Morning Dew Rd	Greensboro	NC	47407

Applicant's initials MM

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Banner Life Sciences (formerly Banner Pharmacaps)			05/08- current
Business Address	**City**	**State**	**Zip**
3980 Premier Drive Suite 110	High Point	NC	27265
Phone	**Title**		**Number of Employed Hours**
336-553-8482	VP, Projects and Operations		13 years
Description of Duties			
Projects manager for pharma product development, product launch, operations management for commercial production			

Business Name			From - To (MM/YY – MM/YY)
Azopharma Contract Services			05/06-05/08
Business Address	**City**	**State**	**Zip**
10320 USA Today Way	Miramar	FL	33025
Phone	**Title**		**Number of Employed Hours**
954-433-7480	QC, Scientific Services Manager		2 years
Description of Duties			
Laboratory testing; management of data review, stability program, and technical reports quality and staff.			

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

9/8/21
Date

Applicant's initials

I, Tiffany Nicole Sprague, **certify that as the designated representative for** Banner Life Sciences, LLC.,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Tiffany, Sprague

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/8/21

Date

Applicant's initials

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

Tiffany Sprague

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/8/21

Date

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

State of North Carolina, ss. County of Guilford

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

Original Signature

9/8/21

Date

Subscribed and Sworn to before me this 8th day of September.

Notary Public Signature

NOTARY PUBLIC
My Commission Expires
06262023

(Seal)

Applicant's initials TS

NIKKI SPRAGUE

Née: Tiffany Nicole Held
[redacted]West Cornwallis Dr., Greensboro, NC 27408 || ([redacted]

Summary

A certified project management professional with extensive pharmaceutical industry experience from drug development and regulatory submission, to product commercialization and life cycle management. These roles have provided a strong and expanding competency of Industry best practices for project execution and stakeholder engagement. Possesses a proven record of successful project execution through establishing strong teams, coordinating project plans with strategic risk planning, and robust communication to all levels of the organization. These experiences provided diverse functional business area intelligence for agility at leading multiple teams through aggressive projects as well as initiating and navigating strategic changes.

Education

- FLORIDA STATE UNIVERSITY, Tallahassee, Florida — May 2006
  Master of Science, Biochemistry
- UNIVERSITY OF VIRGINIA, Charlottesville, Virginia — May 2004
  Bachelor of Science, Chemistry with Specialization in Biochemistry
  Bachelor of Arts, French

Certifications/Training

- Project Management Professional (PMP) certified by Project Management Institute 2009
- Center for Creative Leadership; Leadership Development Program
- Six Sigma Red Belt certified; trained by NC State University
- Expert in MS Office applications (Word, Excel, PPT, Share point) and MS project.

Professional Experience

Banner Life Sciences
4125 Premier Dr
High Point, NC 27265

Senior Director, Program Management (Dec 2016- Current)
Director, Program Management (June 2015-Dec 2016)

- Manage specialty pharma 505(b)(2) portfolio product development: CMC/CTM, clinical program, regulatory interfaces and submissions, technical transfer, and process validation and 3PL integration for commercial readiness
- Develops product development timeline and scope in collaboration with early regulatory strategy optimization for aggressive development
- Collaboration on FDA approach strategies (e.g. preIND meetings, iPSPs, preNDA meetings)
- Responsible for accurate and appropriate project performance reporting to BLS executive management and BLS Board.
- Collaborates with functional managers to create and maintain R&D portfolio budget
- Provides support to Business Development and Strategy in product ideation and partnership activities/initiatives, collaborating with multifunctional expert consultation
- Manages IND and NDA amendments and communications to the FDA
- Responsible for the Clinical Material logistics

- Manages vendor selection and drives accountability/ motivates contracted organizations to meet milestones on time, within budget and to expected quality criteria.
- Manages outsourced services, examples include: Preclinical service providers for animal studies, CDMOs, CROs and software providers (DSCSA compliance and ePRO)
- Partners with the project team to identify, evaluate and communicate risks and develop appropriate mitigation/contingency strategies

Thermo Fisher Scientific (formerly Patheon), Soft Gels BU
4125 Premier Dr
High Point, NC 27265

Director, Business Management (October 2017-January 2019)

- Led and provided the direction of the site BM & TT (tech transfer) functions
- Served as the site leader in the site's business activities, representing the client interests, while maximizing the site's financial position.
- Reviewed new business proposals to ensure alignment with financial commitments and ensured the correct assessment of the overall cost of a new or existing project (cost of production, capital requirements).
- Ensured that all MSA requirements were executed, including pricing, payment terms, renewals, yield reconciliations, etc.
- Negotiated complex MSA with clients, working closely with Sales team and relevant site experts
- Engaged, coached, and enabled exceptional performance within the Business Management team. Identified and retained superior talent.
- Created meaningful development opportunities and provided mentorship.
- Served as an active member of the site's Management Team
- Supported the identification and implementation of new initiatives with tools within Operational Excellence.
- Ensured all commercial client forecasts were current to drive site S&OP process
- Developed process for evaluating customer portfolios (internal and external) using business intelligence to identify opportunities and risks then develop initiatives/proposals for projects to capitalize and mitigate as appropriate

Banner Pharmacaps (acquired by Patheon)
4125 Premier Dr
High Point, NC 27265

Senior Project Manager (July 2013- June 2015)
R&D Project Manager (April 2010-July 2013)
Assistant R&D Project Manager (May 2008-April 2010)

- Managed Rx (ANDA), OTC (505(b)(2)), and nutritional product development from proof of concept, CMC development, through applicable CTM support and coordination for clinical program and applicable regulatory submissions including multiple Paragraph IV ANDAs
- Lead technical transfer, process validation, and product launch planning and execution
- Responsible for the development and maintenance of project timelines with input from the functional departments, and assures that the functional timelines are aligned with portfolio timelines
- Manages timely report changes to the project scope, schedule, and costs thus maintaining accurate program plans and facilitating transparency in project execution
- Facilitates decision-making and conflict resolution within the project teams and functional management. Presents decisions and recommendations at periodic project reviews.
- Leads team driven responses for communications to regulatory agencies (e.g. pre-IND meetings, INDs, CTAs with HC, pre-NDA meetings, as well as CR and ECD requests for ANDAs and NDAs)
- Managed multi-location and multinational cross-functional teams including partners and clients to accomplish project objectives.

- Administrator for Enterprise Project Portfolio Management system (MS Project Server 2010 and 2013)
- Coaches and develops project managers
- Managed the development and launch of new company website (2015)
- Project Lead for Enterprise Project Management Upgrade supporting design and configuration, including department training (2013)
- Co-Chaired New Product Client Team tasked with developing, evaluating and selecting new client supported business opportunities for proposal to Global Leadership Team (2011)

Azopharma Contract Pharmaceutical Services, Inc.
10320 USA Today Way
Miramar, FL 33025

Quality Control Scientific Services Manager (December 2006-May 2008)

- Served as QC company link for client inquiries on project issues, observations, stability study plans, and special testing requests for projects including API, solid oral, and ophthalmic products
- Collaborated with Business Development to ensure proper pricing on SOWs for stability and analytical services
- Directly supervised project coordinators, data reviewers, and stability coordination staff
  - Coordinated workloads with lab and targeted monthly financials, and ensured their deliverables were completed in accordance with client timelines
  - Provided performance feedback and disciplinary action when needed
- Tracked deliverables for departmental billing against contracts
- Coordinated outsourcing to third party vendors and managed outsourced work
- Issued, reviewed, and approved Standard Testing Procedures and SOPs
- Authored and reviewed Stability Protocols, Method Transfer Protocols, and Method Validation Protocols as well as corresponding reports in accordance with ICH, company and client requirements

QC Analyst III (May 2006-December 2006)

- Reviewed data pertaining to cGMP analytical testing for method development, validation, transfer and special studies
- Performed analytical testing according to compendia and STPs/client provided methods using HPLC and UV instrumentation

Dr. Michael Blaber Lab, Florida State University

Biomedical Science Research Assistant (December 2004-April 2006)

- Generated mutants of the human acidic fibroblast growth factor through site directed mutagenesis in targeted efforts to optimize protein crystal growth sufficient to support neutron diffraction
- Performed protein expression and purification techniques including Ni affinity and heparin column chromatography, UV detection, and SDS PAGE
- Conducted protein structure and stability experiments including crystallographic and kinetic studies (e.g. isothermal denaturation and DSC)

Dr. Charles Grisham Lab, University of Virginia

Research Assistant (May 2002-May 2003)

- Conducted experiments examining the coordination of cobalt to bisphosphonates including coordination pathway and P-31 NMR
- Designed HTML for CD-ROM focusing on various proteins, their structure and function to accompany a college-level textbook (Garrett, R. Grisham, C. Biochemistry. 3rd ed. HARCOURT BRACE COLLEGE PUBLISHING. New York: 2005.)

4C

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Rev (08/12/2021)

Where is the facility located?	☐ Nevada ☒ Out-of-State	
Is your facility a reverse distributor?	☐ Yes ☒ No	
Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ☒ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH WH02619	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Casper Pharma LLC

Physical Address: 2 Tower Center Boulevard, Suite 1101C

City: East Brunswick State: NJ Zip: 08816

Mailing Address (if different from physical address): c/o State License Servicing, 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (732) 447-9797 Website: www.casperpharma.com

Name of Designated Representative (DR): Vimal Kavuru

Licensing Company Email: CSP@slsny.com DR Email: vkavuru@casperpharma.com

Entities the Wholesaler will Serve	**Products to be Handled or Wholesaled**
☒ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☐ Controlled Substances
☒ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others: Distributors	☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

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

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: McKesson
Address: 1220 Senlac Drive City: Carrollton State: TX Zip: 75006

Name: Amerisource Bergen
Address: 31 Phoenix Drive PO Box 247 City: Thorofare State: NJ Zip: 08086

Name: Cardinal Health
Address: PO Box 182516 City: Columbus State: OH Zip: 43218

Name: Morris & Dickson Co. LLC
Address: PO Box 51367, 410 Kay Lane City: Shreveport State: LA Zip: 71115

N/A

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

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

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: NJ
Parent Company (if any): Raisin Acquisition Co, Inc.
Corporation/Organization Name: Casper Pharma LLC
Mailing Address: c/o State License Servicing 1751 State Route 17A, Suite 3
City: Florida State: NY Zip: 10921
Telephone: (845) 544-2482 Email: CSP@slsny.com
Contact Person Name: Christine Cannon

N/A

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

N/A

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	X	X
1. Copy of FDA registration Labeler 70199 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A - 100% Sole Ownership		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A - No CS	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

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

Vimal Kavuru
Print Name of Authorized Person Submitting Application

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

12/20/21
Date

Board Use Only	Date Received: _____	Amount: $500 Check 7186

BOARD OF PHARMACY

LICENSING DETAILS FOR: OSD 7212

NAME: CASPER PHARMA LLC

LICENSE TYPE: NONRESIDENT WHOLESALER (OUT-OF-STATE DISTRIBUTOR)

LICENSE STATUS: CLEAR

ADDRESS

2 TOWER CENTER BLVD STE 1101C
EAST BRUNSWICK NJ 08816
OUT OF STATE COUNTY

ISSUANCE DATE

JULY 10, 2019

EXPIRATION DATE

JULY 1, 2022

CURRENT DATE / TIME

FEBRUARY 22, 2022
3:06:45 PM

LICENSE RELATIONSHIPS

NAME: KAVURU, VIMAL

ADDRESS NOT DISCLOSED

LICENSE/REGISTRATION TYPE: DESIGNATED REPRESENTATIVE (WHOLESALER)

LICENSE NUMBER: 20440 **PRIMARY STATUS:** CLEAR

Home State Good Standing

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

CASPER PHARMA LLC
0450022302

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on October 07, 2015.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

VIMAL KAVURU
2 TOWER CENTER BLVD
STE 1101
EAST BRUNSWICK, NJ 08816

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 4th day of January, 2022

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6127001832

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

List of officers

Casper pharma

1/28/2019

Current list of Casper Pharma, LLC company officers as of January 28, 2018:

Vimal Kavuru, Chairman

Signature

Printed Name:

Date: 1/28/2019

Casper Pharma LLC

Corporate Address: 2 Tower Center Boulevard , Suite 1101C, East Brunswick, NJ 08816 USA
FEIN: 47-5253122
www.casperpharma.com

Drug Labeler Code: 70199
Incorporation State: NJ
Incorporation Date: 10/07/2015

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
TWC	2 Tower Center Boulevard Suite 1101C East Brunswick, NJ 08816 County: Middlesex		N/A	080025838	No	(732) 447-9797	(732) 246-2175

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License	
Vimal Kavuru	11 Maacka Drive Holmdel, NJ 07733	Chairman	No	075-76-3665	10/08/68	NJ-K0926 76900 10681	*DR For all states*

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
Raisin Acquisition Co, Inc.	1271 Avenue of the Americas #23 New York, NY 10020	N/A	100	N/A	87-3202338	N/A	N/A

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License	
Vimal Kavuru	11 Maacka Drive Holmdel, NJ 07733	Chairman	No	[redacted]			*DR For all states*

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	SSN	DOB	Driver's License
Incorp Services, Inc.			

3PLS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Eversana Life Science Services, LLC	4580 Mendenhall Road Memphis, TN 38141					

For licensing issues, please contact State License Servicing, LLC (845) 544-2482 CSP@slsny.com

Company particulars

National Drug Code Directory

f SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM) +

EMAIL (MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

Current through March 24, 2022

You have searched Finished drug products

Search Results: *'70199'*

Back to Search Page () | Search Again ()

CSV Excel

Display 50 **records per page** **Search for text in the table:**

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category
+ Antivert	70199-002-01	12.5 mg/1	TABLET	ORAL	NDA010721	Casper Pharma LLC	70199-002	meclizine HCl	MECLIZINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	01/15/2020	N/A	NDA
+ Antivert	70199-002-05	12.5 mg/1	TABLET	ORAL	NDA010721	Casper Pharma LLC	70199-002	meclizine HCl	MECLIZINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	01/15/2020	N/A	NDA
+ Antivert	70199-003-01	25 mg/1	TABLET	ORAL	NDA010721	Casper Pharma LLC	70199-003	meclizine HCl	MECLIZINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	01/15/2020	N/A	NDA
+ Antivert	70199-003-99	25 mg/1	TABLET	ORAL	NDA010721	Casper Pharma LLC	70199-003	meclizine HCl	MECLIZINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	01/15/2020	N/A	NDA
+ Antivert	70199-004-01	50 mg/1	TABLET	ORAL	NDA010721	Casper Pharma LLC	70199-004	meclizine hcl	MECLIZINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	01/15/2020	N/A	NDA
+ Antivert	70199-004-99	50 mg/1	TABLET	ORAL	NDA010721	Casper Pharma LLC	70199-004	meclizine hcl	MECLIZINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	01/15/2020	N/A	NDA
+ Antivert	70199-018-01	25 mg/1	TABLET, CHEWABLE	ORAL	NDA010721	Casper Pharma LLC	70199-018	meclizine hcl	MECLIZINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	01/15/2020	N/A	NDA
+ AQUASOL A	70199-026-11	15 mg/mL	INJECTION, SOLUTION	INTRAMUSCULAR	NDA006823	Casper Pharma LLC	70199-026	VITAMIN A PALMITATE	VITAMIN A PALMITATE	HUMAN PRESCRIPTION DRUG	10/01/2020	N/A	NDA
+ CASPORYN HC	70199-011-10	10 mg/mL; 3.5 mg/mL; 10000 [USP'U]/mL	SUSPENSION	AURICULAR (OTIC)	NDA060613	Casper Pharma LLC	70199-011	neomycin and polymyxin B sulfates and hydrocortisone otic	HYDROCORTISONE; NEOMYCIN SULFATE; POLYMYXIN B SULFATE	HUMAN PRESCRIPTION DRUG	03/15/2019	N/A	NDA
+ Fexmid	70199-014-01	7.5 mg/1	TABLET, FILM COATED	ORAL	ANDA071611	Casper Pharma LLC	70199-014	Cyclobenzaprine Hydrochloride	CYCLOBENZAPRINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	04/30/2018	N/A	ANDA
+ Furadantin	70199-006-32	25 mg/5mL	SUSPENSION	ORAL	NDA009175	Casper Pharma LLC	70199-006	Nitrofurantoin	NITROFURANTOIN	HUMAN PRESCRIPTION DRUG	12/23/2020	N/A	NDA
+ Neomycin and Polymyxin B sulfates, Bacitracin zinc	70199-010-53	400 [USP'U]/g; 3.5 mg/g; 10000 [USP'U]/g	OINTMENT	OPHTHALMIC	NDA050417	Casper Pharma LLC	70199-010	Neomycin and Polymyxin B sulfates, Bacitracin zinc	NEOMYCIN SULFATE; POLYMYXIN B SULFATE; BACITRACIN ZINC	HUMAN PRESCRIPTION DRUG	04/07/2017	N/A	NDA
+ Robinul	70199-007-30	1 mg/1	TABLET	ORAL	NDA012827	Casper Pharma LLC	70199-007	Glycopyrrolate	GLYCOPYRROLATE	HUMAN PRESCRIPTION DRUG	10/06/2020	N/A	NDA
+ Robinul	70199-007-90	1 mg/1	TABLET	ORAL	NDA012827	Casper Pharma LLC	70199-007	Glycopyrrolate	GLYCOPYRROLATE	HUMAN PRESCRIPTION DRUG	10/06/2020	N/A	NDA
+ Robinul Forte	70199-008-30	2 mg/1	TABLET	ORAL	NDA012827	Casper Pharma LLC	70199-008	Glycopyrrolate	GLYCOPYRROLATE	HUMAN PRESCRIPTION DRUG	10/06/2020	N/A	NDA
+ Robinul Forte	70199-008-90	2 mg/1	TABLET	ORAL	NDA012827	Casper Pharma LLC	70199-008	Glycopyrrolate	GLYCOPYRROLATE	HUMAN PRESCRIPTION DRUG	10/06/2020	N/A	NDA

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category
+ Thalitone	70199-001-01	25 mg/1	TABLET	ORAL	NDA019574	Casper Pharma LLC	70199-001	chlorthalidone	CHLORTHALIDONE	HUMAN PRESCRIPTION DRUG	11/27/2019	N/A	NDA
+ Thalitone	70199-001-30	25 mg/1	TABLET	ORAL	NDA019574	Casper Pharma LLC	70199-001	chlorthalidone	CHLORTHALIDONE	HUMAN PRESCRIPTION DRUG	11/27/2019	N/A	NDA
+ Thalitone	70199-017-01	15 mg/1	TABLET	ORAL	NDA019574	Casper Pharma LLC	70199-017	Chlorthalidone	CHLORTHALIDONE	HUMAN PRESCRIPTION DRUG	11/27/2019	N/A	NDA
+ Thalitone	70199-017-30	15 mg/1	TABLET	ORAL	NDA019574	Casper Pharma LLC	70199-017	Chlorthalidone	CHLORTHALIDONE	HUMAN PRESCRIPTION DRUG	11/27/2019	N/A	NDA
+ Zyloprim	70199-016-90	300 mg/1	TABLET	ORAL	NDA016084	Casper Pharma LLC	70199-016	allopurinol	ALLOPURINOL	HUMAN PRESCRIPTION DRUG	08/06/2018	N/A	NDA
+ Zyloprim	70199-015-90	100 mg/1	TABLET	ORAL	NDA016084	Casper Pharma LLC	70199-015	allopurinol	ALLOPURINOL	HUMAN PRESCRIPTION DRUG	08/06/2018	N/A	NDA
+ Zyloprim	70199-016-05	300 mg/1	TABLET	ORAL	NDA016084	Casper Pharma LLC	70199-016	allopurinol	ALLOPURINOL	HUMAN PRESCRIPTION DRUG	08/06/2018	N/A	NDA

Showing 1 to 23 of 23 entries

Previous 1 Next

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

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

See also: **Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm076801.htm)**
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

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

Active Employees - Casper Pharma Employee Roster Report
Employee Name
Bommanaboina, Dimple
Ismati, Habib R
Kavuru, Vimal
Nooty, Sanjeev

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Casper Pharma LLC

Physical Address: 2 Tower Center Boulevard, Suite 1101C

City: East Brunswick State: NJ Zip: 08816

Mailing Address (if different from physical address): c/o State License Servicing 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Website: www.casperpharma.com

Licensing Company Email: CSP@slsny.com

Section 2: Personal Information

First: Vimal Middle: _____ Last: Kavuru

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

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

Mailing Address: [redacted] Maacka Drive

City: Holmdel State: NJ Zip: 07733

Telephon[redacted] Email: vkavuru@casperpharma.com

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

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

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

Applicant's initials VK

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

School Name		From - To (MM/YY – MM/YY)	
~~Little Flower~~ Long Island University		10/1989 - 10/1992	
Address	**City**	**State**	**Zip**
1 University Plaza	Brooklyn	NY	11201
Diploma/Degree obtained, if any			
-			

School Name		From - To (MM/YY – MM/YY)	
HKE College of Pharmacy		08/1985 - 08/1989	
Address	**City**	**State**	**Zip**
Sedam Road	Kalaburagi, Karnataka		585105
Diploma/Degree obtained, if any			
B Pharm - Bachelors in Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Little Flower Junior College (High School)		06/1983 - 07/1985	
Address	**City**	**State**	**Zip**
Opp Survey of India, P&T Colony	Uppal, Hyderbad,	Telangana	500039
Diploma/Degree obtained, if any			
High School Diploma			

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2009 - 11/2021	[redacted] Maacka Drive	Holmdel	NJ	07733
11/2021 - Present	[redacted] Navesink River Rd	Rumson	NJ	07760
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials VK

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Casper Pharma LLC			10/07/2015	
Business Address		**City**	**State**	**Zip**
2 Tower Center Boulevard, Suite 1101C		East Brunswick	NJ	08816
Phone	**Title**		**Number of Employed Hours**	
(732) 447-9797	Chairman		12,680	
Description of Duties				
Creating, communicating and implementing the organizations vision, mission and overall direction. Overseeing the complete operation of the organization in accordance with the direction established in the strategic plans. Oversee the progress of R&D projects , including all operations of the company				

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

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

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

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

Continue on next page if additional space is needed.

N/A

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

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

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

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

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

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

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

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

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

N/A

Date of Event/Arrest	Disposition Date	State	City	County

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

Reason/Charge

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

Name of Business/Industry/Entity

Provide explanation below:

N/A

_____

Original Signature (electronic, copies or stamps not accepted)

N/A

_____

Date

Applicant's initials _____

I, Vimal Kavuru, **certify that as the designated representative for**

Casper Pharma LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Vimal Kavuru

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/20/21

Date

Applicant's initials VK

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

Vimal Kavuru

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/8/22

Date

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

State of NEW YORK, ss. County of ORANGE

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

Original Signature Vimal Kavuru

2/8/22

Date

Subscribed and Sworn to before me this 8 day of FEBRUARY 2022

Notary Public Signature

CHRISTINE ANN CANNON
NOTARY PUBLIC-STATE OF NEW YORK
No. 01CA6228611
Qualified in Orange County
My Commission Expires 09-27-2022

(Seal)

Applicant's initials VK

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 0766322

Application/License No. _____

Casper Pharma, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 2 Tower Center Boulevard, Suite 1101, East Brunswick, NJ 08816 (Address of Applicant/Principal), as PRINCIPAL, and Harco National Insurance Company (Surety Company), a corporation organized under the laws of the state of Illinois (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 702 Oberlin Road, Raleigh, NC 27605 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 09/14/2020 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

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

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

In witness whereof, each party to this bond has caused it to be executed on this 14th day of September, 2020.

APPLICANT/PRINCIPAL

COMPANY

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY

Harco National Insurance Company

Surety Company's Representative

Robyn Rost, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

Bond

International Fidelity Insurance Company
One Newark Center 20th Floor
Newark, NJ 07102
(973) 624-7200
www.ific.com

CONTINUATION CERTIFICATE

Bond No. 0766322 Bond Amount: $100,000

Term Beginning: September 14, 2020

Term Ending: September 14, 2022

Principal/Insured: Casper Pharma LLC

Obligee: Nevada State Board of Pharmacy

It is hereby agreed that the captioned numbered Bond is continued in force in the above amount for the period of the continued term stated above.

This continuation shall be deemed a part of the original bond and not a new obligation and is subject to all the covenants and conditions of said bond.

International Fidelity Insurance Company

BY: Robyn Rost
Robyn Rost Attorney-In-Fact

Robyn Rost 09/14/2020
Signed and Sealed Date

POWER OF ATTORNEY

Bond # 0766322

HARCO NATIONAL INSURANCE COMPANY
INTERNATIONAL FIDELITY INSURANCE COMPANY

Member companies of IAT Insurance Group, Headquartered: 702 Oberlin Road, Raleigh, North Carolina 27605

KNOW ALL MEN BY THESE PRESENTS: That **HARCO NATIONAL INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of Illinois, and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

MICHAEL PARR, ROBYN ROST

Summmit, NJ

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **INTERNATIONAL FIDELITY INSURANCE COMPANY** at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of **HARCO NATIONAL INSURANCE COMPANY** at a meeting held on the 13th day of December, 2018.

"RESOLVED, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** have each executed and attested these presents on this 31st day of December, 2018

INTERNATIONAL FIDELITY INSURANCE COMPANY CORPORATE SEAL 1904 NEW JERSEY

STATE OF NEW JERSEY
County of Essex

STATE OF ILLINOIS
County of Cook

HARCO NATIONAL INSURANCE COMPANY CORPORATE SEAL 1004 ILLINOIS

Kenneth Chapman
Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

On this 31st day of December, 2018 , before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.

SHIRELLE A. OUTLEY NOTARY PUBLIC No. 50079910 My Comm. Exp. 04-04-2023 NEW JERSEY

IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Shirelle A. Outley a Notary Public of New Jersey
My Commission Expires April 04, 2023

CERTIFICATION

I, the undersigned officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, September 14, 2020

Irene Martins Assistant Secretary

HARCO NATIONAL INSURANCE COMPANY

1701 GOLF ROAD, SUITE 1-600, ROLLING MEADOWS, IL 60008

STATEMENT OF ASSETS, LIABILITIES, SURPLUS AND OTHER FUNDS

AT DECEMBER 31, 2019

ASSETS

Bonds (Amortized Value)	$69,147,050
Stocks (Preferred Stocks)	3,667,057
Stocks (Common Stocks)	856,400,268
Cash, Bank Deposits & Short Term Investments	49,896,036
Other Invested Assets	9,504,574
Unpaid Premiums & Assumed Balances	157,529,462
Deferred Premiums, Agents Balances & Installments booked	30,396,949
Reinsurance Recoverable from Reinsurers	27,228,017
Reinsurance – Funds Held by or deposited with reinsured companies	11,368,596
Current Federal & Foreign Income Tax Recoverable & Interest	0
Investment Income Due and Accrued	1,123,975
Receivables from Parent Subsidiaries & Affiliates	895,402
Other Assets	0
TOTAL ASSETS	$1,217,157,385

LIABILITIES, SURPLUS & OTHER FUNDS

Losses (Reported Losses Net as to Reinsurance Ceded and Incurred But Not Reported Losses)	$132,364,505
Reinsurance payable on paid losses & loss adjustment expense	19,228,089
Loss Adjustment Expenses	31,596,841
Commissions Payable, Contingent Commissions & Other Similar Charges	5,971,903
Other Expenses (Excluding Taxes, Licenses and Fees)	296,734
Taxes, Licenses & Fees (Excluding Federal Income Tax)	1,228,988
Current federal and foreign income taxes	724,851
Net Deferred Tax Liability	15,645,983
Unearned Premiums	98,148,046
Advance Premium	402,174
Ceded Reinsurance Premiums Payable	83,588,765
Funds held by Company under reinsurance treaties	14,318,856
Amounts Withheld by Company for Account of Others	5,492,288
Payable to Parent Subsidiaries & Affiliates	1,041,121
Other Liabilities	542,490
TOTAL LIABILITIES	$410,591,634
Common Capital Stock	$3,500,004
Gross Paid-in & Contributed Surplus	670,781,834
Unassigned Funds (Surplus)	132,283,913
Surplus as Regards Policyholders	$806,565,751
TOTAL LIABILITIES, SURPLUS & OTHER FUNDS	$1,217,157,385

I, David G Pirrung, President of HARCO NATIONAL INSURANCE COMPANY, certify that the foregoing is a fair statement of Assets, Liabilities, Surplus and Other Funds of this Company, at the close of business, December 31, 2019, as reflected by its books and records and as reported in its statement on file with the Insurance Department of the State of Illinois.

IN TESTIMONY WHEREOF, I have set my hand and affixed the seal of the Company, this 28th day of February, 2020.

HARCO NATIONAL INSURANCE COMPANY

D-P5

SIGNED AND SWORN to before me on this 6th **day of** March, 2020.

Sherrie L Major

NOTARY PUBLIC, STATE OF North Carolina

Sherrie L Major
Notary Public
Wake County, NC
My Commission Expires

POWER OF ATTORNEY

Bond # 0766322

HARCO NATIONAL INSURANCE COMPANY
INTERNATIONAL FIDELITY INSURANCE COMPANY

Member companies of IAT Insurance Group, Headquartered: 702 Oberlin Road, Raleigh, North Carolina 27605

KNOW ALL MEN BY THESE PRESENTS: That **HARCO NATIONAL INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of Illinois, and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

MICHAEL PARR, ROBYN ROST

Summmit, NJ

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **INTERNATIONAL FIDELITY INSURANCE COMPANY** at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of **HARCO NATIONAL INSURANCE COMPANY** at a meeting held on the 13th day of December, 2018.

"**RESOLVED**, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signeture of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** have each executed and attested these presents on this 31st day of December, 2018

INTERNATIONAL FIDELITY INSURANCE COMPANY CORPORATE SEAL 1904 NEW JERSEY

STATE OF NEW JERSEY
County of Essex

STATE OF ILLINOIS
County of Cook

HARCO NATIONAL INSURANCE COMPANY CORPORATE SEAL 1984 ILLINOIS

Kenneth Chapman
Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

On this 31st day of December, 2018 , before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.

SHIRELLE A. OUTLEY NOTARY PUBLIC NEW JERSEY My Comm. Exp. April 04, 2023 No. 50079910

IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Shirelle A. Outley

Shirelle A. Outley a Notary Public of New Jersey
My Commission Expires April 04, 2023

CERTIFICATION

I, the undersigned officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, September 14, 2020

Irene Martins, Assistant Secretary

B31765 USI Insurance Services, LLC.

VER2 2/2019 e_POA

INTERNATIONAL FIDELITY INSURANCE COMPANY

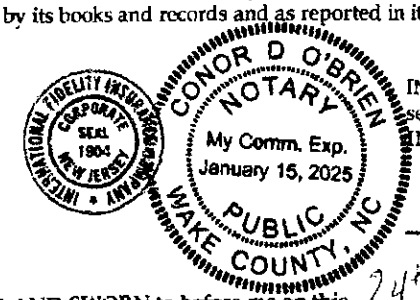
ONE NEWARK CENTER, 20TH FLOOR, NEWARK, NEW JERSEY 07102-5207

STATEMENT OF ASSETS, LIABILITIES, SURPLUS AND OTHER FUNDS
AT DECEMBER 31, 2020

ASSETS	
Bonds (Amortized Value)	$174,542,935
Stocks (Preferred Stocks)	5,070,872
Stocks (Common Stocks)	18,218,913
Mortgage Loans on Real Estate	0
Cash, Bank Deposits & Short Term Investments	34,398,607
Unpaid Premiums & Assumed Balances	6,238,883
Reinsurance Recoverable from Reinsurers	5,037,751
Electronic Data Processing Equipment	125,259
Investment Income Due and Accrued	1,997,704
Current Federal & Foreign income Tax Recoverable & Interest thereon	0
Net Deferred Tax Assets	1,314,038
Receivables from Parent, Subsidiaries & Affiliates	3,093,176
Other Assets	5,078,505
TOTAL ASSETS	$251,851,224

LIABILITIES, SURPLUS & OTHER FUNDS	
Losses (Reported Losses Net as to Reinsurance Ceded and Incurred But Not Reported Losses)	$7,552,350
Reinsurance Payable on Paid Losses and Loss Adjustment Expenses	215,000
Loss Adjustment Expenses	3,208,151
Commissions Payable, Contingent Commissions & Other Similar Charges	145,358
Other Expenses (Excluding Taxes, Licenses and Fees)	3,499,719
Taxes, Licenses & Fees (Excluding Federal Income Tax)	0
Current Federal and Foreign Income Taxes	5,216,292
Unearned Premiums	20,376,568
Dividends Declared & Unpaid: Policyholders & Stockholders	700,000
Ceded Reinsurance Premiums Payable	1,386,000
Funds Held by Company under Reinsurance Treaties	6,000
Amounts Withheld by Company for Account of Others	71,055,748
Provision for Reinsurance	95,000
Payable to Parent, Subsidiaries and Affiliates	64,372
Other Liabilities	51,457
TOTAL LIABILITIES	$113,567,015
Common Capital Stock	$3,600,000
Gross Paid-in & Contributed Surplus	374,600
Surplus Notes	16,000,000
Unassigned Funds (Surplus)	121,175,383
Less: Treasury Stock at cost (50,682 shares common) (value incl. $45.)	5,954,580
Surplus as Regards Policyholders	$135,195,403
TOTAL LIABILITIES, SURPLUS & OTHER FUNDS	$248,762,418

I, John M Mruk, Treasurer of INTERNATIONAL FIDELITY INSURANCE COMPANY, certify that the foregoing is a fair statement of Assets, Liabilities, Surplus and Other Funds of this Company, at the close of business, December 31, 2020 as reflected by its books and records and as reported in its statement on file with the Insurance Department of the State of New Jersey



IN TESTIMONY WHEREOF, I have set my hand and affixed the seal of the Company, this 26th day of February, 2021.

INTERNATIONAL FIDELITY INSURANCE COMPANY

John M Mruk

SIGNED AND SWORN to before me on this 24th day of February, 2021.

Conor D O'Brien

NOTARY PUBLIC, STATE OF North Carolina

4D

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Rev (08/12/2021)

Where is the facility located?	☐ Nevada ☒ Out-of-State
Is your facility a reverse distributor?	☐ Yes ☒ No

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

Section 1: General Information

Facility Name: Dash Pharmaceuticals LLC

Physical Address: 2 Park Way

City: Upper Saddle River State: NJ Zip: 07458

Mailing Address (if different from physical address): 2 Park Way

City: Upper Saddle River State: NJ Zip: 07458

Telephone: 201-786-6500 Website: www.DashPharm.com

Name of Designated Representative (DR): Nicholas DiMaio

Licensing Company Email: statelicensing@DashPharm.com DR Email: NDimaio@DashPharm.com

Entities the Wholesaler will Serve	**Products to be Handled or Wholesaled**
☐ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☒ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☒ Others: Hospital Pharmacies	☒ Others: OTC Medications

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

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

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Henry Schein, Inc

Address: 255 Vista Blvd. #101 City: Sparks State: NV Zip: 89434

Name:

Address: City: State: Zip:

Name:

Address: City: State: Zip:

Name:

Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation:

Parent Company (if any):

Corporation Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

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

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE

Parent Company (if any): NatCo Pharma, Inc.

Corporation/Organization Name: Dash Pharmaceuticals LLC

Mailing Address: 2 Park Way

City: Upper Saddle River State: NJ Zip: 07458

Telephone: 201-786-6500 Email: statelicensing@DashPharm.com

Contact Person Name: Nicholas DiMaio

Section 6: Partnership

Partnership Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Section 7: Sole Owner

Owner's Name:

Business Name:

Business Address:

City: State: Zip:

Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	x	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

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

Nicholas DiMaio
Print Name of Authorized Person Submitting Application

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

1/21/22
Date

Board Use Only	Date Received: _____	Amount: 500 CHECK # 15175

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0745478

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: ☒ manufacturer ☒ wholesaler which conducts business at the following locations in this State:

2 PARK WAY UPPER SADDLE RIVER, NJ 07458-

Reg. No.
5004771

DASH PHARMACEUTICALS LLC
ATTN: NICHOLAS DIMAIO, JR
2 PARK WAY
UPPER SADDLE RIVER, NJ 07458-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2023

Establishment Copy

New Jersey Department of Health
P.O. Box 369, Trenton, New Jersey 08625-0369
Drug and Medical Device Certificate of Registration

Information recorded in the system as of 1/27/2022

Registration Number: 5004771 **Registered as:** Manufacturer and Wholesale
Name: DASH PHARMACEUTICALS LLC
DBA:
Address: 2 PARK WAY, UPPER SADDLE RIVER, NJ 07458
Original Issue Date: 07/09/2015 **Expiration Date:** 01/31/2023
Current Issue Date: 12/06/2021
Disciplines: No

Delaware

The First State

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DASH PHARMACEUTICALS LLC" WAS FORMED ON THE THIRD DAY OF JUNE, A.D. 2014.

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

Jeffrey W. Bullock, Secretary of State

5544678 8300

SR# 20213952271

Authentication: 204839366

Date: 12-02-21

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

DASH™
PHARMACEUTICALS

Description of Operations

DASH Pharmaceuticals is a privately held, specialty pharmaceutical company. The company markets, sells, and distributes generic pharmaceutical products, packaged in the "DASH" label, to the US marketplace. DASH continually evaluates and identifies generic opportunities, across multiple dosage forms and therapeutic categories. Through partnerships with quality pharmaceutical manufacturers around the world, DASH co-develops and licenses products for distribution in the US marketplace.

DASH Pharmaceuticals LLC is a Virtual Manufacturer located at 2 Park Way, Upper Saddle River, New Jersey 07458 . DASH's products are manufactured by a Contract Manufacturer and will be distributed to Wholesalers and Hospital Pharmacies by their Third-Party Logistics Provider, Life Science Logistics, LLC who is licensed to ship pharmaceutical products into your state.

Contract Manufacturer Information:

We will be using the contract manufacturers below to produce our product:

Corden Pharma SPA
Viale dell'Industria 3
Caponago, Italy 20867
FEIN: 3002880938
Contact Person: Fred Defesche
Contact Number: 619-921-7171

Orion Corporation
Orionintie 1
Espo, Finaland FI-02200
FEIN: 3003073605
Contact Person: David B Rosen
Contact Number: 201-786-6502

Corden Pharma and Orion Corporation manufacture products and package finished products. At no time do Corden Pharma or Orion Corporation own the product, contract with DASH's Pharmaceutical's customers, invoice nor sell a DASH Pharmaceutical product.

Labeler Code: 69339

Third Party Logistic Information:

For distribution into the commercial supply channels Life Science Logistics, LLC acts as DASH Pharmaceutical's Third Party Logistics (3PL) provider to manage the storage and distribution of DASH Pharmaceutical's products to Wholesalers and Hospital Pharmacies throughout the United States. Life Science Logistics, LLC address is :

Life Science Logistics, LLC
2600 Regent Boulevard, DFW Airport, Texas 75261
David Davis 317-456-0250

DASH Pharmaceutical has 9 employees working on site during normal business hours.

DASH Pharmaceutical's hours of operation are 9:00 am – 5:00 pm Monday through Friday.

National Drug Code Directory

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

EMAIL (MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

Current through January 15, 2022

You have searched Finished drug products

Search Results: *'69339'*

Back to Search Page () | Search Again ()

CSV Excel

Display 50 records per page

Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Subetance Name
DASH Chlorhexidine Gluconate 0.12% Oral Rinse	69339-138-17	1.2 mg/mL	LIQUID	ORAL	ANDA074291	Dash Pharmaceuticals LLC	69339-138	Chlorhexidine Gluconate 0.12% Oral Rinse	CHLORHEXIDINE GLUCONATE
DASH Chlorhexidine Gluconate 0.12% Oral Rinse	69339-138-15	1.2 mg/mL	LIQUID	ORAL	ANDA074291	Dash Pharmaceuticals LLC	69339-138	Chlorhexidine Gluconate 0.12% Oral Rinse	CHLORHEXIDINE GLUCONATE
DASH Chlorhexidine Gluconate 0.12% Oral Rinse	69339-138-19	1.2 mg/mL	LIQUID	ORAL	ANDA074291	Dash Pharmaceuticals LLC	69339-138	Chlorhexidine Gluconate 0.12% Oral Rinse	CHLORHEXIDINE GLUCONATE
Diazepam	69339-136-34	10 mg/2mL	INJECTION, SOLUTION	INTRAMUSCULAR; INTRAVENOUS	ANDA210363	Dash Pharmaceuticals LLC	69339-138	DIAZEPAM	DIAZEPAM
Diazepam	69339-136-32	10 mg/2mL	INJECTION, SOLUTION	INTRAMUSCULAR; INTRAVENOUS	ANDA210363	Dash Pharmaceuticals LLC	69339-136	DIAZEPAM	DIAZEPAM
Diazepam	69339-137-05	5 mg/mL	INJECTION, SOLUTION	INTRAMUSCULAR; INTRAVENOUS	ANDA211998	Dash Pharmaceuticals LLC	69339-137	DIAZEPAM	DIAZEPAM
Diazepam	69339-137-10	5 mg/mL	INJECTION, SOLUTION	INTRAMUSCULAR; INTRAVENOUS	ANDA211998	Dash Pharmaceuticals LLC	69339-137	DIAZEPAM	DIAZEPAM
Diphenhydramine HCl Oral Solution	69339-151-17	12.5 mg/5mL	SOLUTION	ORAL	part341	Dash Pharmaceuticals LLC	69339-151	diphenhydramine hydrochloride	DIPHENHYDRAMINE HYDROCHLORIDE
Diphenhydramine HCl Oral Solution	69339-151-19	12.5 mg/5mL	SOLUTION	ORAL	part341	Dash Pharmaceuticals LLC	69339-151	diphenhydramine hydrochloride	DIPHENHYDRAMINE HYDROCHLORIDE
Diphenhydramine HCl Oral Solution	69339-152-17	25 mg/10mL	SOLUTION	ORAL	part341	Dash Pharmaceuticals LLC	69339-152	diphenhydramine hydrochloride	DIPHENHYDRAMINE HYOROCHLORIOE

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name
Diphenhydramine HCl Oral Solution	69339-152-19	25 mg/10mL	SOLUTION	ORAL	part341	Dash Pharmaceuticals LLC	69339-152	diphenhydramine hydrochloride	DIPHENHYDRAMINE HYDROCHLORIDE
Guaifenesin Syrup and Dextromethorphan	69339-149-19	100 mg/5mL, 10 mg/5mL	SYRUP	ORAL	part341	Dash Pharmaceuticals LLC	69339-149	Guaifenesin Syrup and Dextromethorphan	GUAIFENESIN; DEXTROMETHORPHAN HYDROBROMIDE
Guaifenesin Syrup and Dextromethorphan	69339-150-19	100 mg/5mL, 10 mg/5mL	SYRUP	ORAL	part341	Dash Pharmaceuticals LLC	69339-150	Guaifenesin Syrup and Dextromethorphan	GUAIFENESIN; DEXTROMETHORPHAN HYDROBROMIDE
Levetiracetam	69339-157-17	100 mg/mL	SOLUTION	ORAL	ANDA203052	Dash Pharmaceuticals LLC	69339-157	Levetiracetam	LEVETIRACETAM
Levetiracetam	69339-157-19	100 mg/mL	SOLUTION	ORAL	ANDA203052	Dash Pharmaceuticals LLC	69339-157	Levetiracetam	LEVETIRACETAM
milk of magnesia	69339-153-17	2400 mg/30mL	SUSPENSION	ORAL	part334	Dash Pharmaceuticals LLC	69339-153	magnesium hydroxide	MAGNESIUM HYDROXIDE
Sucralfate	69339-148-17	1 g/10mL	SUSPENSION	ORAL	NDA019183	Dash Pharmaceuticals LLC	69339-148	Sucralfate	SUCRALFATE
Sucralfate	69339-148-19	1 g/10mL	SUSPENSION	ORAL	NDA019183	Dash Pharmaceuticals LLC	69339-148	Sucralfate	SUCRALFATE
Testosterone	69339-158-10	30 mg/1.5mL	SOLUTION	TOPICAL	ANDA212301	Dash Pharmaceuticals LLC	69339-158	Testosterone	TESTOSTERONE
Zileuton (U)	***69339-130-12***					***DASH Pharmaceutical LLC***			

Showing 1 to 20 of 20 entries

Previous 1 Next

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

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

See also: Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

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



Dash Pharmaceuticals
2 Park Way
Upper Saddle River, NJ 07458
201-786-6500
www.DashPharm.com / statelicensing@DashPharm.com

Ownership Info

NatCo Pharma, Inc.
108 West 13th Street
Wilmington, Delaware 19801
P: 732-484-9473
Natco Pharma, Inc. owns 100% of Dash Pharmaceuticals

Corporate Officers

Nicholas DiMaio Jr., President
Business Address: 2 Park Way, Upper Saddle River, NJ 07458
Business Phone: 201-786-6507
NDimaio@DashPharm.com

David Rosen, CEO
Business Address: 2 Park Way, Upper Saddle River, NJ 07458
Business Phone: 201-786-6502
DRosen@DashPharm.com

Julie Trendowicz, Executive Vice President
Business Address: 2 Park Way, Upper Saddle River, NJ 07458
Business Phone: 201-786-6508
JTrendowicz@dashpharm.com

DASH®
PHARMACEUTICALS

DASH Employee List

NAME	TITEL
David Rosen	Chief Executive Officer
Nick DiMaio	President
Julie Trendowicz	Executive Vice President
Dick Anderson	Chief Financial Officer
Jeanne Schloesser	Executive Administrator/Office Mgr
Nikki Miller	VP, Business Development
Dave McClure	Director, Supply Chain & Logistics
Santosh Philip	Financial Analyst
Sid Rubinstein	Pharmacovigilence Consultant
Subba Rao Mente	VP – Global Business Development
Narsi Reddy Dwarampudi	Director Global Business Development

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Dash Pharmaceuticals LLC

Physical Address 2 Park Way

City Upper Saddle River State NJ Zip 07458

Mailing Address (if different from physical address) 2 Park Way

City Upper Saddle River State NJ Zip 07458

Telephone 201-786-6500 Website www.DashPharm.com

Licensing Company Email statelicensing@DashPharm.com

Section 2: Personal Information

First Nicholas Middle _____ Last DiMaio

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

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

Mailing Address 2 Park Way

City Upper Saddle River State NJ Zip 07458

Telephone [redacted] Email NDimaio@DashPharm.com

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

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

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.2129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials ND

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

School Name		From - To (MM/YY – MM/YY)	
University of Maryland		~~1978~~ 1974 - 1978	
Address	**City**	**State**	**Zip**
The Flagship Institution of the State of Maryland	College Park	MD	20742
Diploma/Degree obtained, if any			
BS in Zoology			

School Name		From - To (MM/YY – MM/YY)	
Fairleigh Dickinson University		~~1985~~ 1980-1985	
Address	**City**	**State**	**Zip**
1000 River Rd	Teaneck	NJ	07666
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
Whippany Park HS		1970-1974	
Address	**City**	**State**	**Zip**
105 Whippany Road	Whippany	NJ	07981
Diploma/Degree obtained, if any			

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/01/1998 to	[redacted] Rutherford Road	Mahwah	NJ	07430
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials NJ

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.2085) or wholesalers (NAC 639.2615) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most recent, list your hours of employment related to this above.

Business Name		From - To (MM/YY – MM/YY)	
DASH Pharmaceuticals		September 2014- Present	
Business Address	City	State	Zip
2 Park Way	Upper Saddle River	NJ	07458
Phone	Title	Number of Employed Hours	
201-786-6500	President	13K	
Description of Duties			
See Attached Resume			

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

Applicant's initials ND

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

11/21/22
Date

Applicant's initials _____

I, Nicholas DiMaio, **certify that as the designated representative for**

Dash Pharmaceuticals LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Nicholas DiMaio

Print Name (First, Last)

Original Signature (electronic copies or stamps not accepted)

1/21/22

Date

Applicant's initials

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

Nicholas DiMaio
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/21/22
Date

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

State of NEW JERSEY, ss. County of BERGEN

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

Original Signature

1/21/22
Date

Subscribed and Sworn to before me this 21 day of January, 2022

Notary Public Signature

RYAN J CAMPANELLA
Notary Public - State of New Jersey
My Commission Expires Mar 13, 2024

(Seal)

Applicant's initials N

NICHOLAS DIMAIO

[redacted] Rutherford Road Mahwah, NJ 07430 [redacted] ndimaio@dashpharm.com

DASH PHARMACEUTICALS, LLC

September 2014 – Current

President:

US based generic sales, marketing, and distribution company focused on the sales, marketing and distribution of generic drugs.

Special Skills: licensing, product forecasting, project planning, sales, marketing, and distribution

SELECTED ACCOMPLISHMENTS

Co-Founder of J&N Pharma, LLC a US based contract sales and consulting company

Co-Founder of Karalex Pharma, LLC a US based generic sales, marketing and distribution company

Re-engineered PAR's sales and marketing team and grew annual sales from $80 MM to over $700MM in ten year career at Par.

Led the generic marketing efforts at Apothecon (generic division of Bristol Myers Squibb) and supported all promotional and pricing programs in retail marketplace, resulting in peak annual sales of $500 million.

CAREER HISTORY

J&N Pharma, LLC. US based contract sales and consulting company.

Managing Partner: July 2012 – August 2014. Perform contract sales functions and consulting services to US based brand and generic pharmaceutical companies

Orchid Pharma, Inc. US based generic company.

Sr. VP Sales & Marketing: July 2010 – June 2012. Responsible for transitioning the Karalex portfolio to Orchid Pharma, Inc. Led all sales and marketing activities for Orchid Pharma, Inc.

Karalex Pharma, LLC. Generic Sales, Marketing, and Distribution Company:

President and CEO. 2007- June 2010. Co-founder of company which licensed and sold generic prescription products in the US marketplace. Sold company to Orchid Pharma, Inc. in June 2010.

PAR Pharmaceuticals, Top ten US generic drug sales companies. Currently manufacturing, marketing or licensing generic prescriptions in 85 product families.

Executive Vice President Sales and Marketing, 1998 - 2007. Responsible for all sales and marketing programs to all classes of trade. Helped grow annual sales from $80 million to over $700 million in ten year career.

Apothecon, Generic division of Bristol Myers Squibb.

Director of Marketing, 1992 -1998. Responsible for all retail marketing programs for the Apothecon sales force. Responsible for pricing to retail trade class. Managed all P&L activities for retail generic division.

Manager of Sales Administration, 1988 -1992. Developed all sales incentive programs for Apothecon sales force. Produced all reporting tools for sales and marketing teams.

Bristol Myers Squibb. Brand Pharmaceutical Company

Detail Representative, 1978 - 1988. Managed full line territory in New Jersey with responsibility for physician detailing as well as selling all products to the retail and hospital class of trade.

Education: MBA in Pharmaceutical Marketing from Fairleigh Dickinson University 1985

BS degree in Zoology from University of Maryland 1978

DASH - Only Supplier in Nevada

Ship-To Name	Ship-To Address1	Ship-To City	Ship-To State	Ship-To Zip
Henry Schein, Inc	255 Vista Blvd. #101	Sparks	NV	89434

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 650-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 0819919

Application/License No. _____

Dash Pharmaceuticals LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 2 Park Way Saddle River, NJ 07458 (Address of Applicant/Principal), as PRINCIPAL, and Harco National Insurance Company (Surety Company), a corporation organized under the laws of the state of Illinois (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 702 Oberlin Road Raleigh, NC 27605 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 04/27/2022 (Effective Date).

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

THIS BOND is subject to the following conditions:

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

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

In witness whereof, each party to this bond has caused it to be executed on this 27th day of April, 2022.

APPLICANT/PRINCIPAL

Authorized Representative

SURETY

Surety Company's Representative

Sharif Ismail, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

POWER OF ATTORNEY

Bond # 0819919

HARCO NATIONAL INSURANCE COMPANY
INTERNATIONAL FIDELITY INSURANCE COMPANY

Member companies of IAT Insurance Group, Headquartered: 702 Oberlin Road, Raleigh, North Carolina 27605

KNOW ALL MEN BY THESE PRESENTS: That **HARCO NATIONAL INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of Illinois, and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

RALF RIGO, SHARIF ISMAIL

Syracuse, NY

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **INTERNATIONAL FIDELITY INSURANCE COMPANY** at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of **HARCO NATIONAL INSURANCE COMPANY** at a meeting held on the 13th day of December, 2018.

"**RESOLVED**, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** have each executed and attested these presents on this 31st day of December, 2018

STATE OF NEW JERSEY
County of Essex

STATE OF ILLINOIS
County of Cook

Kenneth Chapman
Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

On this 31st day of December, 2018, before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.

IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Shirelle A. Outley a Notary Public of New Jersey
My Commission Expires April 4, 2023

CERTIFICATION

I, the undersigned officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, 04/27/2022

A00816

Irene Martins, Assistant Secretary

4E

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Rev (08/12/2021)

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

Is your facility a reverse distributor? ☐ Yes ☑ No

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☑ Ownership Change*	WH 02424	☑ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change* (in-state only)		☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: kaleo, Inc.

Physical Address: 111 Virginia Street, Ste 300

City: Richmond State: VA Zip: 23219

Mailing Address (if different from physical address): Same As Physical Address

City: State: Zip:

Telephone: (804) 545-6360 Website: www.kaleo.com

Name of Designated Representative (DR): Ann Rademacher

Licensing Company Email: jo.greene@kaleo.com DR Email: ann.rademacher@kaleo.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☑ Pharmacies	☑ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☐ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
☑ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☑ Others: Government Entities	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

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

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Kimball Electronics (CMO)
Address: 2950 North Catherwood Blvd City: Indianapolis State: IN Zip: 46219
Name: RxCrossroads 3PL, LLC (3PL)
Address: 5101 Jeff Commerce Drive, Suite A City: Louisville State: KY Zip: 40219
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation: N/A
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

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

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Virginia
Parent Company (if any): MAM Kingfisher Holdings, LLC (sole owner of entities that own 100% of kaleo)
Corporation/Organization Name: kaleo, Inc.
Mailing Address: 111 Virginia Street, Ste 300
City: Richmond State: VA Zip: 23219
Telephone: (804) 545-6360 Email: jo.greene@kaleo.com
Contact Person Name: Jo Greene

Section 6: Partnership

Partnership Name: N/A
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name: N/A
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide: Labeler code: 60842	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

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

Kevin Espinoza

Print Name of Authorized Person Submitting Application

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

2 March 2022

Date

Board Use Only	Date Received: _____	Amount: Check # 6045695 received

Virginia Department of Health Professions
License Lookup

Current as of 02/25/2022 16:08

License Information

License Number	0208008188
Occupation	Non-restricted Manufacturer
Name	Kaleo, Inc.
Address	Richmond, VA 23219
Initial License Date	06/06/2014
Expire Date	02/28/2023
License Status	Current Active
Additional Public Information*	No

Back to License Lookup Result

This serves as primary source verification of the credential issued by the Commonwealth of Virginia and meets the requirements of the Joint Commission.

* *"Yes" means that there is information the Department must make available to the public pursuant to §54.1-2400.2.H of the Code of Virginia; please note that this may also include proceedings in which a finding of "no violation" was made. For additional information click on the "Yes" link above. "No" means no documents are available.*

Back to License Lookup

CAREFULLY DETACH CARD HERE

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH PROFESSIONS

Non-restricted Manufacturer
Number 0208008188
Kaleo, Inc.

To verify the current status of any license, permit or registration, visit our website at www.dhp.virginia.gov.

Any name or address change requires the submission of a new application. Please visit our website at www.dhp.virginia.gov/pharmacy.

Renewal instructions will be furnished via email approximately 60 days in advance of expiration. Please refer to the Regulations for standards of practice.

To verify the current status and expiration date of this permit, visit our website at www.dhp.virginia.gov.

PLEASE NOTE: This is the final copy of your permit that contains no expiration date and should be maintained, carried, or posted, in accordance with applicable laws and regulations, for the duration of your practice. You will not receive another paper permit at your next renewal.

FOLD, CREASE AND TEAR ALONG PERFORATION

LISTING OF SECURITY FEATURES ON REVERSE SIDE

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH PROFESSIONS

David E. Brown, D.C., Director

Caroline D. Juran
Executive Director
(804) 367-4456

BOARD OF PHARMACY

9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463
www.dhp.virginia.gov/pharmacy

Non-restricted Manufacturer Permit

Kaleo, Inc.

111 Virginia Street, Suite 300
Richmond VA 23219

Number
0208008188

To verify the status of this permit, visit our website www.dhp.virginia.gov, which is a primary source verification of the credential issued by the Commonwealth of Virginia. To File a Complaint About a Licensee, Call: 1-800-533-1560.

Commonwealth of Virginia

State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That kaleo, Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on December 3, 2013;

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

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

Nothing more is hereby certified.

Signed and Sealed at Richmond on this Date:

February 15, 2022

Bernard J. Logan, Clerk of the Commission

CERTIFICATE NUMBER : 2022021516926614

kaléo

kaleo, Inc.
Officer & Director Information
CONFIDENTIAL INFORMATION

Date: January 18, 2022
Address: 111 Virginia Street, Suite 300, Richmond, VA 23219
Phone: (804) 545 6360

Officer Name	Titles
Allison Bridges	VP, General Manager, Allergy & Pediatrics
Ann Rademacher	VP, Quality Assurance
Chris Schools	Chief Financial Officer
Chuck Nicholls	VP, Global Supply Chain & Manufacturing
Elvira Cashel	VP, Human Resources
Glen Kelley	VP, Regulatory Affairs
Kevin Espinoza	Chief Compliance Officer
Mark Herzog	VP, Corporate Affairs
Matthew Simmons	VP, Finance & Analytics
Neil Bajaj	VP, Strategy
Ronald Gunn	President & CEO
Thomas Assalley	VP, Market Access
Todd Lambert	VP of Sales and Training
Ned Ruffin	VP, General Counsel

Director Name
Michael Wells
Dr. Evan Bedil
Susan Graf
Ronald Gunn
Randy Raisman
William Sharbaugh

kaléo

kaleo, Inc.
CONFIDENTIAL INFORMATION

Date: March 25, 2022
Address: 111 Virginia Street, Suite 300, Richmond, VA 23219

Employee Name
Alpin, Pamela G
Ashby, Bradford L
Assalley, Thomas J
Atkinson, Phillip M
Bajaj, Neil H
Barnett, Andrea D
Berringer, Rebecca B
Boffemmyer, Stephen
Bogue, Scott C
Bridges, Allison S
Burgess, Eric
Cashel, Elvira
Claud, Sydney
Coughlin, Connor M
Crawford, Lirys
Currin, Mary T
Devnoori, Niharika
DiLibero, Kimberly A
Driskell, Katherine
Dunaway, Bryan
Dunbar, John
Durham, Caryn F
Espinoza, Kevin L
Flores, Cynthia J
Gaeth, Steven
Gaines, Kirsten
Gamble, Monica M
Garrett, Stephen R
Gjurich, Breanne N
Greene, Gracie Jo
Griffin, Lance K
Griffiths, Rachael
Gunn, Ronald
Harrison, Meredith

Employee Name
Herb, Bethany
Herzog, Mark
Hubbard, Leslie
Hutchens, Holly
Ingalls, Kathryn
Jarrett, Aron
Jones, Rodrick
Jordan, Steven
Kades, Leigh
Karazim, Andrew J
Kaufman, Paige M
Kelley, Glen
Kelley, Jason P
Kelly, Amy L
Kelly, Shantel M
Kessler, Catherine
Knott, Deborah
Lambert, Robert
Lassiter, Justin
Louthan, Camden v
Marsh, Margaret A
McDonnell, Anita W
McFarland, Abigail
Mehta, Meera
Meyers, Paul
Moore, Kendall E
Morris, Zoe
Needham, Steven
Nicholls, Charles
Norman, Jennifer
Ogburn, Sunny
Owens, Lisa
Plucinski, Brian
Rademacher, Ann

Employee Name
Rafferty, Emily L
Regimbal, Abigail
Reichert, Elisa R
Riddle, Gary L
Riggs, Brian
Roe, Michael
Ruffin, Edmund
Salyer, Griffin
Santha, Udare S
Schools, Christopher
Scott, Christopher B
Sharma, Upasna
Shaw, Ashlee M
Shields, Clayton
Simmons, Matthew
Sims, Angela
Skvara, Mark
Smith, Sarah
Smithson, David W
Smiy Jr, David P
Starling, Sarah
Stasiunas, Matthew C
Stuck, Kathleen
Swank, Thomas R
Templeman, Nathan
Thangavel, Sindiya Devi
Thompson, Stamatina
Thorburn, Kevin G
Tran, Shereth
Treece, Leslie T
Turner, Daniel J
Vanderbilt, Lauren N
Williams, Kristy B
Yolchuyev, David

National Drug Code Directory

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Current through April 14, 2022

You have searched Finished drug products

Search Results: *'60842'*

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Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description
Auvi-Q	60842-021-01	.1 mg/.1mL	INJECTION, SOLUTION	INTRAMUSCULAR	NDA201739	kaleo, Inc	60842-021	epinephrine	EPINEPHRINE	HUMAN PRESCRIPTION DRUG	11/17/2017	N/A	NDA	2 DOSE PACK in 1 CARTON (60842-021-01) > .1 mL in 1 DOSE PACK
Auvi-Q	60842-023-01	.3 mg/.3mL	INJECTION, SOLUTION	INTRAMUSCULAR	NDA201739	kaleo, Inc	60842-023	epinephrine	EPINEPHRINE	HUMAN PRESCRIPTION DRUG	11/15/2012	N/A	NDA	2 DOSE PACK in 1 CARTON (60842-023-01) > .3 mL in 1 DOSE PACK
Auvi-Q	60842-022-01	.15 mg/.15mL	INJECTION, SOLUTION	INTRAMUSCULAR	NDA201739	kaleo, Inc	60842-022	epinephrine	EPINEPHRINE	HUMAN PRESCRIPTION DRUG	11/15/2012	N/A	NDA	2 DOSE PACK in 1 CARTON (60842-022-01) > .15 mL in 1 DOSE PACK
Naloxone Hydrochloride Injection, USP, Auto-Injector	60842-002-02	10 mg/.4mL	INJECTION, SOLUTION	INTRAMUSCULAR; SUBCUTANEOUS	NDA215457	Kaleo, Inc	60842-002	Naloxone Hydrochloride	NALOXONE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	02/28/2022	N/A	NDA	10 DOSE PACK in 1 CARTON (60842-002-02) > .4 mL in 1 DOSE PACK

verified
M.H 4/14/22

kaléo

kaleo, Inc.

CONFIDENTIAL INFORMATION

A. Description of Business

Kaleo, Inc. ("Kaléo") is a virtual manufacturer located in Richmond, Virginia. It holds non-restricted manufacturing permit number 0208008188 issued by the Commonwealth of Virginia. Kaléo does not physically manufacture, store or ship product from the applicant location. As a virtual manufacturer, Kaléo utilizes a contract manufacturer and a third-party logistic provider to manufacture, store, and distribute its products. Its single facility is a corporate and administrative office. Its FDA Labeler Code is 60842.

B. Manufacturing Information For Kaléo Current Product Portfolio:

- Auvi-Q, 0.1 mg, 0.15 mg and 0.3 mg strengths, epinephrine auto-injector
  - Kaléo filed NDA #201739
  - Kaléo has been assigned NDC #60842-021-01 (0.1 mg)
  - Kaléo has been assigned NDC #60842-022-01 (0.15 mg)
  - Kaléo has been assigned NDC #60842-023-01 (0.3 mg)
  - Kaléo uses the following Contract Manufacturing Organization:
    Kimball Electronics
    2950 North Catherwood Boulevard
    Indianapolis, IN 46219
    FDA Registration #3004598644
  - Kaléo uses the following Third Party Logistics Provider:
    RxCrossroads 3PL LLC dba RxCrossroads
    5101 Jeff Commerce Drive, Suite A
    Louisville, KY 40219
    FDA registration # 3008880603
    Kentucky License No. TPL00304
    Virginia License No. 0242000127

kaléo

kaleo, Inc.
Ownership Structure
CONFIDENTIAL INFORMATION

Company: **kaleo, Inc.**
Address: **111 Virginia Street, Suite 300, Richmond, VA 23219**
Phone: **(804) 545 6360**

Previous Owner Information	Percentage of Ownership
Tredegar Investments II, LLC.	13
Harbert Venture Partners II, LP	9
Spencer Williamson	9
Tredegar Films Development, Inc.	7
Eric Edwards	7
Evan Edwards	7
Various (no additional holders greater than 5%)	48

Owner Information	Percentage of Ownership
MAM Kingfisher Holdings, LLC (sole owner of entities that own 100% of Kaléo) One Bryant Park, 38th Floor, New York, NY 10036 FEIN: 87-3671784	100%

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 07719370
Filing Number: 2112223993307
Filing Date/Time: 12/22/2021 09:52 AM
Effective Date/Time: 12/27/2021 11:59 PM

ARTICLES OF MERGER

merging

MAM KINGFISHER MERGER SUB, INC.,
a Delaware corporation,

with and into

KALEO, INC.,
a Virginia corporation.

The undersigned, on behalf of the corporations set forth below and pursuant to the provisions of Section 13.1-720 of the Virginia Stock Corporation Act, as amended (the "VSCA"), hereby state as follows:

FIRST

The names of the parties to the merger are MAM Kingfisher Merger Sub, Inc., a Delaware corporation ("Merger Sub"), and kaleo, Inc., a Virginia corporation ("kaleo"). kaleo will be the survivor in the merger.

SECOND

The Plan of Merger, pursuant to which Merger Sub will merge with and into kaleo, is attached hereto as Exhibit A and made a part hereof. The Plan of Merger constitutes a "plan of merger" for the purposes of Article 12 of the VSCA.

THIRD

In accordance with the terms and conditions of the Plan of Merger, at the Effective Time (as defined below), the Articles of Incorporation of kaleo will be amended and restated in their entirety to the form attached hereto as Exhibit B and made a part hereof.

FOURTH

The Plan of Merger was adopted by the Board of Directors of kaleo on November 17, 2021.

FIFTH

The Plan of Merger was submitted to the shareholders of kaleo by its Board of Directors in accordance with the provisions of the VSCA, and was duly approved by the shareholders of kaleo in accordance in accordance with the provisions of the VSCA and the Articles of Incorporation of kaleo.

SIXTH

The Plan of Merger was adopted by the unanimous written consent of the Board of Directors of Merger Sub on November 28, 2021 and submitted to the sole shareholder of Merger Sub. The Plan of Merger was approved by the written consent of the sole shareholder of Merger Sub on November 28, 2021.

SEVENTH

Pursuant to Section 13.1-606 of the VSCA, the merger shall be effective at 11:59 p.m., Eastern Time, on December 27, 2021 (the "Effective Time").

EIGHTH

These Articles of Merger may be executed in multiple counterparts, each of which shall be deemed an original, but together shall constitute one instrument.

[Signature Page Follows]

DocuSign Envelope ID: 85E2D4A2-26D2-4850-A378-7142A2F1344E

IN WITNESS WHEREOF, the parties have caused these Articles of Merger to be executed in their respective names as of December 21, 2021.

MAM KINGFISHER MERGER SUB, INC.,
a Delaware corporation

By: DocuSigned by: Randy Raisman
Name: Randy Raisman
Title: President and Secretary

KALEO, INC.,
a Virginia corporation

By: _____
Name:
Title:

IN WITNESS WHEREOF, the parties have caused these Articles of Merger to be executed in their respective names as of December 21, 2021.

MAM KINGFISHER MERGER SUB, INC.,
a Delaware corporation

By: _____
Name:
Title:

KALEO, INC.,
a Virginia corporation

By: _____
Name: Ronald D. Gunn
Title: Chief Executive Officer

EXHIBIT A

PLAN OF MERGER

merging

MAM KINGFISHER MERGER SUB, INC.,
a Delaware corporation

with and into

KALEO, INC.,
a Virginia corporation

1. Merger. On the terms and subject to the conditions set forth in this Plan of Merger (this "Plan of Merger"), by and among MAM Kingfisher Holdings, LLC, a Delaware limited liability company ("Holdings"), MAM Kingfisher Intermediate, L.P., a Delaware limited partnership and wholly-owned subsidiary of Holdings ("Intermediate"), MAM Kingfisher Parent, Inc., a Delaware corporation and wholly owned subsidiary of Intermediate ("Parent"), MAM Kingfisher Merger Sub, Inc., a Delaware corporation and direct wholly-owned subsidiary of Parent ("Merger Sub"), and kaleo, Inc., a Virginia corporation ("kaleo"), and the applicable provisions of the Virginia Stock Corporation Act (the "VSCA"), (a) at the Effective Time (as defined below), Merger Sub shall be merged with and into kaleo (the "Merger") and the separate corporate existence of Merger Sub shall cease, and (b) kaleo shall continue as the surviving corporation in the Merger and from and after the Effective Time, shall be a wholly owned subsidiary of Parent (the "Surviving Corporation").

2. Effects of the Merger. The Merger shall have the effects set forth in this Plan of Merger and the applicable provisions of the VSCA.

3. Effective Time. The Merger shall become effective at the time specified in the articles of merger to be filed with the State Corporation Commission of the Commonwealth of Virginia or, if no such time is specified, at the time of the issuance of a certificate of merger by the State Corporation Commission of the Commonwealth of Virginia (the "Effective Time").

4. Articles of Incorporation and Bylaws; Directors and Officers.

(a) At the Effective Time, the articles of incorporation of the Surviving Corporation shall be amended and restated in their entirety to be identical to the Articles of Incorporation of Merger Sub as in effect immediately prior to the Effective Time, except that the name of the Surviving Corporation shall be "kaleo, Inc.";

(b) At the Effective Time, the Bylaws of the Surviving Corporation shall be amended and restated in their entirety to be identical to the Bylaws of Merger Sub as in effect immediately prior to the Effective Time; and

(c) The initial directors of the Surviving Corporation shall be the directors of Merger Sub that were in office immediately prior to the Effective Time, until their respective successors are duly elected or appointed and qualified in accordance with the Articles of Incorporation of the Surviving Corporation and the Bylaws of the Surviving Corporation and the applicable provisions of the VSCA. The initial officers of the Surviving Corporation shall be the officers of kaleo immediately prior to the Effective Time, until their respective successors are duly elected or appointed and qualified in accordance with the Articles of Incorporation of the Surviving Corporation and the Bylaws of the Surviving Corporation and the applicable provisions of the VSCA.

5. Effect on Capital Stock.

(a) Conversion. At the Effective Time, by virtue of the Merger and without any further action on the part of Parent, Merger Sub, kaleo or any shareholder of kaleo:

(i) each share of common stock of kaleo, par value $0.001 per share ("kaleo Common Stock) and kaleo Preferred Stock (as defined below) (together, "kaleo Capital Stock") held by kaleo (as treasury stock or otherwise) or Parent (other than Rollover Shares, as defined below) shall be canceled and extinguished without any conversion thereof and no consideration shall be delivered in exchange therefor;

(ii) each share of Series A-2 Preferred Stock, Series A-3 Preferred Stock, Series A-4 Preferred Stock (together with the Series A-3 Preferred Stock, the "Series A-3/A-4 Preferred Stock), Series B Preferred Stock, and Series B-1 Preferred Stock (together with the Series B Preferred Stock, the "Series B/B-1 Preferred Stock") of kaleo issued and outstanding immediately prior to the Effective Time (other than Rollover Shares) will be canceled and extinguished and automatically converted into the right to receive (1) the applicable Liquidation Preference, (2) the Per Share Closing Consideration and (3) the applicable Pro Rata Percentage of any Post-Closing Consideration and Contingent Consideration, in each case, in accordance with the Merger Agreement;

(iii) each share of the Series A-1 Preferred Stock of kaleo issued and outstanding immediately prior to the Effective Time shall be canceled and extinguished as of the Effective Time and automatically converted into the right to receive the applicable Liquidation Preference, in accordance with the Merger Agreement;

(iv) each share of the kaleo Common Stock issued and outstanding immediately prior to the Effective Time (other than Rollover Shares) will be canceled and extinguished and automatically converted into the right to receive (1) the Per Share Closing Consideration and (2) the applicable Pro Rata Percentage of any Post-Closing Consideration and Contingent Consideration, in each case, in accordance with the Merger Agreement;

(v) each share of common stock of Merger Sub issued and outstanding immediately prior to the Effective Time shall be converted into one (1) validly issued fully paid and nonassessable share of common stock of the Surviving Corporation and all such shares

together shall constitute the only outstanding shares of capital stock of the Surviving Corporation; and

(vi) Following the Rollover, as described below, all Rollover Shares (as defined below) that have been contributed to Holdings will be contributed to and held by Parent. All such Rollover Shares that are held by Parent as a result of the Rollover shall remain issued and outstanding.

(b) Rollover. The Merger Agreement provides that holders of shares of kaleo Capital Stock (other than shares of Series A-1 Preferred Stock) may elect, prior to the Effective Time and subject to certain conditions included in the Merger Agreement, to contribute all or a portion of their kaleo Capital Stock (other than shares of Series A-1 Preferred Stock) to Holdings in exchange for equity interests in Holdings (such shares, the "Rollover Shares"), pursuant to the terms of a Rollover Agreement, which provides for certain other contractual rights related to the Rollover Shares for the benefit of such electing holders.

6. Equity Awards. Each outstanding vested and unvested option to purchase or otherwise acquire shares of kaleo Common Stock granted pursuant to the kaleo, Inc. Amended and Restated 2009 Stock Incentive Plan of Merger or the 2020 Equity Incentive Plan (each a "kaleo Option") that is outstanding and unvested immediately prior to the Effective Time, shall vest in full as of immediately prior to the Effective Time. As of the Effective Time, each kaleo Option shall be cancelled and converted into the right to receive, in accordance with the Merger Agreement, for each share of kaleo Common Stock subject to such kaleo Option, an amount of cash (without interest) equal to the sum of (i) (A) the Per Share Closing Consideration, minus (ii) the exercise price per share attributable to such kaleo Option, as well as the applicable Pro Rata Percentage of any Post-Closing Consideration and Contingent Consideration, if and when paid.

7. Closing of kaleo's Transfer Books. At the Effective Time, holders of certificates representing shares of the kaleo Capital Stock (other than Holdings) that were outstanding immediately prior to the Effective Time shall cease to have any rights as shareholders of kaleo, and the stock transfer books of kaleo shall be closed with respect to all such shares of such capital stock outstanding immediately prior to the Effective Time. No further transfer of any such shares of the kaleo Capital Stock shall be made on such stock transfer books after the Effective Time. If, after the Effective Time, a valid kaleo stock certificate is presented to the Surviving Corporation or Parent, such kaleo stock certificate shall be cancelled and shall be exchanged pursuant to the Merger Agreement.

8. Merger Agreement. Certain terms of this Plan of Merger are dependent on facts set forth in that certain Agreement and Plan of Merger, dated as of November 28, 2021, by and among Holdings, Intermediate, Parent, Merger Sub, kaleo and Shareholder Representative Services LLC, a Colorado limited liability company (as it may be amended from time to time, the "Merger Agreement"), a copy of which is available for inspection by any holder of kaleo Capital Stock or any shareholder of Merger Sub at the principal executive offices of kaleo. In the event of any conflict between the terms of this Plan of Merger and the Merger Agreement, the Merger Agreement shall, to the fullest extent permitted by the VSCA, prevail. Capitalized terms used but not defined in this Plan of Merger shall have the meaning given in the Merger Agreement.

9. Further Assurances. If, at any time after the Effective Time, any further action is determined by Parent to be necessary or desirable to carry out the purposes of the Merger Agreement or to vest the Surviving Corporation or Parent with full right, title and possession of and to all rights and property of Merger Sub and kaleo, the officers and directors of the Surviving Corporation and Parent shall be fully authorized (in the name of Merger Sub, in the name of kaleo and otherwise) to take such action.

Amendment. At any time prior to the Effective Time, this Plan of Merger may be amended by kaleo and Parent, whether before or after receipt of the approval of the shareholders of kaleo; *provided, however*, that following approval of the Merger by the shareholders of kaleo, there shall be no amendment or change to the provisions hereof that by applicable law would require further approval by the shareholders of kaleo, including to effect any of the changes listed in §13.1-716E of the VSCA

EXHIBIT B

AMENDED AND RESTATED

ARTICLES OF INCORPORATION

OF

kaleo, Inc.

Article I

The corporation's name is kaleo, Inc.

Article II

The corporation is authorized to issue 100 shares of common stock.

Article III

The name of the corporation's initial registered agent is: CT Corporation System, which is a foreign stock corporation authorized to transact business in the Commonwealth of Virginia.

Article IV

The corporation's registered office address, including the street and number, if any, which is identical to the business office of the registered agent, is: 4701 Cox Rd STE 285, Glen Allen, VA 23060.

The registered office is located in the county of: Henrico County, VA.

Article V

The corporation's principal office address, including the street and number (if any), is: 111 Virginia Street, Suite 300, Richmond, VA 23219.

Article VI

The liability of the officers and directors of the Company for monetary damages shall be eliminated to the fullest extent under applicable law. The Company shall indemnify its directors and officers to the fullest extent not prohibited by the Virginia Stock Corporation Act, as amended from time to time (the "VSCA"), or any other applicable law; provided, however, that the Company may modify the extent of such indemnification by individual contracts with its directors and officers; and, provided, further, that the Company shall not be required to

indemnify any director or officer in connection with any proceeding (or part thereof) initiated by such person unless (i) such indemnification is expressly required to be made by law, (ii) the proceeding was authorized by the Board, (iii) such indemnification is provided by the Company, in its sole discretion, pursuant to the powers vested in the Company under the VSCA or any other applicable law, or (iv) such indemnification is required by individual contracts with directors.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 810006636

Application/License No. _____

kaleo, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 111 Virginia Street, Suite 300, Richmond, Virginia 23219 (Address of Applicant/Principal), as PRINCIPAL, and Atlantic Specialty Insurance Company (Surety Company), a corporation organized under the laws of the state of New York (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One State Street Plaza, 31st Floor, New York, NY 10004 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on November 01, 2020 (Effective Date).

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

THIS BOND is subject to the following conditions:

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

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

In witness whereof, each party to this bond has caused it to be executed on this 25th day of September, 20 20.

APPLICANT/PRINCIPAL

kaleo, Inc.

Authorized Representative

Steve Gaeta - Controller
Kaleo Inc.

SURETY COMPANY

Atlantic Specialty Insurance Company

Surety Company's Representative

Mary Y. Volmar, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Rebecca Berringer
Witness

SIGNED and SEALED in the presence of:

Marie Lett
Witness
Marie Lett

Bonnie Rice
Witness
Bonnie Rice

Countersigned by:

N/A
Nevada Resident Agent

Power of Attorney

KNOW ALL MEN BY THESE PRESENTS, that ATLANTIC SPECIALTY INSURANCE COMPANY, a New York corporation with its principal office in Plymouth, Minnesota, does hereby constitute and appoint: **Carolyn E. Wheeler, Vicki Nobinger, Mary Y. Volmar, Loretta M. Jones, Sandra King, Joy M. Williams, Bonnie L. Rice, Rachel A. Chaveriat, Julie Karnes, Sandy McElhaney, Jessica Frederick, Andrea Allman, Krystal Karnes, Linda M. Howard, Michelle Lute-Heatherly, Thelma M. Lett**, each individually if there be more than one named, its true and lawful Attorney-in-Fact, to make, execute, seal and deliver, for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof; provided that no bond or undertaking executed under this authority shall exceed in amount the sum of: **unlimited** and the execution of such bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof in pursuance of these presents, shall be as binding upon said Company as if they had been fully signed by an authorized officer of the Company and sealed with the Company seal. This Power of Attorney is made and executed by authority of the following resolutions adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the President, any Senior Vice President or Vice-President (each an "Authorized Officer") may execute for and in behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and affix the seal of the Company thereto; and that the Authorized Officer may appoint and authorize an Attorney-in-Fact to execute on behalf of the Company any and all such instruments and to affix the Company seal thereto; and that the Authorized Officer may at any time remove any such Attorney-in-Fact and revoke all power and authority given to any such Attorney-in-Fact.

Resolved: That the Attorney-in-Fact may be given full power and authority to execute for and in the name and on behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and any such instrument executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed and sealed by an Authorized Officer and, further, the Attorney-in-Fact is hereby authorized to verify any affidavit required to be attached to bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof.

This power of attorney is signed and sealed by facsimile under the authority of the following Resolution adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the signature of an Authorized Officer, the signature of the Secretary or the Assistant Secretary, and the Company seal may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing an Attorney-in-Fact for purposes only of executing and sealing any bond, undertaking, recognizance or other written obligation in the nature thereof, and any such signature and seal where so used, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, ATLANTIC SPECIALTY INSURANCE COMPANY has caused these presents to be signed by an Authorized Officer and the seal of the Company to be affixed this twenty-seventh day of April, 2020.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

By _____
Paul J. Brehm, Senior Vice President

STATE OF MINNESOTA
HENNEPIN COUNTY

On this twenty-seventh day of April, 2020, before me personally came Paul J. Brehm, Senior Vice President of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, that he is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.

ALISON DWAN NASH-TROUT
NOTARY PUBLIC - MINNESOTA
My Commission Expires
January 31, 2025

_____
Notary Public

I, the undersigned, Secretary of ATLANTIC SPECIALTY INSURANCE COMPANY, a New York Corporation, do hereby certify that the foregoing power of attorney is in full force and has not been revoked, and the resolutions set forth above are now in force.

Signed and sealed. Dated 25th day of September 2020.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

This Power of Attorney expires
January 31, 2025

_____
Kara Barrow, Secretary

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler kaleo, Inc.

Physical Address 111 Virginia Street, Ste 300

City Richmond State VA Zip 23219

Mailing Address (if different from physical address) Same As Physical Address

City _____ State _____ Zip _____

Telephone (804) 545-6360 Website www.kaleo.com

Licensing Company Email jo.greene@kaleo.com

Section 2: Personal Information

First Ann Middle _____ Last Rademacher

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

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

Mailing Address [redacted] Virginia Street, Suite [redacted]

City Richmond State VA Zip 23219

Telephone [redacted] Email ann.rademacher@kaleo.com

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

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

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

Applicant's initials AR

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

School Name		From - To (MM/YY – MM/YY)	
Fairleigh Dickinson University		9/87-5/90	
Address	**City**	**State**	**Zip**
285 Madison Ave	Madison	NJ	07940
Diploma/Degree obtained, if any			
MS Chemistry			
School Name		**From - To (MM/YY – MM/YY)**	
Mount Saint Mary College		09/78-05/82	
Address	**City**	**State**	**Zip**
330 Powell Ave	Newburgh	NY	12550
Diploma/Degree obtained, if any			
BA Biology&Chemistry			
School Name		**From - To (MM/YY – MM/YY)**	
West Morris Central High School		9/74-6/78	
Address	**City**	**State**	**Zip**
259 Bartley Road	Chester	NJ	07930
Diploma/Degree obtained, if any			
High School Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/2015-Current	[redacted]Quarry Lake Drive Apt 205	Henrico,	VA	23233
07/1998-12/2014	[redacted]Fox Hill Drive	Newtown	PA	18940
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
kaleo, Inc.			04/2014-Current	
Business Address		**City**	**State**	**Zip**
111 Virginia Street Suite 300		Richmond	VA	23219
Phone	**Title**		**Number of Employed Hours**	
(804) 545-6360	VP, Quality Assurance		14,000	
Description of Duties				
Responsible for QA Executive oversite and leadership for all phases of manufacture and distribution of regulated prescription drugs and devices. Designated Management Representative for the Company				

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

Provide explanation below:

NA

J Romanchek
Original Signature (electronic, copies or stamps not accepted)

04 MAR 2022
Date

Applicant's initials AR

I, Ann Rademacher, **certify that as the designated representative for** kaleo, Inc.,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Ann Rademacher

Print Name (First, Last)

A Rademacher

Original Signature (electronic, copies or stamps not accepted)

04 MAR 2022

Date

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

Ann Rademacher

Print Name (First, Last)

A. Rademacher — 04 MAR 2022

Original Signature (electronic, copies or stamps not accepted) — Date

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

State of PA, ss. County of Bucks

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

A. Rademacher — 3/4/22

Original Signature — **Date**

Subscribed and Sworn to before me this 4th day of March 2022

Michelle L. Viso

Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
Michelle L. Viso, Notary Public
Bucks County
My commission expires November 20, 2024
Commission number 1172078
(Seal)
Member, Pennsylvania Association of Notaries

Applicant's initials AR

4F

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Rev (04/01/2021)

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

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

Is your facility a reverse distributor? ☐ Yes ■ No

Section 1: General Information

Facility Name: MYCO Medical Supplies, Inc.

Physical Address: 2015 Production Dr.

City: Apex State: NC Zip: 27539

Mailing Address (if different from physical address): Same as above

City: _____ State: _____ Zip: _____

Telephone: 919-460-2535 Website: www.mycomedical.com

Name of Designated Representative (DR): Sanjiv Kumar

Licensing Company Email: QA@mycomedical.com DR Email: QA@mycomedical.com

Entities the Wholesaler will Serve	Products to be Distilled or Wholesaled
☒ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☒ Practitioners	☐ Controlled Substances
☒ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☒ Others:	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

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

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Section 5: Non-Publicly Traded Corporation

State of Incorporation: North Carolina

Parent Company (if any): N/A

Corporation Name: MYCO Medical Supplies, Inc.

Mailing Address: 2015 Production Dr.

City: Apex State: NC Zip: 27539

Telephone: 919-460-2535 Email: QA@mycomedical.com

Contact Person Name: Sanjiv Kumar

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

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

Sanjiv Kumar

Print Name of Authorized Person Submitting Application

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

11/19/21

Date

Board Use Only	Date Received: _____	Amount: 500 check #644441

MYCO MEDICAL
TheSharpChoice
NMSDC Certified Diversity Supplier

Bringing Reliability, Innovation and Value to Healthcare®

26 July 2021

To whom it may concern:

We are a distributor of medical devices located in the state of North Carolina. We do not participate in the manufacturer or distribution of any drugs or drug related devices. The state of North Carolina does not license or inspect medical device distributors unless the product contains a prescription drug, therefore we do not have a current inspection. Please refer to the attached letter from the North Carolina Department of Agriculture and Consumer Services for further explanation.

Please reach out with any questions.

Sincerely,

Sanjiv Kumar

Steven W. Troxler
Commissioner

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

Christina L. Waggett
Assistant Commissioner
for Consumer Protection

Anita MacMullan
Director

August 5, 2021

Myco Medical Supplies
2015 Production Drive
Apex, NC 27539

Re: In-State North Carolina Registration Requirements

To Whom It May Concern:

The North Carolina Department of Agriculture, Food and Drug Protection Division is responsible for the registration and licensing of all firms engaged in the manufacturing or wholesale distribution of prescription drugs within the state of North Carolina. Our present interpretation of our General Statutes does not require a license for the distribution of medical devices, unless that device contains a prescription drug and does not have the 510K FDA clearance. Myco Medical Supplies is a wholesale distributor for products defined by the FDA as medical devices and maintains establishment registration FEI# 1000158634 to distribute. It is my understanding that Myco Medical Supplies handles devices that would not be considered human prescription drugs, and by the classification as a medical device, Myco Medical Supplies is not required to maintain a license as a Wholesale Prescription Drug Manufacturer as required by NCGS Article 12 (Food, Drugs, and Cosmetics) §106-140.1(a) or as a Wholesale Prescription Drug Distributor as required by NCGS Article 12A (Wholesale Prescription Drug Distributors) §106-145.3 (a).

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

Sincerely,

Jeremy Evans, PharmD
Drug Administrator
Food and Drug Protection Division

4000 Reedy Creek Road
1070 Mail Service Center, Raleigh, North Carolina 27699-1070 • (919) 733-7366 • Fax (919) 733-6801
TTY: 1-800-735-2962 Voice: 1-877-735-8200
An Equal Opportunity Employer

NORTH CAROLINA
Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

MYCO MEDICAL SUPPLIES INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 2nd day of June, 1993, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 12th day of April, 2022.

Elaine F. Marshall

Secretary of State

Certification# 113101537-1 Reference# 18552533- Page: 1 of 1
Verify this certificate online at https://www.sosnc.gov/verification

Establishment Registration & Device Listing

FDA Home | Medical Devices | Databases

New Search | Back To Search Results

Establishment:
MYCO MEDICAL SUPPLIES, INC.
2015 Production Drive
Apex, NC 27539
Registration Number: 1058382
FEI Number*: 1000158634
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types. Please Review Listings For Further Information.
Date Of Registration Status: 2022

Owner/Operator:
MYCO MEDICAL SUPPLIES, INC.
2015 Production Drive
Apex, NC US 27539
Owner/Operator Number: 9007658

Official Correspondent:
Sanjiv Kumar
2015 Production Drive
Apex, NC 27539
Phone: 919-4602535

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

Page Last Updated: 03/07/2022
Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.
Language Assistance Available: Español | 繁體中文 | Tiếng Việt | 한국어 | Tagalog | Русский | العربية | Kreyòl Ayisyen | Français | Polski | Português | Italiano | Deutsch | 日本語 | فارسی | English

VERIFIED
MH 4/13/22

Officer List

Name	Title	Business Address	Date of Birth	Ownership
Sanjiv (Sam) Kumar	President & CEO	2015 Production Drive, Apex, NC 27539	[redacted]	100%

MYCO Medical Employee List *2/15/2022*

Name	***Title***
Sanjiv (Sam) Kumar	Founder & CEO
Jeffrey LaRiche	COO
Juwana Hancock	Executive Assistant/Events Management
Jackie Flynn	VP of Operations
Tim Krotchko	Director QA/RA
Kevin Kennedy	Director of Finance
Vicky Matthews	Accounting Specialist
Geoff Rohrer	Sr. IDN Director
Karen Decker	Sales Ops Manager
Kathy Demaray	Sales Consultant
Jody McLeod	Customer Service Rep
Cameron Brannon	Customer Service Rep
Rachael Griffin	Procurement Planner & Analyst
Jason McLeod	Distribution Manager
Ivy Avery	Shipping/Receiving Clerk
Veronica Adams	Shipping/Receiving Clerk
Austin Harvey	Shipping/Receiving Clerk
Debbie Negron	Documentation Administrator
Jerry Dobs	Quality Assistant
Ahmed Osman	Marketing Manager
Heather Hahn	Supplier Quality Project Manager

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler MYCO Medical Supplies, Inc.

Physical Address 2015 Production Dr.

City Apex State NC Zip 27539

Mailing Address (if different from physical address) Same as above

City _____ State _____ Zip _____

Telephone 919-460-2535 Website www.mycomedical.com

Licensing Company Email QA@mycomedical.com

Section 2: Personal Information

First Sanjiv Middle _____ Last Kumar

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

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

Mailing Address [redacted] Birk Bluff Ct.

City Cary State NC Zip 27518

Telephone [redacted] Email QA@mycomedical.com

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

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

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

Applicant's initials _____

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

School Name		From - To (MM/YY – MM/YY)	
North Carolina State University		1981-1985	
Address	**City**	**State**	**Zip**
1000 Harris Hall, Box 7313	Raleigh	NC	27695-7313
Diploma/Degree obtained, if any			
BS Electrical Engineering			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/2020-Present	[redacted] Birk Bluff Ct,	Cary	NC	27518
12/2006-08/2020	[redacted] Foy Glen Ct.	Apex	NC	27539

Applicant's initials _____

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Myco Medical			1993-Present
Business Address	**City**	**State**	**Zip**
2015 Production Dr.	Apex	NC	27539
Phone	**Title**	**Number of Employed Hours**	
919-460-2535	President/CEO	Over 6,000	
Description of Duties			
Negotiated Sales Contracts with three of the largest Hospital GPO's. Develop and maintain relationships with key suppliers worldwide. Identify new products to add to product portfolio			

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

Applicant's initials _____

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

Applicant's initials _____

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

2/16/2022
Date

Applicant's initials _____

I, Sanjiv Kumar, **certify that as the designated representative for** MYCO Medical Supplies, Inc.,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Sanjiv Kumar

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/16/2022

Date

Applicant's initials

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

Sanjiv Kumar

Print Name (First, last)

Original Signature (electronic, copies or stamps not accepted)

2/14/2022

Date

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

State of North Carolina, ss. County of Wake

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

Original Signature

2/14/22

Date

Subscribed and Sworn to before me this 14 day of February

Notary Public Signature

JUWANA R. HANCOCK NOTARY PUBLIC WAKE COUNTY, NC

(Seal)

Applicant's initials

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler MYCO Medical Supplies, Inc.

Physical Address 2015 Production Dr.

City Apex State NC Zip 27539

Mailing Address (if different from physical address) Same as above

City _____ State _____ Zip _____

Telephone 919-460-2535 Website www.mycomedical.com

Licensing Company Email QA@mycomedical.com

Section 2: Personal Information

First Sanjiv Middle _____ Last Kumar

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

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

Mailing Address [redacted] Birk Bluff Ct.

City Cary State NC Zip 27518

Telephone 919-460-2535 Email QA@mycomedical.com

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

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

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

Applicant's initials _____

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

School Name		From - To (MM/YY – MM/YY)	
North Carolina State University		1981-1985	
Address	**City**	**State**	**Zip**
1000 Harris Hall, Box 7313	Raleigh	NC	27695-7313
Diploma/Degree obtained, if any			
BS Electrical Engineering			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/2020-Present	[redacted] Birk Bluff Ct.	Cary	NC	27518
12/2006-08/2020	[redacted] Foy Glen Ct.	Apex	NC	27539
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

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

Business Name			From - To (MM/YY – MM/YY)	
Myco Medical			1993-Present	
Business Address		**City**	**State**	**Zip**
2015 Production Dr.		Apex	NC	27539
Phone	**Title**			
919-460-2535	President/CEO			

Description of Duties

Negotiated Sales Contracts with three of the largest Hospital GPO's. Develop and maintain relationships with key suppliers worldwide. Identify new products to add to product portfolio

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

Description of Duties

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

Description of Duties

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

Description of Duties

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

Description of Duties

Continue on next page if additional space is needed.

Applicant's initials _____

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

2/16/2022
Date

Applicant's initials SL

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

Sanjiv Kumar

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/16/2022

Date

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

State of North Carolina, ss. County of Wake

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

Original Signature

2/16/22

Date

Subscribed and Sworn to before me this 16 day of February

Notary Public Signature

JUWANA R. HANCOCK NOTARY PUBLIC WAKE COUNTY, NC

(Seal)

Applicant's initials

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. BND 179588N

Application/License No. _____

MYCO Medical Supplies, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 2015 Production Drive Apex, NC 27539 (Address of Applicant/Principal), as PRINCIPAL, and Westfield Insurance Company (Surety Company), a corporation organized under the laws of the state of Ohio (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Park Circle, PO Box 5001 Westfield Center, OH 44251-5001 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on October 1, 2021 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

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

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

In witness whereof, each party to this bond has caused it to be executed on this 29th day of September, 2021.

APPLICANT/PRINCIPAL

COMPANY

Authorized Representative

SURETY

Surety Company's Representative

Meredith McMillen, Attorney-in-fact
print name

SEAL

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

N/A
Nevada Resident Agent

POWER NO: 32-1124
Power of Attorney

Westfield Insurance Company

CERTIFIED COPY

1 Park Circle, PO Box 5001, Westfield Center, Ohio 44251-5001

Know All Men by These Presents, That **Westfield Insurance Company**, a corporation, hereinafter referred to individually as a "Company" duly organized and existing under the laws of the State of Ohio, and having their principal offices in Westfield Center, Medina County, Ohio, do by these presents make, constitute and appoint **Meredith McMillen** of **Raleigh** and State of **NC** its true and lawful Attorney(s)-in-Fact, with full power and authority hereby conferred in their name, place and stead, to execute, acknowledge and deliver

Bond Number: **BND 179588N**
Principal Name: **MYCO Medical Supplies, Inc.**
Obligee Name: **Nevada State Board of Pharmacy**
Bond Penalty: $ **100,000.00**

and to bind the Company thereby as fully and to the same extent as if such bond was signed by the President, sealed with the corporate seal of the applicable Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney(s)-in-Fact may do in the premises. Said appointment is made under and by authority of the following resolution adopted by the Board of Directors of the **Westfield Insurance Company**

"**BE IT RESOLVED**, that the President, any Senior Executive, any Secretary or any Surety Operations Executive or other Executive shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

The Attorney-in-Fact may be given full power and authority for and in the name of and on behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements of indemnity and other conditional or obligatory undertakings and any and all notices and documents cancelling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be as binding upon The Company as if signed by the President and sealed and attested by the Corporate Secretary."

"**BE IT FURTHER RESOLVED**, that the signature of any such designated person and the seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signatures or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached." (Each adopted at a meeting held on February 8, 2000.)

In Witness Whereof, **Westfield Insurance Company** has caused these presents to be signed by their **Senior Executive** and their corporate seal to be hereto affixed this **17th** day of **December 2019**.

By: **Gary W. Stumper,** *National Surety Leader and Senior Executive*

Affixed Corporate Seal

WESTFIELD INSURANCE COMPANY SEAL

CERTIFICATE

I, **Frank Carrino,** Secretary of the **Westfield Insurance Company**, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Company, which is still in full force and effect; and furthermore, the resolutions of the Board of Directors, set out in the Power of Attorney are in full force and effect.

In Witness Whereof, I have hereunto set my hand and affixed the seal of said Company at Westfield Center, Ohio, this **29th** day of **September**, A.D, **2021**

By: **Frank Carrino**, *Secretary*

State of Ohio
County of Medina ss:

On this **17th** day of **December**, A.D., **2019**, before me personally came **Gary W. Stumper**, to me known, who, being by me duly sworn, did depose and say, that he resides in **Hartford, CT**; that he is **National Surety Leader and Senior Executive** of **Westfield Insurance Company** the company described in and which executed the above instrument; that he knows the seal of said Company; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said Company; and that he signed his name thereto by like order.

Notarial Seal Affixed



By:
David A. Kotnik, Attorney at Law, *Notary Public*
My Commission Does Not Expire (Sec. 147.03 Ohio Revised Code)

State of Ohio
County of Medina ss.:

BPOAC4A (combined) (12-19)

4G

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Rev (08/12/2021)

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

Is your facility a reverse distributor? ☐ Yes ☑ No

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

Section 1: General Information

Facility Name: Myonex Inc

Physical Address: 100 Progress Drive

City: Horsham State: PA Zip: 19044

Mailing Address (if different from physical address): same as above

City: _____ State: _____ Zip: _____

Telephone: 610-233-3300 Website: www.myonex.com

Name of Designated Representative (DR): Anne Zanolli

Licensing Company Email: myonex@pharma.solutions DR Email: azanolli@myonex.com

Entities the Wholesaler will Service	Products to be Handled or Wholesaled
☐ Pharmacies	☑ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☑ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
☐ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☑ Others: Sponsors (developers of medications), CRO's, research labs	☐ Others:

Section 2: History of Company

		Yes	No
1.	Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2.	Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3.	Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4.	Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5.	Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

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

Section 3: List the name(s) your supplier your company has been purchasing commercial drug products that will be distributed to distributors in the past year.

Name: AmerisourceBergan
Address: 5100 Jaindl Blvd City: Bethlehem State: PA Zip: 18017

Name: Integrated Commercialization Solutions
Address: 420 International Blvd, Suite 500 City: Brooks State: KY Zip: 40109

Name: McKesson
Address: 1 John Henry Drive City: Robbinsville State: NJ Zip: 08691

Name: Retina Speciality Solutions
Address: 511 Phyllis St, Unit B City: Pensacola State: FL Zip: 32503

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

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

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Pennsylvania
Parent Company (if any): N/A
Corporation/Organization Name: Myonex Inc
Mailing Address: 100 Progress Drive
City: Horsham State: PA Zip: 19044
Telephone: 610-233-3300 Email: myonex@pharma.solutions
Contact Person Name: Anne Zanolli

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	X	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

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

James Lovett

Print Name of Authorized Person Submitting Application

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

28 Feb 2022

Date

Board Use Only	Date Received: _____	Amount: $500 Check 10495 ✓ 4/14/22

Certificate of Licensure

Certificate No. 8000003042
(A certificate starting with a number 4, 5 or 6 does not permit the posession or sale of controlled substances or prescription drugs.)

Category:

Wholesaler/Distributor

Drug & Device Registration

555 WALNUT ST
FORUM PLACE -7th FLOOR -SUITE 701
HARRISBURG, PA 17101
(717) 736-7356

MYONEX, INC.
100 PROGRESS DRIVE
HORSHAM, PA 19044

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Wholesale Prescription Drug License Act, Act #145, approved December 14, 1992.

Issuance Date: June 03, 2020
Expiration Date: The Last Day of June, 2022

Susan Coble
Deputy Secretary for Quality Assurance

pennsylvania
DEPARTMENT OF HEALTH

Alison V. Beam
Acting Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RM0387818	01-31-2023	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	12-09-2021

MYONEX INC
100 PROGRESS DRIVE
HORSHAM, PA 19044

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RM0387818	01-31-2023	$1850

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2,2N,3, 3N,4,5	DISTRIBUTOR	12-09-2021

MYONEX INC
100 PROGRESS DRIVE
HORSHAM, PA 19044

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THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

02/11/2022

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Myonex, Inc.

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

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

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

Leigh M. Chapman

Acting Secretary of the Commonwealth

Certification Number: TSC220211172109-1

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

MYONEX

Owners:

Michael Cohen, Executive Chairman
50% Ownership
Date of Birth: [redacted]
Social Security Number (SSN): [redacted]
Home Address: [redacted] Morgan Road, Rydal, PA 19046

Robert Cohen, President
30% Ownership
Date of Birth: [redacted]
Social Security Number (SSN): [redacted]
Home Address: [redacted] Mahogany Way, Lansdale, PA 19446

Trust F/B/O Michael Cohen
20% Ownership
EIN: 38-7114769
Address: 903 Morgan Road, Rydal, PA 19046

Officers:

James Lovett, CEO
Date of Birth: [redacted]
Social Security Number (SSN): [redacted]
Home Address: [redacted] Bleddyn Road, Ardmore, PA 19003

Greg Lavin, CFO
Date of Birth: [redacted]
Social Security Number (SSN): [redacted]
Home Address: [redacted] Hickory Road, Plymouth Meeting, PA 19462

Myonex Employee List

Last Name	First Name	Title
Cohen	Robby	Co-Chair & President
Cohen	Mike	Executive Chairman
Ruiz	Jamil	Master Database Manager
Beaver	Charlie	Facilities Supervisor
Walsh	Maryanne	VP, Client & Employee Engagement
Quinn	Mike	Clinical Supply Project Systems Specialist
Blane	Andrea	Senior Accountant
Anderson	Shawanna	International Procurement Specialist
Tompkins	Liz	International Logistics Supervisor
Gregoire	Andrew	VP, Business Development
Miller	Chris	Oracle Cloud System Administrator
Ingram	Michelle	Master Database Manager
Voicheck	Matt	Senior Director, Global DTS
Bullick	Rick	Senior Accountant
Zanolli	Annie	Sr. Director, Global Quality
McCarty	Anne-Marie	IT Systems Support Manager
McMahon	Susanna	Finance Manager
Sandoval	Sam	International Logistics Specialist
McCullough	Katie	Associate Client Account Manager
Lovett	James	Chief Executive Officer
Shepard	Andy	Associate Director, Business Development, Americas
Popplewell	Laraine	Sr. Quality Specialist
Heller	Walt	Clinical Supply Project Manager
Perkins	Roscoe	Lead, Warehouse Operations
Schanbacher	Laurie	Senior Quality Specialist
Gregoire	Jessica	Client Account Manager
Lavin	Greg	Chief Financial Officer
Toro	Javier	Warehouse Technician
Gormley	Meagan	Marketing and Sales Operation Associate
Collins	Tammy	Senior Office Administrator
Gironta	Meredith	Senior Manager US Warehouse Operations
Johnson	Leonard	Warehouse Technician
Toth	Jim	Warehouse Technician
Capobianco	Jeanette	Accounts Receivable Specialist
Wallace	China	Staff Accountant
Dennis	Jodi	Client Account Manager
Finore	Stephen	Procurment Associate
Rodriguez	Denise	Procurement Associate, CTES
Gill	Carol	Project Coordinator, CTES
Cleetus	Sharon	International Logistics Specialist
Moyer	Daniel	Finance Associate
Sloan	Julia	Quality Assurance Specialist
Gaidjunas	Jennifer	Clinical Supply Project Manager
Wenger	Jared	Project Coordinator, DTS
Carpenter	Nellie	Project Manager, CTRx

Hickman	Crystal	Quality Control Tech
Cunis	Olivia	HR & Front Desk Associate
Patel	Amit	Associate Director, Quality
Bhatt	Samit	Sr. Director, Clinical Trial Patient Services
Fay	Chris	Director, Finance
Motzer	Alicia	HR Manager
Liebig	Amanda	Logistics Associate
Aslam	Waqas	Computer System Validation Specialist
Bogemann	Patti	Manager, CTES
Paszterko	Daniel	Associate Director of Business Development
McBride	Darius	Accounts Payable Specialist
Nichols	Jason	Client Account Manager
Kane	Allyson	Office Manager
Pension	Vincent	Project Manager, CTES
Vanscoy	Allison	Strategic Project Manager
Dilday	Marla	Project Manager, CTES
Roberts	Lauren	Clinical Supply Project Manager
Senia	Rachel	Project Coordinator, CTES
Silverthorn	Cassidy	Quality Control Technician
Donahue	Hailey	Project Manager, CTES
Durham	Anthony	Assistant Manager, Warehouse Operations
Lentz	Derek	Project Coordinator, CTPD
Hoare	Evan	Project Coordinator, CTPS
Truong	My	Master Data Specialist
Patel	Krishna	Project Manager, Clinical Trial Patient Services
Arendt	John	Director, IT
Fitzpatrick	Timothy	Learning & Development Specialist
Shirozian	Rozet	Project Billing Coordinator
Williams	Scott	Production Supervisor
Marshall	Kyle	Business Development Associate
McPhillips	Sean	Sr. Manager, Operational Excellence
Beaudouin	Charles	Project Coordinator, CTPD
Jones	Treyvon	Logistics Associate
Patterson	Thomas	Production Quality Control Technician

Drug Establishments Current Registration Site

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

+

EMAIL (MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

New Search (default.cfm)

Search Results for **myonex**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Myonex, Inc.	3012439872	968286570	LABEL; PACK; RELABEL; REPACK;	100 Progress Drive, Horsham, Pennsylvania (PA) 19044, United States (USA)	12/31/2022

Showing 1 to 1 of 1 entries

Previous1Next

Data Current through: Sunday, Jan 23, 2022

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Myonex Inc.

Physical Address 100 Progress Drive

City Horsham State PA Zip 19044

Mailing Address (if different from physical address) same as above

City _____ State _____ Zip _____

Telephone 610-233-3300 Website www.myonex.com

Licensing Company Email myonex@pharma.solutions

Section 2: Personal Information

First Anne Middle E Last Zanolli

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

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

Mailing Address [redacted] Magnolia Lane

City Norristown, State _____ Zip 19403

Telephone 610-233-3300 Email azanolli@myonex.com

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

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

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

Applicant's initials AZ

School Name		From - To (MM/YY – MM/YY)	
Temple University		2007	
Address	City	State	Zip
425 Commerce Dr	Fort Washington	PA	19034
Diploma/Degree obtained, if any			
Master Of Science, Pharmaceuticals Quality Assurance and Regulatory Affairs.			

School Name		From - To (MM/YY – MM/YY)	
Temple University		2005	
Address	City	State	Zip
425 Commerce Dr	Fort Washington	PA	19034
Diploma/Degree obtained, if any			
Graduate Certificate, Drug Development			

School Name		From - To (MM/YY – MM/YY)	
Villanova University		2003	
Address	City	State	Zip
800 Lancaster Ave	Villanova	PA	19085
Diploma/Degree obtained, if any			
Graduate Certificate, Project Management			

School Name		From - To (MM/YY – MM/YY)	
Oregon State University		1999	
Address	City	State	Zip
601 SW 17th Street	Corvallis	OR	97331
Diploma/Degree obtained, if any			
Bachelors of Science, Biology			

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/2019 to present	[redacted] Magnolia Lane	Norristown	PA	19044
07/2018 to 06/2019	[redacted] Grant Ave	Collingswood	NJ	08107
11/2015 to 06/2018	[redacted] Ardmore Terrace	Collingswood	NJ	08108
01/2014 to 11/2015	[redacted] Sentinel Ridge	Eagleville	PA	19403
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Each Designated Representative must provide proof that s/he has been employed for at least 6,000 hours in pharmacies (NAICS 44611) or wholesalers (NAICS 42291) in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs beginning with the most recent year. List your hours of employment related to the above.

Business Name		From - To (MM/YY – MM/YY)
Myonex Inc		08/2017 to present
Business Address	**City**	**State / Zip**
100 Progress Drive	Horsham	PA 19044
Phone	**Title**	**Number of Employed Hours**
610-233-3300	Senior Director, Global Quality	
Description of Duties		
see attached resume		

Business Name		From - To (MM/YY – MM/YY)
Myoderm		01/2015 to 08/2017
Business Address	**City**	**State / Zip**
48 East Main Street	Norristown	PA 19400
Phone	**Title**	**Number of Employed Hours**
610-233-3300	Senior Manager, Quality Assurance	
Description of Duties		
see attached resume		

Business Name		From - To (MM/YY – MM/YY)
Sharp Clinical Services, Inc		07/2011 to 01/2015
Business Address	**City**	**State / Zip**
300 Kimberton Road	Phoenixville	PA 19460
Phone	**Title**	**Number of Employed Hours**
610-422-3200	Director, Quality Assurance and Compliance	
Description of Duties		
see attached resume		

Business Name		From - To (MM/YY – MM/YY)
Bilcare Global Clinical Supplies, Inc		01/2006 to 07/2011
Business Address	**City**	**State / Zip**
300 Kimberton Road	Phoenixville	PA 19460
Phone	**Title**	**Number of Employed Hours**
610-935-4300	Manager, Quality Assurance and Compliance	
Description of Duties		
see attached resume		

Business Name		From - To (MM/YY – MM/YY)
Merck & Co		11/2003 to 01/2006
Business Address	**City**	**State / Zip**
770 Sumneytown Pike	West Point	PA 19486
Phone	**Title**	**Number of Employed Hours**
215-653-6100	GMP Compliance Auditor	
Description of Duties		
see attached resume		

Continue on next page if additional space is needed.

Applicant's initials AZ

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

01 Mar 2022
Date

Applicant's initials AZ

I, Anne Zanolli, **certify that as the designated representative for**

Myonex, Inc,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Anne Zanolli

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

01mar2022

Date

Applicant's initials AZ

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

Anne Zanolli

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

01 Mar 2022

Date

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

State of Pennsylvania, ss. County of Montgomery

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

Original Signature

3/1/2022

Date

Subscribed and Sworn to before me this 1st day of March 2022

Thelma A Prasol

Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
Thelma A. Prasol, Notary Public
Montgomery County
My commission expires September 24, 2024
Commission number 1366145
Member, Pennsylvania Association of Notaries

(Seal)

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Myonex Inc

Physical Address 100 Progress Drive

City Horsham State PA Zip 19044

Mailing Address (if different from physical address) N/A

City same as above State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email myonex@pharma.solutions

Section 2: Personal Information

First Robert Middle A Last Cohen

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

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

Mailing Address [redacted] Mahogany Way

City Lansdale State PA Zip 19446

Telephone 610-233-3300 Email robby@myonex.com

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

Section 3: Military Service (NRS 622.200)

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

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

Section 4: Federally Mandated Requirement (NRS 425.520/NRS 639.129)

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

Applicant's initials PC

Section 5: (Use for high school and college experience beginning with the most current. Use a separate piece of paper if you need additional space to finish this section.)

School Name		From - To (MM/YY – MM/YY)	
Philadelphia College of Pharmacy			May 1968
Address	**City**	**State**	**Zip**
600 South 43rd Street	Philadelphia	PA	19104
Diploma/Degree obtained, if any			
Bachelor of Science, in Pharmacy.			

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

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

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

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

Section 6: List all employers, starting with the most current. (Use a separate piece of paper if you need additional space to finish this section.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
012/2008 - Present	[redacted] Mahogany Way	Lansdale	PA	19446
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 2: Beginning with the most current employment, list all work history and corporation, partnership, company other business ventures with which you have been associated (e.g., officer, director, shareholder, stockholder, partner, owner, or related capacity) within the last 10 years.

Business Name		From - To (MM/YY – MM/YY)
Myonex Inc		1987 to Present
Business Address	**City / State / Zip**	
100 Progress Drive	Horsham / PA / 19044	
Phone	**Title**	
610-233-3300	President	

Description of Duties

President of a global complete clinical trial solutions provider who, for over 30 years, has offered complete solutions to clinical trial partners. Has supported the expansion of new business service offerings to include services such as, Clinical Trial Equipment and Supplies and Clinical Trial Prescription Card, that ensure our clinical trial partners have whatever they need when and where they need it to execute a successful clinical trial, while also minimizing delays, unnecessary costs, and surprises

Business Name		From - To (MM/YY – MM/YY)
Myoderm		1987-2020
Business Address	**City / State / Zip**	
48 E Main Street	Norristown / PA / 19401	
Phone	**Title**	
610-233-3300	President / Staff Pharmacist	

Description of Duties

Owner of an independent retail pharmacy providing pharmacy operations for Montgomery County, including prescription filling and OTC products, delivery services, compounding services, capsule formulations, group home pharmacy management services, including blister card packaging and strip packaging, and patient consulting

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

Description of Duties

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

Description of Duties

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

Description of Duties

Continue on next page if additional space is needed.

Applicant's initials _____

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

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

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

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

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

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

Applicant's initials _____

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

Applicant's initials _____

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

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

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

Provide explanation below:

Robert Cole

Original Signature (electronic, copies or stamps not accepted)

03/01/2022

Date

Applicant's initials

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

Robert Cohen

Print Name (First, Last)

Robert Cohen

Original Signature (electronic, copies or stamps not accepted)

3/1/22

Date

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

State of Pennsylvania, ss. County of Montgomery

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

Robert Cohen

Original Signature

3/1/22

Date

Subscribed and Sworn to before me this 1st day of March, 2022

Thelma A Prasol

Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
Thelma A. Prasol, Notary Public
Montgomery County
My commission expires September 24, 2024
Commission number 1366145
Member. Pennsylvania Association of Notaries

(Seal)

Applicant's initials RC

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (04/22/2021)

Section 1 Pharmacy/MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Myonex Inc

Physical Address 100 Progress Drive

City Horsham State PA Zip 19044

Mailing Address (if different from physical address) N/A

City same as above State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email myonex@pharma.solutions

Section 2 Personal Information

First Michael Middle A Last Cohen

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

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

Mailing Address [redacted] Morgan Road

City Rydal State PA Zip 19046

Telephone 610-233-3300 Email mikec@myonex.com

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

Section 3 Military Service (NRS 622.201)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

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

Section 4 Federal Child Support Requirement (NRS 425.520, NRS 439.329)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials MAC

Section 15: Your Education and Training: Begin with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Pittsburgh		July 1993	
Address	**City**	**State**	**Zip**
4200 Fifth Ave	Pittsburg	PA	15260
Diploma/Degree obtained, if any			
MBA, Marketing			

School Name		From - To (MM/YY – MM/YY)	
University of Pittsburgh			April 1992
Address	**City**	**State**	**Zip**
4200 Fifth Ave	Pittsburg	PA	15260
Diploma/Degree obtained, if any			
B.S. Statistics			

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

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

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

Section 16: List all residences you have had in the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/2009-Present	[redacted]Morgan Road	Rydal	PA	19046
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your employment history and corporations, partnerships or any other business with/for which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or were self-employed within the last 10 years.

Business Name		From - To (MM/YY – MM/YY)
Myonex Inc		2017-Present
Business Address	**City**	**State / Zip**
100 Progress Drive	Horsham	PA 19044
Phone	**Title**	
610-233-3300	Chief Executive Officer (CEO)	

Description of Duties

- Provide strategic vision and direction for the company
- Manages sales and client-focused departments
- Manages Chief Operations Officer, who is responsible for finance, HR, operations, logistics, and quality

Business Name		From - To (MM/YY – MM/YY)
Myoderm		2009-2017
Business Address	**City**	**State / Zip**
48 E Main Street	Norristown	PA 19401
Phone	**Title**	
610-233-3300	Managing Director	

Description of Duties

Responsible for all operations of the company.

Business Name		From - To (MM/YY – MM/YY)
Myoderm		2001-2009
Business Address	**City**	**State / Zip**
48 E Main Street	Norristown	PA 19401
Phone	**Title**	
610-233-3300	Director of Business Development	

Description of Duties

Responsible for all sales activities for a company that supplies commercial medications and medical supplies for clinical trials.

Business Name		From - To (MM/YY – MM/YY)
Myoderm		2000-2001
Business Address	**City**	**State / Zip**
48 E Main Street	Norristown	PA 19401
Phone	**Title**	
610-233-3300	Assistant Director of Marketing and Sales	

Description of Duties

Responsible for all marketing activities for a business-to-business startup company. Developed sales training. Significant contributor to the business planning and strategy

Business Name		From - To (MM/YY – MM/YY)
Myoderm		1997-1999
Business Address	**City**	**State / Zip**
48 E Main Street	Norristown	PA 19401
Phone	**Title**	
610-233-3300	Product Manager	

Description of Duties

Responsible for managing an appliance insurance program for home appliances with$10 million in sales.
Duties include competitive analysis, pricing, advertising campaign development, market research, and customer service troubleshooting.

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties Responsible for managing marketing budget for direct mail book division with $16 million in sales. Managed an operational analyst. Responsible for marketing analysis for direct mail division of a publisher. Managed analysis of promotional sales, profitability, testing, and backend results.			

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

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

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

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

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

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

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

2/28/2022

Date

Applicant's initials MAC

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

Michael Cohen

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/28/2022

Date

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

State of Pennsylvania, ss. County of Montgomery

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

Original Signature

2/28/2022

Date

Subscribed and Sworn to before me this 28th day of February 2022

Helmant Prasad

Notary Public Signature

(Seal)

Applicant's initials MAC

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. **999158565**

Application/License No. _____

Myonex, Inc.

Applicant/Principal,

doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 100 Progress Drive, Horsham, PA 19044

Address of Applicant/Principal,

as PRINCIPAL, and Liberty Mutual Insurance Company (Surety Company), a corporation organized under the laws of the state of Massachusetts (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is

175 Berkeley Street, Boston, Massachusetts 02116

Address of Surety

as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on February 9, 2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.

(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.

(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.

(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.

(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.

(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.

(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

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

In witness whereof, each party to this bond has caused it to be executed on this 9th day of February, 2022.

APPLICANT/PRINCIPAL

COMPANY

Authorized Representative

SURETY COMPANY

Surety Company's Representative

Thelma M. Lett, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Andrea Allman

Witness Jessica K Frederick

Countersigned by:

N/A
Nevada Resident Agent

Posted February 20, 2020

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual. SURETY

Liberty Mutual Insurance Company

POWER OF ATTORNEY

Principal: Myonex, Inc.
Agency Name: Marsh USA, Inc. (NSC) Bond Number: 999158565
Obligee: Nevada State Board of Pharmacy
Bond Amount: ($100,000.00) One Hundred Thousand Dollars And Zero Cents

KNOW ALL PERSONS BY THESE PRESENTS: that Liberty Mutual Insurance Company, a corporation duly organized under the laws of the State of Massachusetts (herein collectively called the "Company"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint **Thelma M. Lett** in the city and state of **Knoxville, TN**, each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Company in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Company and the corporate seal of the Company has been affixed thereto this 26th day of September, 2016.

Liberty Mutual Insurance Company

By: _____
David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA
COUNTY OF MONTGOMERY ss

On this 26th day of September, 2016, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-law and Authorizations of Liberty Mutual Insurance Company, which is now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature or electronic signatures of any assistant secretary of the Company or facsimile or mechanically reproduced or electronic seal of the Company, wherever appearing upon a certified copy of any power of attorney or bond issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of Liberty Mutual Insurance Company do hereby certify that this power of attorney executed by said Company is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Company this 9th day of February, 2022.

By: _____
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

Liberty Mutual. SURETY

LIBERTY MUTUAL INSURANCE COMPANY

FINANCIAL STATEMENT — DECEMBER 31, 2020

Assets

Cash and Bank Deposits	$2,058,007,542
*Bonds — U.S Government	2,209,760,437
*Other Bonds	15,902,755,586
*Stocks	18,517,107,230
Real Estate	193,169,809
Agents' Balances or Uncollected Premiums	6,970,170,469
Accrued Interest and Rents	118,399,147
Other Admitted Assets	12,079,597,645
Total Admitted Assets	**$58,048,967,865**

Liabilities

Unearned Premiums		$8,448,706,991
Reserve for Claims and Claims Expense		23,879,216,613
Funds Held Under Reinsurance Treaties		343,068,613
Reserve for Dividends to Policyholders		1,192,716
Additional Statutory Reserve		77,397,000
Reserve for Commissions, Taxes and Other Liabilities		6,279,510,804
Total		**$39,029,092,737**
Special Surplus Funds	$178,155,102	
Capital Stock	10,000,075	
Paid in Surplus	10,945,045,214	
Unassigned Surplus	7,886,674,737	
Surplus to Policyholders		**19,019,875,128**
Total Liabilities and Surplus		**$58,048,967,865**

LIBERTY MUTUAL INSURANCE COMPANY INCORPORATED 1912 MASSACHUSETTS

* Bonds are stated at amortized or investment value; Stocks at Association Market Values.
The foregoing financial information is taken from Liberty Mutual Insurance Company's financial statement filed with the state of Massachusetts Department of Insurance.

I, TIM MIKOLAJEWSKI, Assistant Secretary of Liberty Mutual Insurance Company, do hereby certify that the foregoing is a true, and correct statement of the Assets and Liabilities of said Corporation, as of December 31, 2020, to the best of my knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation at Seattle, Washington, this 25th day of March, 2021.

T A Mikolajewski

Assistant Secretary

4H

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Rev (08/12/2021)

Where is the facility located?	☐ Nevada ☑ Out-of-State
Is your facility a reverse distributor?	☐ Yes ☑ No

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ☑ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: ~~WH~~ MP01415	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☑ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: OrthogenRx, Inc

Physical Address: 2005 South Easton Road, Suite 207

City: Doylestown State: PA Zip: 18901

Mailing Address (if different from physical address): (same)

City: State: Zip:

Telephone: 267-953-4645 Website: www.orthogenrx.com

Name of Designated Representative (DR): Gregory J. Kornhaber, Director of Quality

Licensing Company Email: info@orthogenrx.com DR Email: info@orthogenrx.com

Entities the Wholesaler will Serve	**Products to be Handled or Wholesaled**
☐ Pharmacies	☑ Legend Pharmaceuticals, Supplies or Devices
☑ Practitioners	☐ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
☑ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

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

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Please see the attached.

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Pennsylvania

Parent Company (if any): Avent, Inc.

Corporation/Organization Name: OrthogenRx, Inc

Mailing Address: 2005 South Easton Road, Suite 207

City: Doylestown State: PA Zip: 18901

Telephone: 267-953-4645 Email: info@orthogenrx.com

Contact Person Name: Gregory J. Kornhaber, Director of Quality

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

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

Gregory J. Kornhaber, Director of Quality

Print Name of Authorized Person Submitting Application

Gregg J. Kohler

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

02/28/2022

Date

Board Use Only	Date Received: _____	Amount: _____

Attachment to OrthogenRx, Inc.'s Out-of-State Wholesaler Ownership Change Application (Nevada Board of Pharmacy)

2022 Ownership Change

On December 13, 2021, OrthogenRx, Inc., signed an agreement with Avent, Inc., to sell 100% of its business. The transaction closed on January 20, 2022. OrthogenRx, Inc., has now become a wholly-owned subsidiary of Avent, Inc.

OrthogenRx, Inc's Tax ID and DUNS number remain the same. OrthogenRx, Inc., will remain the company name and will continue to do business at the present location.

Parent Company (100% Ownership)

Avent, Inc.
5404 Windward Parkway
Alpharetta, GA 30004
Contact: Angela Cushman, angela.cushman@avanos.com
Telephone: 470-448-5077
Tax ID: 11-2162477

Corporate Officers

Name	Title	Residence
Angela Cushman	Senior Vice President, QA/RA	[redacted]Taylor Glen Drive Milton, GA 30004
Bill Haydon	Senior Vice President & General Manager	[redacted]Henley Way Alpharetta, GA 30009
Kenneth S. Long	Vice President – Market Access & Key Accounts	[redacted]West Bridgford Drive Cary, NC 27518

Section 3 – Top Suppliers

3PL

Cardinal Health Specialty Pharmaceutical Services
501 Mason Road
LaVergne, TN 37086
Contact: Cynthia Rhodes
Phone: 614-553-3076

CMO

Meiji Pharma Spain, S.A.
Avda. de Madrid 94.
Alcalá de Henares 28802
(Madrid) Spain
+34-1-887-09-80
FDA Establishment Registration & Device Listing 3003184440

Facility Employees

First Name	Last Name
John David	Owens
Lynne	Budnovich
Gregory	Kornhaber
Susan	Brussock
Lawrence	Nielsen
Nicholas	Heller
Ingrid	Moya-Ramirez
Rokiatou	Dembele
Jane	Bickel

Pennsylvania Department of Health

Drug, Device and Cosmetic Program Public Lookup

Enter the 10-digit Certificate Number or Registrant's Name (or first few letters).

Lookup

Description of Certificate Categories

You may contact our office at (717) 787-4779 if the Certificate Number/Registrant you are researching is not found.

- **OrthogenRX, Inc.** 2005 South Easton Road Suite 207; Doylestown, PA 18901
  Certificate(s): **9500000070** issued: 1/12/2016 expires: 1/31/2023

Back to DD&C Home

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Assembly Version 4.0.18274.4
Database Version Could not retrieve database version. Check that the database is registered as a Data-tier Application.

Certificate of Record

Certificate No. 9500000070

Drug & Device Registration

555 WALNUT ST
FORUM PLACE -7th FLOOR -SUITE 701
HARRISBURG, PA 17101
(717) 787-4779

Category:

Office/Corporate Location
No product onsite

ORTHOGENRX, INC.
2005 SOUTH EASTON ROAD
SUITE 207
DOYLESTOWN, PA 18901

The above business is recognized by the Department of Health as an entity that is doing business in the Commonwealth of Pennsylvania related to pharmaceuticals, medical devices, or cosmetics for which said entity **does not** physically handle, possess, transfer, manufacture, distribute, or retail pharmaceuticals, medical devices or cosmetics at the location on the certificate of record.

Issuance Date: January 12, 2016

Expiration Date: The Last Day of January, 2022

Susan Coble
Deputy Secretary for Quality Assurance

pennsylvania
DEPARTMENT OF HEALTH

Rachel L. Levine, MD
Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

01/24/2022

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

OrthogenRx, Inc.

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

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

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

Leigh M. Chapman

Acting Secretary of the Commonwealth

Certification Number: TSC220124090339-1

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

Establishment Registration & Device Listing

New Search | Back To Search Results

Establishment:
ORTHOGENRX, INC
2005 S EASTON RD STE 207
Doylestown, PA 18901
Registration Number: 3011402886
FEI Number*: 3011402886
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types.
Please Review Listings For Further Information.
Date Of Registration Status: 2022

Owner/Operator:
Avanos Medical, Inc.
5405 Windward Parkway
Alpharetta, GA US 30004
Owner/Operator Number: 2022573

Official Correspondent:
Leah Papp
5405 Windward Parkway
Alpharetta, GA 30004
Phone: 1-908-2291744

Verified ms 3/30/22

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

Page Last Updated: 03/28/2022
Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.
Language Assistance Available: Español | 繁體中文 | Tiếng Việt | 한국어 | Tagalog | Русский | العربية | Kreyòl Ayisyen | Français | Polski | Português | Italiano | Deutsch | 日本語 | فارسی | English

Explanation of Alabama Consent Decree

OrthogenRx Inc. ("OrthogenRx") renewed its license in Alabama in December 2020 showing changes in their shareholder's percentages. The renewal was not approved before the expiry date of Dec. 31, 2020. OrthogenRx was unaware and continued to ship product into Alabama. Alabama contacted OrthogenRx after the first of the year and requested clarification of the ownership percentages. Alabama then requested a change of ownership application, which was filed on March 8, 2021.

Alabama determined that OrthogenRx was selling their product in Alabama without a license during the 3-month time between the renewal and the license reinstatement and assessed a fine. The events were reviewed in Alabama between OrthogenRx's attorneys and the Alabama Board. The Consent Order was not finalized until November 2021. It was received by OrthogenRx in December 2021.

Fee Fine Payment Receipt

Payment Receipt

Transaction on : 12/07/2021

Order Id : 20211207000001076

Name : Susan Brussock

Card # : **********049

Fee Amount : $ 1500.00

Transaction Fee : $ 60.00

Total : $ 1560.00

Office: 111 Village Street Birmingham, AL 35242 **Voice:** 205-981-2280 **OFFICE HOURS:** 8:00AM - 4:00PM CST Privacy Policy (https://www.i3verticals.com/privacypolicy)

OrthogenRx, Inc., p. 16

DocuSign Envelope ID: C729FB30-E793-4AD5-9B9B-DB8A160CFB73

IN THE MATTER OF:	)	**BEFORE THE ALABAMA**
	)	**STATE BOARD OF PHARMACY**
ORTHOGENRX, INC	)	
	)	**CASE NO: 21-L-0082**
Private Label Distributor Virtual	)	
Permit No.: 195559	)	

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Orthogenrx, Inc, which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement"), alleging violations of the Alabama Pharmacy Practice Act. These allegations with particularity are set out in the Statement which is attached hereto as **Exhibit "A."**

Prior to a hearing in this cause, and pursuant to Code of Alabama (1975) §41-22-12(f), the Board through its counsel and Orthogenrx, Inc, through its counsel, engaged in negotiations and as a result, the matters at issue were resolved informally by the parties who agreed to the entry of this Consent Order which includes the following terms:

1. The Board finds that Orthogenrx, Inc violated the applicable provisions of law based upon the conduct set out in Count One of the Statement.

2. Orthogenrx, Inc shall pay to the Board an administrative fine in the amount of One Thousand Five Hundred dollars ($1,500.00) within thirty (30) days of the effective date of this Order which is the date it is executed on behalf of the Board. This obligation of payment to the Board shall not be dischargeable in bankruptcy and Orthogenrx, Inc shall not attempt to discharge the same in any bankruptcy proceeding.

3. That Orthogenrx, Inc expressly waives its rights pursuant to the Alabama

OrthogenRx, Inc., p. 17

DocuSign Envelope ID: C729FB30-E793-4AD5-9B9B-DB8A160CFB73

Pharmacy Practice Act, the Alabama Administrative Procedures Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. Orthogenrx, Inc further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

4. By execution of this Consent Order, Orthogenrx, Inc hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

5. Orthogenrx, Inc acknowledges and agrees that any future violation of the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rules and regulations of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against Orthogenrx, Inc's permit, including, but not limited to revocation.

6. That Orthogenrx, Inc acknowledges, stipulates and agrees that it has read this Consent Order and that it fully understands the terms, conditions and contents of the same. Orthogenrx, Inc acknowledges, stipulates and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is

DocuSign Envelope ID: C729FB30-E793-4AD5-9B9B-DB8A160CFB73

signing this Consent Order on the advice of their attorney.

DONE this the 26th day of October, 2021.

Orthogenrx, Inc

By: Juliet M. McBride
Its: Attorney

Juliet M. McBride, Attorney for
Orthogenrx, Inc

DONE this the 4th day of NOVEMBER, 2021.

ALABAMA STATE BOARD OF PHARMACY

By:
Brenda Denson, PharmD, President

By:
James S. Ward
Its Attorney

WARD & COOPER, LLC
2100 Southbridge Parkway
Suite 645
Birmingham, Alabama 35209
(205) 871-5404

DocuSign Envelope ID: C729FB30-E793-4AD5-9B9B-DB8A160CFB73

EXHIBIT "A"

IN THE MATTER OF:	)	**BEFORE THE ALABAMA**
	)	**STATE BOARD OF PHARMACY**
ORTHOGENRX, INC	)	
	)	**CASE NO: 21-L-0082**
Private Label Distributor Virtual	)	
Permit No.: 195559	)	

STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: OrthogenRx, Inc
2005 South Easton Road
Suite 207
Doylestown, Pennsylvania 18907

Pursuant to the provisions of Code of Alabama (1975), § 34-23-34 and § 34-23-92 (12) and Code of Alabama (1975), § 41-22-12, you are hereby notified and requested to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on November 10, 2021 at 8:00 a.m., at the State Board of Pharmacy Conference Room, 111 Village Street, Birmingham, Alabama 35242 and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine why OrthogenRx, Inc's Private Label Distributor permit in this State should not be revoked, suspended or placed on probation or a monetary penalty imposed in that it is alleged that OrthogenRx, Inc has been guilty of the following, to wit:

COUNT ONE

Violating Code of Alabama (1975), § 34-23-32(2)(a), (d) and/or (f) by engaging in activities in Alabama requiring a permit during January, February and/or March, 2021 without a current or valid permit to do so.

At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-

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examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

Dated this the 18th day of May, 2021.

ALABAMA STATE BOARD OF PHARMACY

By: Donna C. Yealman
Executive Secretary

OrthogenRx, Inc., p. 21

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler OrthogenRx, Inc.

Physical Address 2005 South Easton Road, Suite 207

City Doylestown State PA Zip 18901

Mailing Address (if different from physical address) Same)

City _____ State _____ Zip _____

Telephone 267-953-4645 Website www.orthogenrx.com

Licensing Company Email info@orthogenrx.com

Section 2: Personal Information

First Gregory Middle Jason Last Kornhaber

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

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

Mailing Address [redacted] Stanton Road

City Flemington State NJ Zip 08822

Telephone [redacted] Email info@orthogenrx.com

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

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

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

Applicant's initials _____

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

School Name		From - To (MM/YY – MM/YY)	
Rutgers - UMDNJ Joint Biological Sciences Program		2005	
Address	**City**	**State**	**Zip**
Piscataway, NJ			
Diploma/Degree obtained, if any			
Ph.D., Biochemistry			

School Name		From - To (MM/YY – MM/YY)	
State University of New York at Albany		1993	
Address	**City**	**State**	**Zip**
Albany NY			
Diploma/Degree obtained, if any			
B.Sc., Biochemistry			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/21 - present	[redacted]Stanton Road	Flemington	NJ	08822
6/05 - 5/2021	[redacted] Old Croton Road	Flemington	NJ	08822
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
OrthogenRx, Inc.			2017 - Present
Business Address	**City**	**State**	**Zip**
2005 South Easton Road, Suite 207. Doylestown, PA 18901			
Phone	**Title**		**Number of Employed Hours**
			40+ hours/weekly
Description of Duties			
Quality auditor, reviewer, compliance assessments, Project manager for medical device development			

Business Name			From - To (MM/YY – MM/YY)
Nexomics Biosciences, Inc.			2014 - 2017
Business Address	**City**	**State**	**Zip**
Bordentown, NJ			
Phone	**Title**		**Number of Employed Hours**
			40+ hours/weekly
Description of Duties			
Co-negotiated a strategic partnership agreement with a leading provider of stable isotope labeled molecules			

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

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

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

Continue on next page if additional space is needed.

Applicant's initials 

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

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

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

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

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

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

Applicant's initials _____

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

Applicant's initials _____

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

02/28/2022
Date

Applicant's initials

I, Gregory J. Kornhaber, **certify that as the designated representative for**

OrthogenRx, Inc.,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Gregory J. Kornhaber

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02/28/2022

Date

Applicant's initials

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

Gregory J. Kornhaber
Print Name (First, Last)

Gregory J. Kornhaber
Original Signature (electronic, copies or stamps not accepted)

02/28/2022
Date

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

State of _____, ss. County of _____

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

Gregory J. Kornhaber
Original Signature

03/22/2022
Date

Subscribed and Sworn to before me this 22nd day of March.

Kathleen Shebest
Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
KATHLEEN SHEBEST - Notary Public
Bucks County
My Commission Expires February 21, 2026
Commission Number 1222303

(Seal)

Applicant's initials GJK

Gregory J. Kornhaber, Ph.D.

[redacted]
[redacted]@comcast.net

[redacted] Stanton Road
Flemington, NJ 08822

Experience:

Feb 2017 – present **Director of Quality & Alliances**
OrthogenRx, Inc., Doylestown, PA

- Quality auditor of contract manufacturers in US, Asia, Europe, and Mexico for 21 CFR 820 compliance
- Quality auditor of 3PL medical device warehousing & distribution service providers
- Quality reviewer of medical device manufacturing batch and release records
- Medical device Complaint assessments, trend analyses, and investigations
- Establish and review quality agreements with suppliers
- Co-inventor of a novel medical device. Patent pending. WIPO published.
- Project managing the efforts of some 8 medical device development firms (e.g., manufacturing, biocompatibility, extractables and leachables, engineering, performance, human factors, and package testing)

Jan 2014 – Jan 2017 **Chief Operations Officer / Head of Business Development**
Nexomics Biosciences, Inc., Bordentown, NJ

- Co-negotiated a strategic partnership agreement with a leading provider of stable isotope labeled molecules
- Secured and managed fee-for-service research projects for established biotech and pharmaceutical clientele
- Crafted creative financing arrangements including leasing agreements on instrumentation, and outsourcing payroll to reduce costs
- Co-authored business plan that won partially supported space in a tech incubator

Jun 2009 – Jan 2014 **Assistant Research Professor – Structural Biology**
Northeast Structural Genomics Consortium (NESG) & Rutgers University, Piscataway, NJ

- Managed over 30 protein structure determination projects across multiple internal and external technical teams: Bioinformatics, Molecular Biology, Protein Expression, Protein Purification, Quality Control, X-ray crystal screening, NMR, and Validation
- Effectively managed collaborations with scientists across wide geographic area, resulting in 9 publications

Aug 2007 – May 2009 **Associate Director of Business Development**
ExSAR Corp., Monmouth Junction, NJ

- Negotiated $1.2MM in fee-for-service sales relating to patent-protected drug target validation technology – Hydrogen-Deuterium Exchange mass spectrometry (H/D-Ex)
- Significant contributions to a small molecule IND application pertaining to a pharmacological chaperone for the treatment of late-onset Tay-Sachs disease
- Published widely cited work in the pharmacological chaperone space

Aug 2005 – Jul 2007 **NJCST Industrial Postdoctoral Fellow**
ExSAR Corp., Monmouth Junction, NJ

- Conducted investigations into the therapeutic mechanism of pharmacological chaperones for the treatment of lysosomal storage disorders by H/D-Ex
- Regularly performed target validation screens of lead compounds for their ability to bind and stabilize defective enzymes

Aug 1997 – Aug 2005 **Graduate Student, Biomolecular NMR and Informatics**
Rutgers/UMDNJ, Piscataway, NJ

- Became proficient in all phases of the protein NMR structure determination pipeline, including cloning, FPLC purification, data collections and analysis, and structure refinement
- Wrote PERL programs to mine the Protein Data Base and BioMagResBank: used the resulting data to construct an algorithm for the prediction of cysteine and histidine coordinated metals

Sep 1993 – Aug 1997 **Research Associate, Molecular Biology**
ImClone Systems Inc., New York, NY

- Isolated and cloned novel intracellular kinases from mouse and human cDNA libraries
- Humanized therapeutic mouse monoclonal antibodies so as to reduce immunogenicity in humans

Awards & Fellowships:

2018 OrthogenRx President's Award for product development contributions
2011 New Jersey Economic Development Authority small business grant towards Nexomics' lease of incubator space
2006 Journal of Biomolecular NMR top five most highly accessed article over a 90-day period
2005 New Jersey Commission on Science and Technology two-year Postdoctoral Training Fellowship Award

Education:

Ph.D., Biochemistry (**2005**) Rutgers - UMDNJ Joint Biological Sciences Program, Piscataway, NJ
B.Sc., Biochemistry (**1993**) State University of New York at Albany, Albany NY

Professional Development:

Regulatory Education for Industry (REdI) FDA Conferences: Fall 2017, Spring 2018, and Spring 2019
E-Lab NYC (2015) 6-month intensive entrepreneurship training program for life sciences professionals

Guest Speaking Engagements:

2017 Princeton University Innovation Center, "A system to use nuclear magnetic resonance to analyze equine biological fluids"
2006 University of Alberta, Protein Misfolding Symposium, "Hydrogen Deuterium Exchange Mass Spectrometry; a tool for studying protein conformation"
2005 New Jersey Commission on Science and Technology, presenting on the NJCST fellowship program.

Volunteerism:

2018 – 2021 Religious Education Committee Clerk - Solebury Friends Meeting First Day School
2014 – 2015 Co-chair - American Chemical Society North Jersey NMR Topical Group
2011 – 2013 Student Mentor - Rutgers School of Arts and Sciences Honors Program (SASHP)

Patents

W02021126767, INTRA-ARTICULAR NEEDLE PLACEMENT DEVICE AND METHOD OF USING, Kornhaber, G.K., Toledo-Velasquez, D., filed DEC2020

Publications:

1. Harish, B., Swapna, G. V. T., **Kornhaber, G. J.**, Montelione, G. T., & Carey, J. (2017). Multiple helical conformations of the helix - turn - helix region revealed by NOE - restrained MD simulations of tryptophan aporepressor, TrpR. Proteins: Structure, Function, and Bioinformatics, 85, 731-740

2. Vorobiev S.M., Gensler Y., Vahedian-Movahed H., Seetharaman J., Su M., Huang J.Y., Xiao R., **Kornhaber G.,** Montelione G.T., Tong L., Ebright R.H., Nickels B.E. (2014). Structure of the DNA-binding and RNA-polymerase-binding region of transcription antitermination factor λQ. Structure. 22, 488-495

3. Bjelic, S., Kipnis, Y., Wang, L., Pianowski, Z., Vorobiev, S., Su, M., Seetharaman, J., Xiao, R., **Kornhaber, G.**, Hunt, J.F., et al. (2014). Exploration of alternate catalytic mechanisms and optimization strategies for retroaldolase design. J Mol Biol 426, 256-271

4. Meng, L., Forouhar, F., Thieker, D., Gao, Z., Ramiah, A., Moniz, H., Xiang, Y., Seetharaman, J., Milaninia, S., Su, M., **Kornhaber G.,** et al. (2013). Enzymatic basis for N-glycan sialylation: structure of rat alpha2,6-sialyltransferase (ST6GAL1) reveals conserved and unique features for glycan sialylation. J Biol Chem 288, 34680-34698

5. Neklesa, T.K., Noblin, D.J., Kuzin, A., Lew, S., Seetharaman, J., Acton, T.B., **Kornhaber, G.,** Xiao, R., Montelione, G.T., Tong, L., et al. (2013). A bidirectional system for the dynamic small molecule control of intracellular fusion proteins. ACS Chem Biol 8, 2293-2300

6. Procko, E., Hedman, R., Hamilton, K., Seetharaman, J., Fleishman, S.J., Su, M., Aramini, J., **Kornhaber, G.**, Hunt, J.F., Tong, L., et al. (2013). Computational design of a protein-based enzyme inhibitor. J Mol Biol 425, 3563-3575

7. Richter F., Blomberg R., Khare S.D., Kiss G., Kuzin A.P., Smith A.J.T., **Kornhaber G.J.**, Hunt J.F., Montelione G.T., Tong L., Houk K.N., Hilvert D., Baker D. (2012). Computational design of catalytic dyads and oxyanion holes for ester hydrolysis. Journal of the American Chemical Society 134:16197-206

8. Xiao R., Anderson S., Aramini J., Belote R., Buchwald W.A., Ciccosanti C., Conover K., Everett J.K., Hamilton K., Huang Y.J., Janjua H., Jiang M., **Kornhaber G.J.**, et al. (2010). The high-throughput protein sample production platform of the Northeast Structural Genomics Consortium. Journal of Structural Biology 172:21-33

9. Zhao L., Zhao K.Q., Hurst R., Slater M.R., Acton T.B., Swapna G.V., Shastry R., **Kornhaber G.J.**, Montelione G.T. (2010). Engineering of a wheat germ expression system to provide compatibility with a high throughput pET-based cloning platform. Journal of Structural and Functional Genomics 11:201-209.

10. Maegawa G.H., Tropak M.B., Buttner J.D., Rigat B.A., Fuller M., Pandit D., Tang L., **Kornhaber G.J.**, Hamuro Y., Clarke J.T., Mahuran D.J. (2009). Identification and

characterization of ambroxol as an enzyme enhancement agent for Gaucher disease. Journal of Biological Chemisty 284:23502-23516

11. **Kornhaber, G.J.**, Tropak, M.B., Maegawa G.H., Tuske, S.J., Coales, S.J., Mahuran, D.J., and Hamuro, Y. (2008). Isofagomine induced stabilization of glucocerebrosidase. Chembiochem 16:2643-2649

12. Tropak, M.B., **Kornhaber, G.J.**, Rigat, B.A., Maegawa G.H., Butter, J., Blanchard, J.E., Murphy, C., Tuske, S.J., Coales, S.J., Hamuro, Y., Brown, E., and Mahuran, D.J. (2008). Identification of pharmacological chaperones for Gaucher disease and characterization of their effects on β-Glucocerebrosidase by hydrogen/deuterium exchange mass spectrometry. Chembiochem 16:2650-2662

13. **Kornhaber, G. J.**, Snyder, D., Mosely, H. N. B., and Montelione, G. T. (2006). Analysis of 13Cα and 13Cβ chemical shift distributions for Cysteine, Cystine, and zinc ligated Cysteine. Journal of Biomolecular NMR 34:259-269

14. Ramelot, T. A., Cort, J. R., Goldsmith-Fischman, S., **Kornhaber, G. J.**, Xiao, R., Shastry, R., Acton, T. B., Honig, B., Montelione, G. T., and Kennedy, M. A. (2004). Solution NMR structure of the iron-sulfur cluster assembly protein U (IscU) with zinc bound at the active site. Journal of Molecular Biology 344:567-583

15. Wunderlich, Z., Acton, T. B., Liu, J. F., **Kornhaber, G.**, Everett, J., Carter, P., Lan, N., Echols, N., Gerstein, M., Rost, B., and Montelione, G. T. (2004). The protein target list of the Northeast Structural Genomics Consortium. Proteins - Structure Function and Bioinformatics 56:181-187

16. Pytowski, B., Hicklin, D. J., **Kornhaber, G.**, Dellaratta, D. V., and Witte, L. (1998). Identification and initial characterization of mSLK, a murine member of the Ste20 family of kinases. Archives of Biochemistry and Biophysics 359:310-319

RIDER

To be attached to and form part of:

Bond Number 022231117

dated June 1, 2021

issued by the LIBERTY MUTUAL INSURANCE COMPANY

in the amount of $ 100,000.00

on behalf of AVANOS MEDICAL, LLC
(Principal)

and in favor of THE NEVADA STATE BOARD OF PHARMACY
(Obligee)

Now therefore, it is agreed that in consideration of the premium charged, the attached bond shall be amended as follows:

The Principal shall be amended:

FROM: AVANOS MEDICAL, LLC

TO: AVANOS MEDICAL, LLC. & ORTHOGENRX, INC.

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This Rider is to be Effective this 8th day of March, 2022.

Signed, Sealed & Dated this 8th day of March, 2022.

AVANOS MEDICAL, LLC.
(Principal)

By: _____

ORTHOGENRX, INC.
(Principal)

By: _____

LIBERTY MUTUAL INSURANCE COMPANY
(Surety)

By: _____
Terri L. Morrison, Attorney-in-Fact

Liberty Mutual. SURETY

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: **8205692-022011**

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Amanda George, Andrea M. Penaloza, Donna L. Williams, Erin M. Dennison, Gina A. Rodriguez, Lisa A. Ward, Lupe Tyler, Michael J. Herrod, Misty Wright, Terri L. Morrison, Vanessa Dominguez

all of the city of Houston state of TX each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 3rd day of June, 2021.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 3rd day of June, 2021 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notariel seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Ceray, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 8th day of March, 2022.

By: _____
Renee C. Llewellyn, Assistant Secretary

LMS-12873 LMIC OCIC WAIC Multi Co 02/21

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 022231117

Application/License No. _____

AVANOS MEDICAL, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 6620 South Memorial Place Tucson, AZ 85756 (Address of Applicant/Principal), as PRINCIPAL, and LIBERTY MUTUAL INSURANCE COMPANY (Surety Company), a corporation organized under the laws of the state of MA (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 175 Berkeley Street Boston, MA 02116 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on June 1, 2021 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

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

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

In witness whereof, each party to this bond has caused it to be executed on this 1st day of June, 2021.

APPLICANT/PRINCIPAL
AVANOS MEDICAL, LLC

COMPANY

Authorized Representative

SURETY
LIBERTY MUTUAL INSURANCE COMPANY

Surety Company's Representative

Terri L. Morrison, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Gina Rodriguez

Witness Andrea M. Penaloza

Countersigned by:

Nevada Resident Agent #508762

Posted February 20, 2020

Liberty Mutual. SURETY

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No 8204263-022011

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Amanda George, Andrea M Penaloza, Donna L Williams, Erin M Dennison, Gina Rodriquez, Lisa A. Ward, Lupe Tyler, Melissa L. Fortier, Michael J. Herrod, Misty Wright, Terri L. Morrison, Vanessa Dominguez

all of the city of Houston state of TX each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 16th day of September, 2020.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 16th day of September, 2020 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Teresa Pastella, Notary Public
Upper Merion Twp., Montgomery County
My Commission Expires March 28, 2021
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 15 day of June 2021

By: _____
Renee C. Llewellyn, Assistant Secretary

LMS-12873 LMIC OCIC WAIC Multi Co_8/20

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

☐ **Return document by mail to:**

Name RETURN PER INSTRUCTIONS ON EXPEDITE FORM

Address

City State Zip Code

☐ **Return document by email to:** _____

Statement of Merger

DSCB:15-335

TCO220120XX0151

Read all instructions prior to completing.

Fee: $70 plus $40 for *each* association that is a party to the merger
The minimum amount to be submitted with this filing is $150

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 335 (relating to Statement of merger), the undersigned, desiring to effect a merger, hereby states that:

A. For the surviving association:

1. The name of the surviving association is: OrthogenRx, Inc.
2. The jurisdiction of formation of the surviving association: Pennsylvania
3. The type of association of the surviving association is (check only one):

- ☑ Business Corporation
- ☐ Nonprofit Corporation
- ☐ Limited Liability Company
- ☐ Limited Partnership
- ☐ Limited Liability (General) Partnership
- ☐ Limited Liability Limited Partnership
- ☐ Business Trust
- ☐ Professional Association
- ☐ Other _____

PA DEPT OF STATE
JAN 20 2022

DSCB:15-335–2

4. The surviving association is a (check only one box, provide address and follow instructions for attachments):

☑ Domestic (Pennsylvania) filing entity already in existence on Department of State records
If applicable, attach to this Statement any amendment to its public organic record approved as part of the plan of merger.

☐ NEW domestic (Pennsylvania) filing entity (includes limited liability limited partnership)
Attach to this Statement the public organic record of the new entity.

☐ Foreign filing association or foreign limited liability partnership already registered with the Department.
If applicable, attach to this Statement any amendment to or transfer of its foreign registration approved as part of the plan of merger.

☐ Foreign filing association or foreign limited liability partnership simultaneously seeking registration with the Department of State
Attach to this Statement a completed form DSCB:15-412 (Foreign Registration Statement) with applicable fee and attachments.

Its current registered office address. *Complete part (a) **OR** (b) – not both:*

(a)	7044 Ely Road	New Hope	PA	18938	Bucks
	Number and street	City	State	Zip	County

(b) c/o: _____ County
Name of Commercial Registered Office Provider

☐ NEW domestic (Pennsylvania) limited liability partnership or electing partnership
Attach completed DSCB:15-8201 (Statement of Registration) or DSCB:15-8701A (Statement of Election)

☐ Domestic association that is not a domestic filing association
Attach to this Statement tax clearance certificates.

The address, including street and number, if any, of its principal office:

Number and street	City	State	Zip	County

☐ Foreign association that is not, and will not, be registered with the Department of State
Attach to this Statement tax clearance certificates.

The address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office:

Number and street	City	State	Zip

DSCB:15-335–3

B. For the merging association(s) that are not surviving the merger:

1. The name of the merging association is: Orthogen Merger Sub, Inc.

2. The jurisdiction of formation of the merging association: Pennsylvania

3. The type of association is (check only one):

☑ Business Corporation	☐ Limited Partnership	☐ Business Trust
☐ Nonprofit Corporation	☐ Limited Liability (General) Partnership	☐ Professional Association
☐ Limited Liability Company	☐ Limited Liability Limited Partnership	☐ Other _____

4. Check and complete one of the following addresses.

☑	**If the merging association is a domestic filing association, domestic limited liability partnership or registered foreign association,** the current registered office address as on file with the Department of State. *Complete part (a) **OR** (b) – not both:* (a) _____ Number and street / City / State / Zip / County (b) c/o: Corporation Service Company — Dauphin Name of Commercial Registered Office Provider / County
☐	**If the merging association is a domestic association that is *not* a domestic filing association or limited liability partnership,** the address, including street and number, if any, of its principal office: _____ Number and street / City / State / Zip / County
☐	**If the merging association is a nonregistered foreign association,** the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office address: _____ Number and street / City / State / Zip

Use Statement of Merger – Addendum (DSCB:15-335AD)
for additional merging parties that are not surviving the merger.

DSCB:15-335–4

C. Effective date of statement of merger (check, and if appropriate complete, one of the following):

☑ This Statement of Merger shall be effective upon filing in the Department of State.

☐ This Statement of Merger shall be effective on: _____ at _____.
Date (MM/DD/YYYY) Hour (if any)

D. Approval of merger by merging associations (check all applicable statement(s)):

☑ For domestic entities – The merger was approved in accordance with 15 Pa.C.S. Chapter 3, Subchapter C (relating to merger).

☐ For foreign associations – The merger was approved in accordance with the laws of the jurisdiction of formation.

☐ For domestic associations that are not domestic entities – The merger was approved by the interest holders of the merging association in the manner required by its organic law.

E. Attachments (see Instructions for required and optional attachments).

IN TESTIMONY WHEREOF, the undersigned merging associations have caused this Statement of Merger to be signed by duly authorized officers thereof this 20th day of January, 20 22.

Orthogen Merger Sub, Inc.	OrthogenRx, Inc.
Name of Merging Association	Name of Merging Association
DocuSigned by: Michael C. Griner B361A1832B1244B... Signature	Signature
President and Chief Financial Officer	
Title	Title

DocuSign Envelope ID: 347C6B44-2B96-490A-A20E-04B82F99D499

DSCB:15-335–4

C. Effective date of statement of merger (check, and if appropriate complete, one of the following):

☑ This Statement of Merger shall be effective upon filing in the Department of State.

☐ This Statement of Merger shall be effective on: _____ at _____.
Date (MM/DD/YYYY) Hour (if any)

D. Approval of merger by merging associations (check all applicable statement(s)):

☑ For domestic entities – The merger was approved in accordance with 15 Pa.C.S. Chapter 3, Subchapter C (relating to merger).

☐ For foreign associations – The merger was approved in accordance with the laws of the jurisdiction of formation.

☐ For domestic associations that are not domestic entities – The merger was approved by the interest holders of the merging association in the manner required by its organic law.

E. Attachments (see Instructions for required and optional attachments).

IN TESTIMONY WHEREOF, the undersigned merging associations have caused this Statement of Merger to be signed by duly authorized officers thereof this 20th day of January, 20 22.

Orthogen Merger Sub, Inc.	OrthogenRx, Inc.
Name of Merging Association	Name of Merging Association
	DocuSigned by: Michael J. Daley
Signature	Signature
	Co-President & Co-Chief Executive Officer
Title	Title

4I

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Rev (08/12/2021)

Where is the facility located?	☐ Nevada ☒ Out-of-State
Is your facility a reverse distributor?	☐ Yes ☒ No

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

Section 1: General Information

Facility Name: Pharma Source Direct, Inc.

Physical Address: 8591 Prairie Trail Dirve Ste# C600

City: Englewood State: CO Zip: 80112

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: _____ Website: _____

Name of Designated Representative (DR): Matthew Johnson

Licensing Company Email: Matt@PharmaSD.com DR Email: Matt@PharmaSD.com

Entities the Wholesaler will Serve	**Products to be Handled or Wholesaled**
■ Pharmacies	■ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	■ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
☐ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

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

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: SpecGx LLC - FDA FEI# 1940521
Address: 3600 N. 2nd Street City: St. Louis State: MO Zip: 63147

Name: Jiangsu Jiaerke Pharmaceuticals Group Corp., Ltd. - FDA FEI# 3001599766
Address: No. 302, Huzhuangtou, Sanhuangmiao, Zhenglu, Tianning, City: Changzhou, Jiangsu State: China Zip: 213111

Name: Wavelength Enterprises LTD - FDA FEI# 3002806718
Address: Neot Hovav, Eco Industrial Park City: Beer Sheva State: Israel Zip: 8413502

Name: Zhejiang Xianju Pharmaceutical Co., Ltd. (Yangfu API) - FDA FEI# 3003663256
Address: 15 West Fengxi Road, Modern Industrial Park, Xianju, City: Taizhou, Zhejiang State: China Zip: 317300

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

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

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Colorado
Parent Company (if any): N/A
Corporation/Organization Name: Pharma Source Direct, Inc.
Mailing Address: 8591 Prairie Trail Drive Ste# C600
City: Englewood State: CO Zip: 80112
Telephone: 303-997-5506 Email: Jason@PharmaSD.com
Contact Person Name: Jason Dassinger, President/Owner 100%

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide: (FDA Registered as Pack/Repack)	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

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

Matthew Johnson
Print Name of Authorized Person Submitting Application

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

4/14/22
Date

Board Use Only	Date Received: _____	Amount: 500 CHECK # 1067

COLORADO
Department of
Regulatory Agencies
Division of Professions and Occupations

Below are your electronic wallet cards to use as proof of your license. You can also print your license at any time by visiting www.colorado.gov/dora/DPO_Print_License and following the instructions listed.

If you would like a more durable wallet card option, you can order one for a fee by visiting www.nasbastore.org and selecting the "Colorado License Cards" link on the left hand side of the page. If you prefer, you can also contact NASBA by phone at 1-888-925-5237 or by email at nasbastore@nasba.org.

Should you have questions about your credential, or need other information please contact our Customer Service Team at 303-894-7800 or dora_dpo_licensing@state.co.us.

Colorado Department of Regulatory Agencies
Division of Professions and Occupations

State Board of Pharmacy
Pharma Source Direct, Inc

Wholesaler In-State

WHI.0006123	11/04/2021
Number	**Issue Date**
Active	10/31/2022
Credential Status	**Expire Date**

Verify this credential at: dpo.colorado.gov

Division Director: Ronne Hines Credential Holder Signature

Colorado Department of Regulatory Agencies
Division of Professions and Occupations

State Board of Pharmacy
Pharma Source Direct, Inc

Wholesaler In-State

WHI.0006123	11/04/2021
Number	**Issue Date**
Active	10/31/2022
Credential Status	**Expire Date**

Verify this credential at: dpo.colorado.gov

Division Director: Ronne Hines Credential Holder Signature

Lookup Detail View

Licensee Information

This serves as primary source verification of the license.*

**Primary source verification: License information provided by the Colorado Division of Professions and Occupations, established by 24-34-102 C.R.S.*

Name	DBA	Public Address
Pharma Source Direct, Inc		8591 Prairie Trail Drive C-600 Englewood, CO 80112

Credential Information

License Number	License Method	License Type	License Status	Original Issue Date	Effective Date	Expiration Date
WHI.0006123	Original	Wholesaler In-State	Active	11/04/2021	11/04/2021	10/31/2022

Board/Program Actions

Discipline
There is no Discipline or Board Actions on file for this credential.

Generated on: 4/11/2022 3:41:40 PM

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Pharma Source Direct, Inc.

is a

Corporation

formed or registered on 07/23/2021 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20211671210 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 04/07/2022 that have been posted, and by documents delivered to this office electronically through 04/08/2022 @ 11:09:09 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 04/08/2022 @ 11:09:09 in accordance with applicable law. This certificate is assigned Confirmation Number 13931911 .

Jena Griswold

Secretary of State of the State of Colorado

**********End of Certificate**********

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/ click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RP0614455	03-31-2023	$3699

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	MANUFACTURER	12-17-2021

PHARMA SOURCE DIRECT, INC
8591 PRAIRIE TRAIL DR # C600
ENGLEWOOD, CO 801127075

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RP0614455	03-31-2023	$3699

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	MANUFACTURER	12-17-2021

PHARMA SOURCE DIRECT, INC
8591 PRAIRIE TRAIL DR # C600
ENGLEWOOD, CO 801127075

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

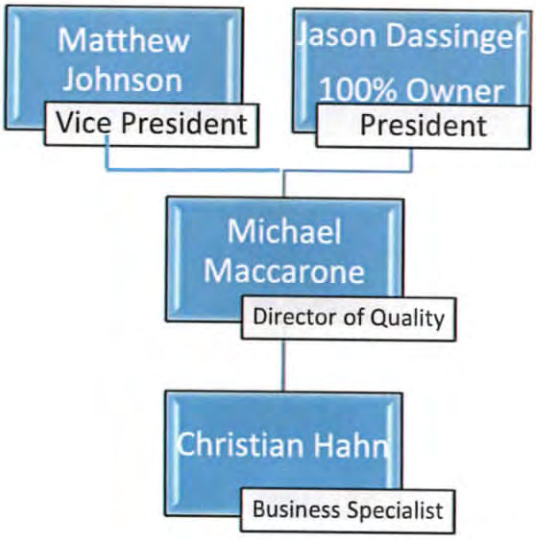
THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

Pharma Source
DIRECT

We are a small business, so we only have 4 employees at this time

Pharma Source Direct, Inc
Company Hierarchy
2022



Pharma Source
DIRECT

4/11/2022

Nevada Board of Pharmacy
Initial Out of State Wholesale Application

Application request:

List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.

Jason Lee Dassinger is the only individual that has loaned Pharma Source Direct any money for startup operations.

Drug Establishments Current Registration Site

f SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

+

EMAIL (MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

New Search (default.cfm)

Search Results for **Pharma Source**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Pharma Source Direct, Inc.		111533296	PACK; REPACK;	8591 Prairie Trail Drive Ste# C-600, Englewood, Colorado (CO) 80112, United States (USA)	12/31/2022

Showing 1 to 1 of 1 entries

Previous1Next

Data Current through: Sunday, Apr 10, 2022

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

Pharma Source
DIRECT

4/11/2022

Nevada Board of Pharmacy
Initial Out of State Wholesale Application

Company/Corporate Officers & Board of Directors

Name	Title	Ownership
Jason Dassinger	President	100%
Matthew Johnson	Vice President	0%

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Pharma Source Direct, Inc.

Physical Address 8591 Prairie Trail Drive Ste# C600

City Englewood State CO Zip 80112

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 303-997-5506 Website www.PharmaSD.com

Licensing Company Email Matt@PharmaSD.com

Section 2: Personal Information

First Matthew Middle T Last Johnson

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

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

Mailing Address [redacted] South Elk Court

City Aurora State CO Zip 80016

Telephone [redacted] Email Matt@PharmaSD.com

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

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

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

Applicant's initials MQ

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

School Name		From - To (MM/YY – MM/YY)	
Eaglecrest Highschool		08/94-08/97	
Address	**City**	**State**	**Zip**
5100 S Picadilly St	Aurora	CO	80015
Diploma/Degree obtained, if any			
Diploma			

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

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/13-Current	[redacted] South Elk Court	Aurora	CO	80016
05/05-05/13	[redacted] South Quatar Way	Aurora	CO	80015
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Pharma Source Direct, Inc.			01/22-Current
Business Address	**City**	**State**	**Zip**
8591 Prairie Trail Drive Ste# C600	Englewood	CO	80112
Phone	**Title**	**Number of Employed Hours**	
303-997-5506	Vice President	560	
Description of Duties			
Oversees all Business Activities			

Business Name			From - To (MM/YY – MM/YY)
VPI Compounding Pharmacy			09/21-12/21
Business Address	**City**	**State**	**Zip**
7265 S Revere Pkwy Ste 902	Cetnennial	CO	80112
Phone	**Title**	**Number of Employed Hours**	
720-389-7597	Chief Strategy Office	720	
Description of Duties			
Various tasks in business development and product sourcing			

Business Name			From - To (MM/YY – MM/YY)
B&B Pharmaceuticals, Inc.			12/01-08/21
Business Address	**City**	**State**	**Zip**
8591 Prairie Trail Drive Ste# C600	Englewood	CO	80112
Phone	**Title**	**Number of Employed Hours**	
800-499-3100	Various - Ended as General Manager/President	41,600	
Description of Duties			
Various duties over the years: Sales/Operations Management/Procurement/AP and AR/General Manager			

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

This is in response to Question # 6 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
06/2019	06/2020	AL	Birmingham	USA
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
		AL Board of Pharmacy		
Reason/Charge				
Violation of BOP Code of Conduct				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Name of Business/Industry/Entity				
B&B Pharmaceuticals, Inc				

Provide explanation below:

B&B Pharmaceuticals, Inc received a warning letter from the FDA on June 4, 2019. The warning letter indicated concerns regarding B&B's adherence to cGMP guidelines. B&B's received a closeout letter on 02/10/2020 and subsequent ISO:9001 2016 certification in July of 2020. The Alabama Board of Pharmacy, however, had issue with the warning letter. They claimed that violating cGMP guidelines is a violation of the Code of Conduct and thus B&B was subject to penalties. Although I did appear in front of the board, the organization that owned B&B shut the company down before a settlement was made, so far as I know.

Original Signature (electronic, copies or stamps not accepted)

4/13/22
Date

Applicant's initials

I, Matthew T. Johnson, **certify that as the designated representative for**

Pharma Source Direct, Inc.,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Matthew Johnson

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/13/22

Date

Applicant's initials

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

Matthew Johnson

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/13/22
Date

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

State of Colorado, ss. County of Arapahoe

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

Original Signature

4/14/22
Date

Subscribed and Sworn to before me this 14th day of April 2022

Notary Public Signature

ALEXANDER S CONTIGUGLIA
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20214043393
MY COMMISSION EXPIRES 11/03/2025

(Seal)

Applicant's initials

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Pharma Source Direct, Inc.

Physical Address 8591 Prairie Trail Drive

City Englewood State CO Zip 80112

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 303-997-5506 Website www.PharmaSD.com

Licensing Company Email Jason@PharmaSD.com

Section 2: Personal Information

First Jason Middle Lee Last Dassinger

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

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

Mailing Address [redacted] South Ensenada Court

City Centennial State CO Zip 80112

Telephone [redacted] Email Jason@PharmaSD.com

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

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

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

Applicant's initials _____

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

School Name		From - To (MM/YY – MM/YY)	
Eaglecrest Highschool		08/94-08/97	
Address	**City**	**State**	**Zip**
5100 S Picadilly St	Aurora	CO	80115
Diploma/Degree obtained, if any			
Diploma			

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

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/12-Current	[redacted] South Ensenada Court	Centennial	CO	80016
06/06-10/12	[redacted] East Euclid Place	Aurora	CO	80016
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

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

Business Name			From - To (MM/YY – MM/YY)
Pharma Source Direct, Inc.			09/21-Current
Business Address	**City**	**State**	**Zip**
8591 Prairie Trail Drive Ste# C600	Englewood	CO	80112
Phone	**Title**		
303-997-5506	President/Owner		
Description of Duties			
Oversees all business activities and all finance operations.			

Business Name			From - To (MM/YY – MM/YY)
Retired			08/17-08/21
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
B&B Pharmaceuticals, Inc.			07/97-08/17
Business Address	**City**	**State**	**Zip**
8591 Prairie Trail Drive Ste# C600	Englewood	CO	80112
Phone	**Title**		
800-499-3100	President/General Manager		
Description of Duties			
Oversaw all business activities / regulatory affairs			

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

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

Continue on next page if additional space is needed.

Applicant's initials _____

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

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

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

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

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

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

Applicant's initials _____

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

Applicant's initials _____

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

This is in response to Question # 6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
2011		NV	Las Vegas	Las Vegas
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
		NV Board of Pharmacy		
Reason/Charge				
Not being licensed in the state of Nevada as a wholesaler				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
N/A		N/A		
Name of Business/Industry/Entity				
B&B Pharmaceuticals, Inc.				

Provide explanation below:

We received notification from the NV Board of Pharmacy to cease business operations in NV until we had obtained a proper license. The application was immediately submitted and I was called to the Board Meeting to explain. The board issued our license #WH01747 for B&B and did not impose any disciplinary action.

Original Signature (electronic, copies or stamps not accepted)

4/14/2022
Date

Applicant's initials

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

Jason Dassinger

Print Name (First, Last)

Original Signature (electronic copies or stamps not accepted)

4/14/22

Date

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

State of Colorado, ss. County of Arapahoe

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

Original Signature

4/14/2022

Date

Subscribed and Sworn to before me this 14th day of April 2022.

Notary Public Signature

ALEXANDER S CONTIGUGLIA
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20214043393
MY COMMISSION EXPIRES 11/03/2025

(Seal)

Applicant's initials

AB128 CERTIFICATION OF COMPLETION OF ANNUAL AUDIT MONITORING COMPLIANCE WITH CODE OF CONDUCT FOR MANUFACTURERS AND WHOLESALERS OF DRUGS, MEDICINES, CHEMICALS, DEVICES, OR APPLIANCES

Name of Company: Pharma Source Direct, Inc.
Street Address: 8591 Prairie Trail Drive Ste# C600
City: Englewood State: CO Zip Code: 80112
Telephone Number: 303-997-5506
Name of Person Completing Form: Jason Dassinger Title: President

(Circle business model type) **Wholesaler**

Please indicate your business type (check all that apply-fill out form on appropriate page):

Manufacturer or Wholesaler of Drug, Medicine, or Chemical	☒	Page 3
Manufacturer or Wholesaler of Device or Appliance	☐	Page 4

Does your company use one of the two model codes of conduct [*Code of Interactions with Healthcare Professionals* by PhRMA (for manufacturers or wholesalers of drugs, medicines, or chemicals) or *Code of Ethics on Interactions with Health Care Professionals* by AdvaMed (for manufacturers or wholesalers of devices or appliances)] without modification? The Board accepts the current or the prior model Code of Conduct for PhRMA or ADvaMed.

Yes ☐ Adopted without modification. Fill out the questions on training and investigative polices on the form page noted above, based on your business type, and submit with this page. You do not need to fill in the check boxes for modified codes of conduct. You do not need to submit a copy of your Code of Conduct.

No ☒ Attach a copy of your Code of Conduct. Your initial submission of your Code of Conduct must address the subjects noted on page 3 or 4 depending on your business type. On subsequent annual submissions fill out the form on the page noted above, based on your business type, and submit with this page. Fill out the questions on training and investigative polices. Answer yes or no to the elements check boxes. If your company made a change to any element, describe the changes in a separate document. If your company did not submit a certification the prior year or was not deemed compliant the prior year, your company must submit your current code.

Your company needs to provide a complete overview of investigation of instances of noncompliance and training program. These two submissions must be submitted annually even if no changes were made. If changes were made, describe the changes.

Section 1, subsection 1 (d) AB128 Adopt policies and procedures for investigating instances of noncompliance with the marketing code of conduct, including, without limitation, the maintenance of effective lines of communication for employees to report noncompliance, the investigation of reports of noncompliance, the taking of corrective action in response to noncompliance and the reporting of instances of noncompliance to law enforcement authorities in appropriate circumstances.

Adopt a training program to provide regular training to appropriate employees, including, without limitation, all sales and marketing staff, on the marketing code of conduct.

Pharma Source DIRECT	Standard Operating Procedure Sales and Marketing Code of Conduct	Department Sales	Page 1 of 5
	Document Number PSD-SOP-0054	Version 2.0	Effective Date 17 Mar 2022

1.0 PURPOSE

The purpose of this procedure is to clearly define a code of conduct serving as a guide for sales and marketing activities at Pharma Source Direct, Inc. The code of conduct will establish parameters for communication to the Pharma Source Direct, Inc. customer base and other pharmaceutical compounding industry professionals.

2.0 SCOPE

This document applies to general conduct, communications, and interactions by Pharma Source Direct, Inc. employees with other industry professionals.

3.0 RELATED PROCEDURES/REFERENCES

3.1. The PhRMA Code on Interactions with Health Care Professionals https://phrma.org/-/media/Project/PhRMA/PhRMA-Org/PhRMA-Org/PDF/P-R/PhRMA-Code--Final.pdf

3.2. PSD-SOP-0017 *Record Retention*

4.0 RESPONSIBILITIES

4.1. Department Management

Department Management is responsible for ensuring the conduct described in this document is trained, observed, acknowledged, and adhered to by employees under their respective prevue. Department Management is also responsible for conducting annual training of this procedure with applicable personnel.

4.2. Department Personnel

Department personnel are responsible for observing, acknowledging, and adhering to the conduct described in this document. Department personnel are also responsible for completing annual retraining of this procedure.

4.3. Quality (QA)

QA is responsible for reviewing and retaining personnel training records.

5.0 DEFINITIONS

5.1. **Code of Conduct:** A policy that lays out the company's principles, standards, and the moral and ethical expectations that employees and third parties are held to as they interact with the organization.

5.2. **Industry Professionals:** Personnel working within pharmaceutical compounding industry including but not limited customers, vendors, trade organizations, regulatory agents, and competitors.

5.3. **Marketing:** The action or business of promoting and selling products or services, including market research and advertising.

5.4. **Pharmaceutical Compounding:** The process of combining, mixing, or altering ingredients to create a medication tailored to the needs of an individual patient. Compounding includes the combining of two or more drugs

5.5. **PhRMA: Pharmaceutical Research and Manufacturers of America, formerly known as the Pharmaceutical Manufacturers Association, is a trade group representing companies in the pharmaceutical industry in the United States.**

5.6. **Sales:** Transactions between Pharma Source Direct, Inc. and another party which the other party receives tangible or intangible goods, services, or assets in exchange for monetary compensation.

6.0 PROCEDURE

6.1. Training Requirements

6.1.1. Per various state BOP requirements, applicable personnel are required to complete documented training on this procedure at least annually.

6.2. Background

6.2.1. AB 128, Statutes of Nevada Chapter 409 (effective October 1, 2007) requires that all wholesalers or manufacturers who employ a person to sell or market a drug, medicine, chemical, device, or appliance in Nevada must comply with certain requirements regarding their marketing practices.

6.2.2. Pharma Source Direct is a wholesaler of commoditized active pharmaceutical ingredients and supplies used to create compounded medications for patients with existing prescriptions. Because Pharma Source Direct conducts business transactions with the compounding pharmacists, traditional 503A, and 503B outsourcing facilities and NOT prescribing physicians, Pharma Source personnel, at no time in the sales cycle, interact directly or indirectly with prescribing physicians or other prescribing health care professionals, and therefore do not influence their prescribing habits at any time.

6.2.3. In the event the Pharma Source Direct scope of business is changed to include interactions with prescribing physicians and other prescribing health care professionals, Pharma Source has chosen to adopt the PhRMA Code on Interactions with Health Care Professionals for any and all interactions with prescribing health care professionals. The PhRMA Code on Interactions with Health Care Professionals can be found here: https://phrma.org/-/media/Project/PhRMA/PhRMA-Org/PhRMA-Org/PDF/P-R/PhRMA-Code---Final.pdf

6.3. Conduct

6.3.1. Pharma Source Direct, Inc., in the spirit of ensuring its employees conduct themselves and business operations with the utmost integrity, is committed to establishing and maintaining the highest ethical standards in its sales and marketing practices and communications to create reciprocal, mutually beneficial, and long-lasting business relationships within and beyond the pharmaceutical compounding industry. As sales and marketing professionals, Pharma Source

Direct, Inc. personnel recognizes a responsibility to not only the company, but also to the Pharma Source Direct, Inc. customer base, the medical community, and society in general. Pharma Source employees will not have any direct communications with any Prescribing Doctors. Thus, Pharma Source personnel would be unable to sway prescribing habits of any physician. As ambassadors of the Pharma Source brand and representatives of the pharmaceutical compounding industry, Pharma Source Direct sales & marketing personnel will also conduct themselves according to the following criteria when communicating and interacting with other industry professionals:

6.3.2. Adopt and embrace the "Do no harm" philosophy in all Pharma Source sales, marketing, and general business operations.

6.3.3. Observe and adhere to all applicable federal and state laws and/or regulations.

6.3.4. Communicate in a manner that does not mislead or misrepresent our organization's products, services, capabilities, or intent.

6.3.5. Create and maintain an environment of trust for our customers and other industry professionals.

6.3.6. Make no general claims regarding the efficacy of a product in the treatment of medical conditions unless supported by scientific evidence, peer reviewed studies, or other acceptable data.

6.3.7. Make no claims or promises, regarding services, that cannot be realistically delivered or otherwise substantiated.

6.3.8. Create an all-inclusive environment for members of our customer base, peers, and other industry professionals by avoiding any discrimination based on economic status, gender, age race, religion, sexual orientation, and/or other discriminating factor(s).

6.3.9. Acknowledge the individual differences of our customers, peers, and other industry professionals and avoid representing individuals in a negative or derogatory fashion based on economic status, gender, age race, religion, sexual orientation, and/or other discriminating factor(s).

6.3.10. Keep our customer's best interest(s) in mind in the sales and marketing process(es).

6.3.11. Utilize fair market pricing practices when determining prices for goods and services, avoiding price gouging or other predatory pricing practices.

6.3.12. Exercise the utmost transparency regarding the marketing and sale of potentially dangerous products.

6.3.13. Be continually aware of, respect, and protect customer information and privacy.

6.3.14. Never sell or compromise customer information.

6.3.15. Always honor customer opt-outs from sales and marketing communications in a timely fashion.

6.3.16. Refrain from talking poorly of competitors.

6.3.17. Avoid commentary on politics and/or other divisive social issues that could alienate customers.

6.3.18. Always be an advocate for and support the industry in which we operate within.

6.3.19. Behave in a manner that is environmentally conscious and responsible.

6.3.20. Giving lavish, high-value, or solicitous gifts, gifts that may be considered bribes, or gifts intended to sway business decisions and/or prescribing habits is prohibited.

6.3.21. Refrain from giving gifts of any kind to government officials or corporate officers.

7.0 RECORDS

7.1. Copies of disciplinary related documentation related to a Pharma Source Direct, Inc. employee's deviation from the conduct described in this document will be stored in the employee's official employment folder.

7.2. This document will be reviewed and amended on an as needed basis by Pharma Source Direct management or designee(s).

7.3. Training records are retained per PSD-SOP-0017 *Record Retention*.

8.0 REVISION HISTORY

Version	Change Description	Date
1.0	New procedure *Sales and Marketing Code of Conduct* per DCR-22-003	25 Jan 2022
2.0	Update to accommodate requirements of Nevada BOP per DCR-22-004	03 Mar 2022

Pharma Source DIRECT	Standard Operating Procedure Sales and Marketing Code of Conduct	Department Sales	Page 5 of 5
	Document Number PSD-SOP-0054	Version 2.0	Effective Date 17 Mar 2022

Signature Manifest

Management Approval	 (Signature)	Digitally signed by Matthew Johnson DN: cn=Matthew Johnson, o=Pharma Source Direct, Inc, ou=Management, email=matt@pharmaad.com, c=US Date: 2022.03.07 12:20:09 -07'00'	03/07/2022 (Date)
Quality Approval	Mike Maccarone (Signature)	Digitally signed by Mike Maccarone DN: cn=Mike Maccarone, o=Pharma Source, ou=Quality, email=mike@pharmaad.com, c=US Date: 2022.03.03 14:17:18 -07'00'	03/03/22 (Date)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 107569254

Application/License No. _____

PHARMA SOURCE DIRECT, INC. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 8591 PRAIRIE TRAIL DR., #C600, ENGLEWOOD, CO 80112 (Address of Applicant/Principal), as PRINCIPAL, and TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA (Surety Company), a corporation organized under the laws of the state of CONNECTICUT (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is ONE TOWER SQUARE, HARTFORD, CT 06103 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on APRIL 12TH, 2022 (Effective Date).

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

THIS BOND is subject to the following conditions:

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

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

In witness whereof, each party to this bond has caused it to be executed on this 12TH day of APRIL, 2022.

APPLICANT/PRINCIPAL

Authorized Representative

SURETY COMPANY

Surety Company's Representative

Justin Cowan, Attorney-in-fact
print name

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA
HARTFORD, CONN.

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

SEAN MACHT
Witness

Witness

Countersigned by:

Nevada Resident Agent

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **JUSTIN M COWAN** of **GREENWOOD VILLAGE**, **Colorado**, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **21st** day of **April**, **2021**.

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **21st** day of **April**, **2021**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June**, **2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this **12th** day of **April**, **2022**.

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

B&B Pharmaceuticals Inc.

CONFIDENTIAL
July 17, 2019
CDR Steven E. Porter, Jr.
Director, Division of Pharmaceutical Quality Operations IV
19701 Fairchild Road
Irvine, CA 92612

Subject: Response to warning letter unique identifier CMS 570613

Dear Mr. Porter,

This letter and the accompanying attachments are provided in response to the Warning Letter CMS 570613, issued to B&B Pharmaceuticals (B&B) on June 4, 2019. B&B understands the seriousness of the observations listed in the referenced Warning Letter. We sincerely appreciate your time and diligence in your site visit to audit our facility, as well as the input and constructive feedback received during the inspection that assisted in our continuous improvement within our production and quality systems.

We are committed to addressing not only the points mentioned in this letter, but also the systemic issues that led to these specific observations. B&B recognizes the necessity of separation between Operations and Quality. In March 2018, B&B employed 9 full time employees. Of the 9 employees, 2 employees were dedicated to operations (procurement, production, warehouse) and quality which resulted in overlap of duties. According to the guidance "Quality Systems Approach to Pharmaceutical CGMP Regulations", "... the QU will remain independent. In very limited circumstances, a single individual can perform both production and quality functions ...". B&B now employs 14 fulltime employees and has greatly increased its commitment to quality staffing. Out of the 14 employees, B&B now has 5 persons in operations roles and 1 dedicated person within the QU, as defined in the following table:

	March 2018	January 2019
Total Employees	9	14
Employees (Operations/Quality)	2	5
FTE committed to quality	0.5	1.5
% Quality	6%	11%

All duties within the operations department continue to have QU oversight throughout procurement, receiving, repacking, and shipment of APIs. Our responses will indicate immediate actions completed as well as remediation strategies to establish a more robust quality management system and holistic controls to ensure quality and compliance. This robust quality management system will ensure B&B's commitment to continuous compliance and improvement, as well as effective controls that will prompt investigations upon events or failure with actions to prevent reoccurrence. We will provide updates to the Agency each calendar month regarding our progress on the actions specified in our response.

B&B Pharmaceuticals Inc.

In addition, B&B has hired a cGMP consulting group, Clarke Solutions, per the recommendation of FDA. Clarke Solutions was hired on June 28, 2019 to review B&B's Quality Management System, overall Cleaning Validation, and adherence to current industry standards. Please see Attachment 1 for the resumes of Clarke Solutions employees who assisted in the review of B&B's systems.

During the inspection, B&B inadvertently provided an internal list of NDC's which had typographical errors. We have investigated our ERP, Labels, and NDC registration, and confirmed that all are correctly registered for Nandrolone Decanoate and Testosterone Propionate. See Attachment 2 for this documentation.

Below you will find our responses to your concerns addressed in the aforementioned Warning Letter CMS 570613. B&B will continue to ensure compliance to current Good Manufacturing Practices as defined in 21 CFR § 210-211, ICH Q7, and "Quality Systems Approach to Pharmaceutical Current Good Manufacturing Practice Regulations." Again, we appreciate the opportunity to improve our procedures based on your observations.

Sincerely,

Matthew Johnson
President, B&B Pharmaceuticals

B&B Pharmaceuticals Inc.

1. Failure of your quality unit to exercise its responsibility to ensure the API manufactured at your facility are in compliance with cGMP.

The warning letter states:
For example, your QU failed to thoroughly investigate complaints regarding sub potent API (e.g., progesterone and meperidine) and failure to meet particle size specifications. Your investigations did not determine the cause of these quality issues. You also failed to routinely notify the original API manufacturer about complaints.

RESPONSE

Immediately following the inspection, B&B recognized that the complaint procedure was inadequate based on the lack of definitive oversight and follow through of standard investigations, such as root cause identification, risk assessment, or corrective and preventive action. B&B then took action to implement a revised SOP. We trained our employees on the updated B&B SOP: *Complaints* on November 28, 2018.

The three referenced complaints all occurred before this major change in our complaint procedure and implementation of the revised SOP. We also recognized that older complaints did not appropriately summarize root cause, risk, and actions in a way that meets best practices to determine risk to patient. See below (and attached copies of these complaints, Attachment 3) for interpretation of these complaints.

Progesterone (Lot Number: 18E10-BB01-PR00426):
Dated 7/27/18 by Hotze Pharmacy

Complaint: Customer tested capsules compounded from Progesterone purchased from B&B for assay of Progesterone. The result of the assay was 93%.

Investigation: Hotze sent the raw material to a contract laboratory for testing and the results received were within USP specifications which measured at 98.3%. The results of this test are included (See attachment 3)

Root Cause: Based upon the information provided by the customer, it was determined to be a compounding error.

Conclusion: After further review and risk assessment of this complaint in July 2019, it was determined that this was a customer formulation error and therefore no internal CAPA was initiated. The raw material potency did not degrade and still met USP specifications.

Meperidine (Lot number: 15L30-BB01-PR00034):
Dated 4/25/16 by Pencol Compounding Pharmacy

Complaint: Customer's final release testing resulted in sub-potent results.

Investigation: The customer had compounded with the API, then had their product tested and reported sub-potent results. B&B contacted their primary external laboratory and learned that the lot of product in question had been analyzed according to the entire USP monograph "earlier last month". The product met all specifications, and the assay was 99.3%. The full laboratory testing and results were provided to the customer (See Attachment 3). The customer informed B&B that they were going to confirm that their process and weights were correct. There was no further response from the customer.

Root Cause: Based upon the information provided by the customer, it was determined to be a compounding error.

Conclusion: Customer was contacted and had no additional follow-up. After further review and risk assessment of this complaint in July 2019, it was determined that this was a customer formulation error and therefore no internal CAPA was initiated. The raw material potency did not degrade and still met USP specifications.

Failure to meet particle size specifications for Estradiol (Lot number: 17L05-BB02-PR00367):

Dated 4/25/18 by Asteria Health

Complaint: Particle size is too far outside their specifications

Investigation: B&B sells Estradiol USP, non-micronized. There is no specification in the USP monograph for particle size nor did the client provide specifications. A visual inspection was performed on the material in question and upon comparison between lots it was determined that this lot had a smaller particle size.

Root Cause: Lot to lot variability.

Conclusion: It was determined that neither B&B nor the USP have particle size specifications for this material. Further, the customer did not provide their specification to B&B before purchasing this material. After further review and risk assessment of this complaint in July 2019, it was determined that this was not a quality complaint issue. The complaint was without merit since the customer did not provide specifications to B&B on particle size. Additionally, no other customer complaints were received on this lot of material. Currently B&B does not require particle size specifications to be provided by the manufacturer. B&B has determined that a CAPA will not be initiated for customer preference-related complaints.

B&B does recognize that SOP: *Complaints* (Attachment 4) did not state when a manufacturer should be notified, and this has been updated per MOC-19-0017. Per the additional review of the three mentioned complaints, B&B determined that the original decision to not notify the manufacturer was supported by the conclusions listed above since no safety or quality concerns were identified with the raw API.

In order to demonstrate the progress in investigational competency and complaint processing, we have attached complaint COMPL00025 for your review (Attachment 5). This complaint procedure was implemented and trained on November 28, 2018 and has been further refined as noted above.

FDA requested actions:

- A comprehensive assessment with corrective actions and preventive actions (CAPA) to ensure your QU is given the needed authority and resources to effectively discharge its functions. The assessment should also include, but not be limited to:
  - a determination of whether procedures used by your firm are robust and appropriate
  - provisions for QU oversight throughout your operations to evaluate adherence to appropriate practices
  - complete and final review of each batch and its related information prior to the QU disposition decision
  - oversight and approval of investigations and discharging of all other QU duties to assure identity, strength, quality, and purity of all products
- A comprehensive, independent assessment of your overall system for investigations of deviations, atypical events, complaints, out-of-specification results, and failures. Your CAPA should include but not be limited to improvements in investigation competencies, root cause analysis, written procedures, and quality unit oversight. Also include your process for evaluating CAPA effectiveness.

RESPONSE

B&B recognized the gaps within the Quality Unit, immediately took steps after the initial FDA audit to ensure the Quality Unit is separate, and is implementing procedures to ensure the authority and oversight of QU. We continue to monitor the effectiveness of decisions and procedures implemented.

Attached is the CAPA (Attachment 6) demonstrating the root causes as well as a risk assessment performed.

Actions taken by B&B:

Immediately after the inspection of our facility, B&B took action to identify and secure a senior member of our North American Quality team, Joshua Radke, PhD (Attachment 7), to act as the interim Quality Manager and ensure proper separation between our Quality and Operations departments. Dr. Radke was responsible for all quality management until a qualified full-time employee was hired in December 2018.

B&B filled the Operations Manager and Quality & Regulatory Affairs Manager positions in December 2018 and January 2019 respectively to ensure and establish separation of the Operations and Quality Departments. Both managers have the expected experience and background in their respective fields. The Operations Manager has over 20 years in the medical device and pharmaceutical cGMP industries. The Quality Manager has over 9 years in cGMP and ISO accredited facilities (Attachment 7).

B&B Pharmaceuticals Inc.

In January, the new Quality Manager reviewed all documents and processes within B&B and discovered gaps in the definition of responsibility of the Quality Unit. While working on all action items given to the FDA in response to the initial 483, Quality has been authoring and updating additional SOPs to further define procedures within the Quality Management System and enhance training on the newest SOPs. B&B will continue to enhance the Quality Management System throughout the remainder of 2019.

Please see below for the additional actions B&B will take or has taken to ensure QU oversight and responses to the first observation listed in warning letter.

- B&B will create an addendum (Attachment 8) to the Corporate Quality Manager Job Description. B&B is a small company that requires additional qualifications in QU personnel to ensure correct QU oversight and a more complete skillset. The addendum will contain:

    - Specific qualifications which could include, but are not limited to, experience, work history requirements, preferred skills, etc.
    - Core competencies required to perform the job

    In addition, hiring and annual performance reviews will be completed by NA Quality Management and B&B General Management.

    Target Date: Completed

- QU separation from Operations and Production.

    - Please see attached Organizational Chart (Attachment 9)

    Target Date: Completed

- B&B is currently updating and creating procedures that include QU oversight and effectiveness monitoring. Additionally, in order to ensure effectiveness of the newly established Quality Management System, a recurring leadership review will be performed per SOP: *Annual Review* and is documented in the Periodic Quality Review (PQR). The PQR will contain a complete review of complaints, investigations, CAPAs, Deviations, Recalls, Internal Audits, and OOS. The SOPs include:

    - Management of Change (MOC)
    - Corrective & Preventive Action (CAPA)
    - Deviations
    - Out of Specification (OOS)

    Target Dates:

    - **Management of Change: Completed**, Attachments 10, 11

- **Corrective & Preventive Action (CAPA): Completed,** Attachments 12, 13
- **Deviations: Completed,** Attachments 14, 15
- **Out of Specification (OOS): July 31, 2019**

Please see Attachments (10 - 15) for completed SOPs and associated forms, as applicable.

- Review of additional batch records (all product that was in date at the time of the FDA inspection), with analysis of errors found.

  Target Date: July 31, 2019

- Review and provide analysis of the three complaints listed within the Warning Letter: Progesterone and Meperidine sub potency, and Estradiol particle size, see above.

  Target Date: Completed

- Review and analysis of all complaints from 2014 – 2016. This will extend the review period to be 5 years, which is the maximum expiration period of the APIs B&B carries.

  Target Date: August 15, 2019

- Additional Actions:

  - To continue to ensure the QU is up to date on current industry standards, B&B will invest in quality training seminars for QU at least once per year. Quality training could include but is not limited to RCA, CAPA, Auditing, Nonconformance, Right First Time, etc.
  - B&B will begin implementing Master Control per our Corporate Quality Directive starting with training and documentation by Q2 2020. In addition, B&B will implement ISO 9001:2015 accreditation with a target date of end of Q2 2020.

2. Failure to adequately validate written procedures for the cleaning and maintenance of equipment.

Requested Actions:

- Provide a comprehensive retrospective review of the adequacy of your cleaning procedures and practices, cleaning validation strategy, and adequacy of any validation studies conducted, for each piece of manufacturing equipment used to manufacture more than one product.
- A summary of updates to your cleaning validation protocol to better incorporate conditions identified as worst case. This should include, but not be limited to:
  a. evaluating API that are of highest toxicity
  b. assessing API of the lowest solubility in your cleaning solvents
  c. evaluating API with characteristics that make them difficult to clean

d. swabbing equipment locations that are most difficult to clean

- A summary of the revisions you made to SOPs, or new SOPs that ensure an appropriate program is in place to verify and validate cleaning procedures for new products, processes, and equipment.
- A risk assessment to determine the effect of inadequate cleaning practices on all potentially affected lots of API you distributed. This assessment should include, but not be limited to, an analysis of retains of all lots at risk for potential cross-contamination. Specify what actions you will take, such as notifying customers and recalling products, if your risk assessment indicates that your drug products may be compromised by your inadequate cleaning procedures.

RESPONSE

B&B has opened CAPA-19-0002 Cleaning Validation with regard to this observation (Attachment 16). B&B acknowledges that the 2008 cleaning validation provided during the inspection did not meet current best practices. Specifically:

- It did not include a hold-time component
- Signed copies were not available
- B&B procedures changed to use 70% IPA in the final cleaning step, instead of the 90% used in the cleaning validation study

B&B completed a cleaning validation, and then updated and trained on the modified procedures. This validation showed that B&B's cleaning procedure reduces residue to less than 2% of the calculated maximum allowable carryover (MAC). Note that this cleaning validation uses 70% IPA in the final step as specified in "Cleaning Validation 1.0", as was being performed at B&B at the time of the inspection. This was completed on May 17, 2019 and communicated to the agency on May 23, 2019.

The agency is concerned that B&B did not adequately conduct a retrospective risk assessment based on the change of IPA concentrations. B&B has performed a 10-day dirty hold time study and found that cleaning effectiveness is not decreased by dirty hold time over 10 days.

The cleaning validation is attached for the agency's review (Attachments 17, 18, 19). This validation addresses the following:

- The calculated MAC is based on B&B's most potent API
- The cleaning validation uses two chemical probes at extremes of water: octanol solubility; these chemically represent lowest solubility in any arbitrary cleaning system
- All products used at B&B are powders. The cleaning validation does address the shape of primary contact surfaces as potentially affecting cleaning difficulty.
- Since there is only one product contact surface, stainless steel, this was sampled directly after worst case contamination and worst-case cleaning.

- The cleaning validation demonstrated that for the two chemical probes, residue at the MAC is clearly visible to the unaided eye in normal office lighting.
- The MAC was calculated with a safety factor of 1000, as detailed in the cleaning validation, which accounts for potentially unrecognized factors.

In retrospect, the full cleaning validation as outlined above, as well as the follow-up hold time studies, demonstrate that the cleaning procedures used both before and after the inspection adequately reduce residues to acceptable amounts. Based upon the acceptable results of the newly performed cleaning validation and hold time study, no risk to quality or safety was identified due to the previous performance of cleaning activities.

However, B&B has conducted a full fault tree analysis/process flow (see "FTA-Process flow – Cleaning", Attachment 20) and calculated failure risk as follows:

- Table 1 lists cleaning steps and estimated worst-case failure frequency. For this analysis, we consider any cross-contamination failure to be of highest risk, and therefore do not explicitly treat severity or detectability. A potential cleaning failure is based on a single day's worth of activity.

Table 1

Step	**Failure rate (1 in x)**
Validated cleaning of primary product contact surfaces (before each repack)	procedure considered validated to 5σ level (1 in 4,300)
Soap and water cleaning of primary product contact surfaces	5
Dishwasher cleaning of primary product contact surfaces	5
Validated cleaning of primary product contact surfaces (after each repack)	procedure considered validated to 5σ level (1 in 4,300)
Non-contact cleaning of work surfaces, balance, utensils with Alconox	2
Non-contact cleaning of work surfaces, balance, utensils with IPA	2
Removal of all waste disposal after each repack	2
Secondary inspection of cleaning for visible residue	5

- All rooms and utensils undergo at least all of the above steps for each repackaging operation. The product of risk reductions is one in 1.8×10^{10}: $(4300 \times 5 \times 5 \times 4300 \times 2 \times 2 \times 2 \times 5)^{-1}$ If we assign a safety factor of 10,000, this equates to one failure per 5000 years. B&B considers this an acceptable level of risk reduction when comparing to other industry risk tolerance such as sterility assurance levels (SAL) of 1×10^{6}.

Note that the cleaning validation was designed to account for extremes of cleanability, therefore, a per-product evaluation is already accounted for. The procedures updated are SOPs: *Repackaging Procedures* and *Cleaning Cleanroom* per MOC-19-0010 (Attachments 21 and 22). The updates more specifically describe the validated cleaning procedure to be used.

3. Failure to transfer all quality or regulatory information received from the API manufacturer to your customers.

Requested Actions:

1. A remediated program for generating CoA, including systems and procedures to assure that CoA issued by your firm include necessary original manufacturer information;

2. A retrospective review to determine how your failure to provide required information may have affected drug quality, and indicate any actions you have taken or will take, such as notifying customers, or invalidating previously issued CoA for any drugs still within their labeled retest dates; and

3. Examples of recently issued CoA that include specific information regarding the original manufacturer, including a copy of their original batch certificate.

RESPONSE

B&B understands the critical importance of supply chain accountability and transparency. B&B has opened CAPA-19-0003 CoA Observation (Attachment 23). While it has always been the practice of B&B to provide original manufacturer information upon request, B&B recognizes and concedes the Agency's position regarding providing original manufacturer information on B&B CoAs and providing manufacturer CoAs via B&B's website for customer download.

Despite B&B's agreement to provide original manufacturer information, as demanded by the Agency and discussed above, B&B believes that its prior practice of including a unique manufacturer identification code on each CoA was: (1) compliant with ICH Q7 11.43; (2) compliant with The International Pharmaceutical Excipients Council's *Certificate of Analysis Guide for Pharmaceutical Excipients;* (3) protects B&B trade secrets, as defined in 21 CFR 20.61; (4) consistent with longstanding industry practices; and (5) sufficiently protects supply chain accountability and transparency. B&B does not agree with the Agency's position on this issue and specifically reserves its objections, but nevertheless agrees to comply with the Agency's demands. Accordingly, B&B has initiated the following actions.

Actions Taken:

To demonstrate the omission of the manufacturer information from the CoA has no adverse effect on drug quality, B&B completed a retrospective review. The analysis reviewed all communications from bulk manufacturers that indicated a quality issue with lots of bulk material

supplied to B&B. Since 2014, there has been two such communications.

- In 2017, B&B received correspondence of a potential recall from a bulk material manufacturer, Qinhuangdao Zizhu, who identified quality issues with their Estrogens. Enclosed is the letter provided to our customers, "Estrogen Preliminary Notification Letter 4-5-17 (signed)", dated April 4, 2017 (Attachment 24), where we inform them of a potential recall of Estriol. The classification of this recall on the FDA website did not occur until April 11, 2017. The information provided to the customers by B&B was prior to any information they would have obtained independently, had they known the manufacturer of the bulk material.

- On December 10, 2018, B&B was informed by a manufacturer, AreviPharma, of Ketamine HCl that there had been a stability failure. A series of meetings revealed that the failure was due to an internal (to the manufacturer) specification for color of solution, and that the material still met both USP and EP specifications for color of solution. No explanation was given, and all product still met all USP requirements. Out of an abundance of caution, all product was destroyed. Soon after notification, all customers were identified, in case there was evidence of the need to contact them. B&B was prepared to provide notification to all customers prior to any action by the FDA or the manufacturer.

Target Date: Completed

Action:

B&B's Information Technology (IT) will change the code in the ERP system. This action will replace the existing reference to the name and address of the original manufacturer. This will then reflect the full text of the name and address of the original manufacturer on all CoA's created for APIs repackaged at the site per MOC-19-0019.

Target Date: October 1, 2019

Action:

Provide prototype copy of B&B's CoA's with manufacturer contact information included.

Target Date: October 1, 2019

Action:

B&B's IT will create a code that will allow B&B to link the manufacturer's CoA to the B&B lot-specific CoA. Currently the manufacturer's CoA is not available in an electronic format. API currently in stock have been identified. This produced a list of 41 bulk lots. The manufacturer CoA's of these lots will be scanned into a data base that can be accessed by our ERP system and uploaded to the B&B website for customer retrieval or provided in each shipment per customer request.

B&B Pharmaceuticals Inc.

Target Date: October 1, 2019

Action:

API's, currently in stock, have been identified and a list of 41 bulk lots was produced. The manufacturer CoA's of these lots will be scanned into a data base that can be accessed by our ERP system and uploaded to the B&B website for customer retrieval or provided in each shipment per customer request.

Target Date: October 1, 2019

This concludes our official response to the Warning Letter CMS 570613. Below, please find a table showing which observations and responses were completed per the initial FDA Form 483 received October 30, 2018.

Table 2

Observation number	Task	Status
1a-c	Cleaning Validation Protocol and SOPs: 24. *Repackaging Procedures* and 25. *Cleaning Cleanroom*	Cleaning Validation, associated SOP updates for 24. *Repackaging Procedures* and 25. *Cleaning Cleanroom*, and training are complete in May 2019.
1d	Cleaning Log updates	Log revisions to require review and visual verification per SOP 25 Cleaning Cleanroom completed November 2018.
2a, c	Update SOP No. 19 *Master Production Record*	SOP update and documented training completed February 2019. A trained quality employee will review and approve or reject each batch record and associated data generated before final release of product.
2b	Review of 2017 and 2018 batch records	Completed in February 2019. During batch record review, the majority of findings were due to lack in GDP controls and training. As a result, right-first-time tracking was implemented in April 2019 and will be trended to determine if GDP training was effective, GDP training was conducted on July 11 and July 16, 2019. GDP training will be performed at 1st hire and annually (attachment 25).
3a	QC checks of repacked bottles-initials and dates	Implemented and training completed November 2018
3b	Review status of all stability studies	Completed February 2019. B&B had their enclosures for tested to ensure the quality

B&B Pharmaceuticals Inc.

		of product was not affected by external elements to maintain the 5 year dating on all products per USP <1178>. In addition to the requirements of ICH, B&B tests all API's within the enclosures to ensure stability. During the review of stability studies, 19 were incomplete or needed to be evaluated; B&B will create a schedule to send the material for testing, once a laboratory passes all requirements needed by B&B.
3c	IQ/OQ/PQ for balances and printers approved along with updated Balance Calibration Logs and SOP.	SOP 46 *Balance Calibrations* and calibration log completed November 2018. Scale and printer qualifications completed December 2018, review and Quality approval completed January 2019
4	Update SOP No. 19 *Master Production Record* and purchase, install, and qualify printers	Immediate Correction: The printers were installed and qualified in December 2018. Follow up Correction: SOP 19. *Master Production Record* was completed in February 2019.
5a	Quality Unit is not independent of production	Immediate Correction: An interim Quality manager was hired and the organizational chart was updated and completed in November 2018. Follow up Correction: A permanent Quality Manager was hired January 2019.
5b	Ensure that quality personnel, or designee are signing off on batch records	This was addressed with Observation 2b and Observation 4.
6	Create SOP. 47 *Complaints* and review of all registered complaints beginning Jan 1, 2017	Immediate Correction: SOP and documented training completed December 2018. Follow up Correction: Complaints review was completed in January 2019.
7	Finalize SOP. 12 *Receiving Inventory*	SOP and documented training completed November 2018.
8	Update SOP. 5 *Responsibilities of Quality* and conduct a PQR	Immediate Correction: Periodic Quality Review was completed in January 2019 and will be completed annually with a management review. Follow up Correction: The SOP completed in February 2019.
9	Update SOP 4. *Personnel Training* and conduct GMP training. Create SOP job responsibility matrix	Immediate Correction: SOP and GMP documented training completed November 2018. Follow up Correction: Matrix was completed January 2019.

B&B Pharmaceuticals Inc.

		cGDP and cGMP training will occur at first hire and annually.
10	Customers can request and obtain original manufacturer's CofA after signing an NDA	SOP 31 *Drug Pedigree* was provided in November 2018 specifies this process. B&B's CofA template was updated to included reference to the internal number of the appropriate manufacturer and provided February 2019.
11	Finalize SOP. 38 *Investigations* and training. Review unlogged SOP changes	Immediate Correction: SOP and documented training were completed November 2018. Follow up Correction: Review of unlogged changes to SOPs was completed January 2019. The updates were completed without being logged and were added retroactively.

Attachments:

Attachment Number	Document
1	Clarke Solution Resume Attachments
2	Nandrolone Decanoate and Testosterone Propionate pictures
3	Complaints Progesterone, Meperidine, Estradiol
4	B&B SOP: Complaints
5	COMPL00025
6	CAPA-19-0001 cGMP FDA Observation
7	B&B Resume Attachments
8	Job Description Addendum for Quality Manager
9	B&B Organizational Chart
10	B&B SOP: Management of Change
11	B&B Form: Management of Change
12	B&B SOP: Corrective and Preventive Action (CAPA)
13	B&B Form: Corrective and Preventive Action (CAPA)
14	B&B SOP: Deviations
15	B&B Form: Deviation
16	CAPA-19-0002 Cleaning Validation
17	Cleaning Validation Report Cover Sheet
18	Cleaning Validation Report 1.0
19	B&B Cleaning Validation Addendum 1
20	FTA-Process flow – Cleaning
21	B&B SOP: Repackaging Procedures
22	B&B SOP: Cleaning Cleanroom
23	CAPA-19-0003 CofA Observation
24	Estrogen Preliminary Notification Letter 4-5-17 (signed)
25	GDP training documents with associated quiz

Fagron
personalizing medicine

September 22, 2020

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

Re: B&B Pharmaceuticals, Inc.; License #: WH01747

Dear Nevada Board of Pharmacy:

I am writing you in my capacity as Senior Vice President of Legal and Governmental Affairs for Fagron North America, which is the parent company of B&B Pharmaceuticals, Inc. ("B&B"). I oversee all legal and regulatory affairs for Fagron North America and B&B. The below correspondence provides background surrounding questions within the renewal application which is being submitted for the above-referenced license.

A warning letter sent by FDA to B&B on June 4, 2019 gave rise to a complaint by the Alabama Board of Pharmacy. B&B is currently working through the administrative process with the Alabama Board of Pharmacy, but does not anticipate any adverse action will be taken against its license. Nevertheless, because an administrative action is pending, B&B answered affirmatively to the question related to pending administrative action.

The FDA warning letter was generated solely on inspectional observations from a 2018 FDA inspection. It is important to note that FDA inspectional observations, including ones which gave rise to the warning letter, are explicitly not a determination by FDA that a violation of federal law occurred. Indeed, the FDA Form 483 itself states that it lists "inspectional observations and do not represent a final agency determination regarding [B&B's] compliance." In this matter, FDA did not take any action against B&B outside of warning B&B regarding certain observations made by FDA inspectors during the 2018 inspection.

Further, following additional interaction with B&B, FDA very quickly closed out the warning letter, noting that B&B was in compliance with federal law and FDA expectations. As the Nevada Board of Pharmacy is likely aware, 483 and warning letter closeouts are incredibly difficult to come by. The fact that this closeout came just eight months after the warning letter was issued is even more impressive and should be very compelling in your analysis of this matter.

Additionally, it is noteworthy that earlier this summer B&B passed audits by both VAWD/NABP[1] and National Quality Assurance, USA ("NQA"). The NQA inspection and assessment resulted in ISO:9001 2015 accreditation for B&B's superior Quality Management systems. ISO:9001 accreditation, a copy of which is attached to this correspondence, is a substantial accomplishment that is not common amongst wholesalers, repackagers, and other

[1] The documentary audit is complete. B&B is awaiting an in-person audit, which has been delayed due to COVID-19.

B&B Pharmaceuticals Inc.

CONFIDENTIAL
October 31, 2019

CDR Steven E. Porter, Jr.
Director, Division of Pharmaceutical Quality Operations IV
19701 Fairchild Road
Irvine, CA 92612

Subject: Monthly Update on Actions Taken in response to FDA Warning Letter CMS 570613 issued to B&B Pharmaceuticals on June 4, 2019

Dear Director Porter, Jr.,

B&B Pharmaceuticals has completed all promised actions and commits to meeting the quality standards established by the FDA.

Below, please find a summary below in Table 1 stating that all observations and responses have been completed. Specifically, the completed actions taken in observation 3c and 3d are the latest updates to our commitments to the Agency.

Table 1

Observation No.	Task	Status
1a	Review of additional batch records (all product that was in date at the time of the FDA inspection), with analysis of errors found.	A re-examination of product batch records with an expiration date of Oct 2018 or later was completed on 12-Aug-19.
1b	Review and analysis of all complaints from 2014-2016. This will extend the review period to be 5 years, which is the maximum expiration period of the APIs B&B carries.	The re-examination of all complaints from 2014-2016 was completed 14-Aug-19.
1b*	Update Complaints SOP	The Complaints SOP revision was completed with a reference to B&B OOS SOP, as well as additional clarification on potency results, was completed on 23-Sep-19.
1c	A review of the following complaints: Progesterone (Lot: 18E10-BB01-PR00426), Meperidine (Lot: 15L30-BB01-PR00034), and Estradiol (Lot: 17L05-BB02-PR00367	A thorough review and response was submitted to the FDA on 17-Jul-19.
1d	Oversight of the QU to ensure it is given the needed authority and resources to effectively discharge its functions.	A Job Description Addendum was created for the Quality Manager and finalized on 17-Jul-19. There is QU separation from Operations and Production depicted in our July 2019 Organizational chart. SOPs were created that include QU oversight:

B&B Pharmaceuticals Inc.

		Management of Change (finalized 12-Mar-19), Corrective & Preventive Action (finalized 27-Jun-19), Deviations (finalized on 17-Jul-19), Out of Specification (finalized on 20-Aug-19)
2a	Complete a Hold Time study for B&B's Cleaning Validation and complete a retrospective risk assessment.	A 10-day hold-time study was completed and passed testing. B&B also completed a retroactive risk assessment which demonstrated that the previously submitted cleaning validation study demonstrated an adequate reduction of residues to acceptable amounts. The addendum to the Cleaning Validation was completed on 17-Jul-19.
3a	Provide a prototype copy of B&B's CofA with manufacturer contact information included.	A sample COA with manufacturer COA is attached.
3b	A review of all communications from bulk manufacturers as a retrospective review to show actions taken to ensure safety	Two communications with actions taken by B&B were provided to the FDA on 17-Jul-19.
3c	Identify, upload, and provide all in-stock manufacturer CofAs to customers	B&B completed this task and it is available via website or with shipment of product per customer request. Task completed on 17-Oct-19
3d	Update all corresponding SOPs, associated with the CofA updates.	SOPs: *Receiving Inventory* and *Master Production Record* were updated to reflect new procedures associated with Finding 3. Both updated SOPs are attached. The completion date was 30-Oct-19.
*	This update was in response to the additional correspondence dated 12-Aug-19 and received on 14-Aug-19.	

B&B has included an Example of Shipment Documents, which includes the manufacturer information stated on the B&B COA along with the manufacturer COA. The Shipment and COA documentation was the last open item from the Warning Letter received on 4-Jun-19. If any attachments from previous monthly submissions are needed, please contact us and we can resubmit to you in a timely manner.

B&B has implemented all procedures with any additional training addressing all observations associated with the warning letter. B&B considers all outstanding actions closed.

Thank you for your attention to our response.

Sincerely,
Matthew Johnson

President, B&B Pharmaceuticals

Attachments:

Attachment No.	Document
1.	Example of Shipment Documents
2.	12. Receiving Inventory 8.0
3.	19. Master Production Record 7.0

FDA U.S. FOOD & DRUG ADMINISTRATION
OFFICE OF REGULATORY AFFAIRS

VIA UPS RETURN RECEIPT REQUESTED

February 6, 2020

Mr. Matthew T. Johnson
President
B&B Pharmaceuticals, Inc.
8591 Prairie Trail Drive, Suite C-600
Englewood, CO 80112

Dear Mr. Johnson:

The Food and Drug Administration has completed an evaluation of your corrective actions in response to our Warning Letter 570613, dated June 4, 2019. Based on our evaluation, it appears that you have addressed the violation(s) contained in this Warning Letter. Future FDA inspections and regulatory activities will further verify your written commitments.

This letter does not relieve you or your firm from the responsibility of taking all necessary steps to assure sustained compliance with the Federal Food, Drug, and Cosmetic Act and its implementing regulations or with other relevant legal authority. The Agency expects you and your firm to maintain compliance and will continue to monitor your state of compliance. This letter will not preclude any future regulatory action should violations be observed during a subsequent inspection or through other means.

Sincerely,

CDR Steven E. Porter, Jr.
Director, Division of Pharmaceutical Quality Operations IV

SP:mrd

Division of Pharmaceutical Quality Operations IV
19701 Fairchild, Irvine, CA 92612-2506
Telephone: 949-608-2900
Fax: 949-608-4417
www.fda.gov

FEI: 3000719772
Enclosure: Establishment Inspection Reports (EIR) October 2018; November 2019

organizations regulated by your office. This accreditation is indicative of the great strides taken by B&B in developing its quality systems and should be compelling in your analysis of this matter.

While the above discussion should be dispositive, some additional history and background might be helpful in your assessment. On or around August 2017, Matthew Johnson was promoted to President of B&B. One of Mr. Johnson's first endeavors was to restructure the departments of the company in order to improve quality assurance and quality control processes. As part of those efforts, Mr. Johnson hired a dedicated Quality/Regulatory Manager. The scope of the manager's job duties was to review and observe B&B's cGMP processes to identify areas of concern and opportunities for potential improvement. Unfortunately, B&B was forced to terminate the then-current Quality/Regulatory Manager in late September 2018, which was shortly before the FDA's October 17, 2018 inspection. In fact, the company was in the process of interviewing highly qualified candidates for Operations Manager and Quality & Regulatory Manager at the time of the FDA inspection.

The majority of the observations that were communicated as a result of the FDA inspection were issues that had been previously identified by B&B and were the reason for hiring a new Operations Manager and Quality & Regulatory Manager. Soon after the October 17, 2018 FDA inspection, B&B hired a new Operations Manager (Kamille Mighell) and a new Quality & Regulatory Manager (Adriana Torres). You will notice from the attached resumes that both Ms. Mighell and Ms. Torres have extensive experience with cGMP and QA/QC processes.[2]

Additionally, to assist during the transition period between quality managers, Joshua Radke, PhD, Senior North America Quality Specialist with Fagron North America (the parent company of B&B) temporarily relocated to and worked at B&B from November 2018 to February 2019 to address FDA's observations and otherwise assist B&B in further developing its quality systems. I have attached a copy of Dr. Radke's resume to this correspondence.

Almost immediately after receiving the June 4, 2019 warning letter, B&B hired Clarke Solutions, an outside quality consultant, to help review B&B's quality systems and address issues identified in the warning letter. On October 31, 2019, B&B submitted its final response to FDA. The warning letter closeout was received from FDA soon thereafter.[3]

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[2] Notably, many of the 483 inspectional observations (which gave rise to the warning letter) were focused on the lack of a "separation of powers" between quality and operations. That lack of the "separation of powers" was a temporary occurrence between the termination of the prior quality manager and the hiring of Ms. Torres. In that sense, the timing of the FDA inspection was unfortunate and not indicative of B&B's standard practices.

[3] Copies of B&B's initial and final responses to the FDA warning letter are attached to this correspondence. Given the cumulative size of the attachments referenced in B&B's responses to the FDA warning letter, I have omitted those attachments from this correspondence. Upon request, we would be pleased to provide some or all of those attachments for your review.

It is also notable that since the FDA's initial inspection on October 17, 2018, B&B's staff has grown from seven employees to 16 employees, many of whom work in QA and QC processes. In all, from its substantial growth to its ISO 9001 accreditation, B&B is a wholly different company than the company that was inspected by FDA in 2018.

For the above reasons, the pending Alabama Board of Pharmacy matter should not affect the processing of B&B's renewal application.

Thank you for your time and consideration. Of course, please do not hesitate to call or email if I can provide additional information that may be useful to you or others in your office. I may be reached at (205) 427-2443 or by email at jay.mceniry@fagron.com.

Sincerely yours,

John H. McEniry, IV
SVP, Legal and Governmental Affairs

4J

Received 8/19/21

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Rev (04/01/2021)

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

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ☒ Ownership Change ☐ Name Change ☐ Location Change (in-state only)	* If making a change, provide current license number: WH 01429	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ☒ No

Section 1: General Information

Facility Name: ProVen Pharmaceuticals, LLC

Physical Address: 4110 Butler Pike Suite A 101-D

City: Plymouth Meeting State: PA Zip: 19462

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 855-678-7768 Website: www.provenpharma.com

Name of Designated Representative (DR): William Scott Wise

Licensing Company Email: scott@provenpharma.com DR Email: scott@provenpharma.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☒ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☒ Practitioners	☐ Controlled Substances
☒ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☒ Others: OTC

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

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

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: ABO PHARMACEUTICALS
Address: 7930 ARJONS DRIVE SUITE A City: SAN DIEGO State: CA Zip: 92126
Name: LONE STAR PHARMACEUTICALS INC
Address: 11951 HILLTOP RD BLDG 6 STE 18 City: ARGYLE State: TX Zip: 76226
Name: MCKESSON MEDICAL-SURGICAL INC.
Address: 9954 MAYLAND DRIVE City: RICHMOND State: VA Zip: 23233
Name: OCTAPHARMA AG
Address: 117 WEST CENTURY ROAD City: PARAMUS State: NJ Zip: 07652

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

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

Section 5: Non-Publicly Traded Corporation

State of Incorporation: DELAWARE
Parent Company (if any): Proven Holding, Inc.
Corporation Name: Proven Pharmaceuticals, LLC
Mailing Address: 25 Little Falls Drive
City: Wilmington State: DE Zip: 19808
Telephone: 855-678-7768 Email: scott@provenpharma.com
Contact Person Name: William Scott Wise President/CEO

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: Wholesaler/Distributor	X	X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide: N/A	X	X
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

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

William Scott Wise

Print Name of Authorized Person Submitting Application

W. Scott Wise

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

8/14/2021

Date

Board Use Only	Date Received: _____	Amount: 500 CC Processed 2/2/22

Date: 3/4/2022

To: Nevada Licensing or Registering Board or Agency:
(Name of State)

Name of Facility: ProVen Pharmaceuticals, LLC

Facility Address : 4110 Butler Pike Suite A 101-D Plymouth Meeting, PA 19462

Facility License, Registration, or Record number : reg-3000008064 lic-8000001780

The information below is to be completed only by a Pennsylvania state Licensing or Registering Agency. Must have State seal to be valid.

pennsylvania
DEPARTMENT OF HEALTH

717-787-4779

Current Status: Active ☑ Yes ☐ No
Location: ☑ In state ☐ Out of State/Nonresident*
Type of Facility: Wholesale Distributor/medical devices
Issue Date: 10/18/2004
Expiration Date: 11/30/2022

☑ The above facility is in good standing and has not had any formal disciplinary action under the above registration/license/record number administered or issued by the Commonwealth of Pennsylvania Department of Health DDC Program.

☐ The above facility has had any formal disciplinary action under the above registration/license record number administered or issued by the Commonwealth of Pennsylvania Department of Health DDC Program. Please explain:

Jessica Waller
Drug Program Staff- Name

Jessica Waller
Signature

Drug, Device, & Cosmetic Program (DDC Program)
Division of Home Health
Pennsylvania Department of Health

STATE SEAL:

*Interested parties are encouraged to verify status/standing with entity's home state or FDA if applicable.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PROVEN PHARMACEUTICALS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF MARCH, A.D. 2022.

Jeffrey W. Bullock, Secretary of State

4192808 8300

SR# 20221066972

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

Authentication: 202970588

Date: 03-22-22

PROVEN PHARMA | Solutions, Delivered.

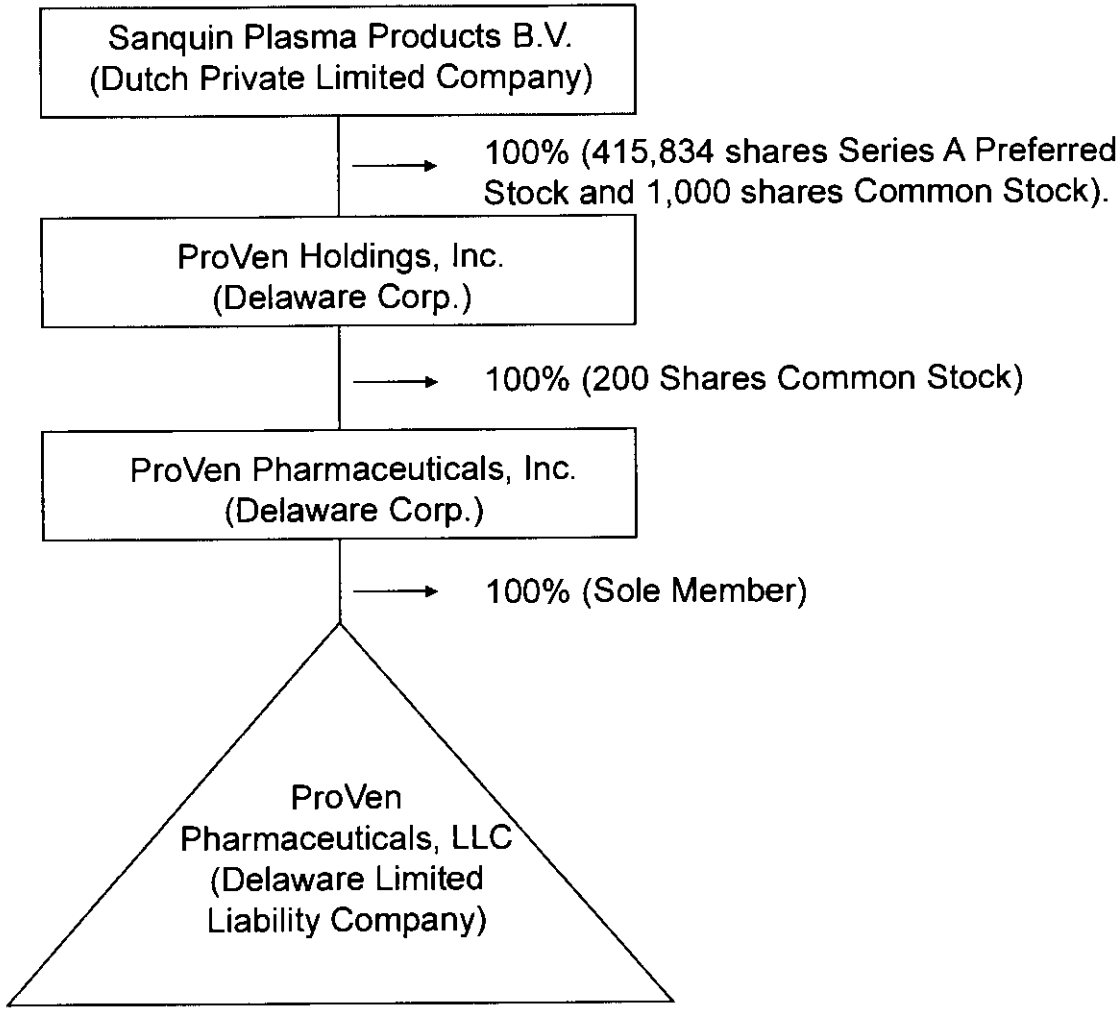
List of Corporate Officers

William Scott Wise

President & CEO

4110 Butler Pike, Suite A 101D
Plymouth Meeting, PA 19462
Ph: 1-855-678-7768
Fax: 786-249-4807
www.provenpharma.com

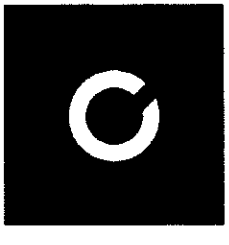
ProVen Pharmaceuticals Post Closing Organizational Chart



PROVEN PHARMA | Solutions, Delivered.

List of Indebtedness of Applicant

The applicant has no indebtedness to any employee, agent, independent contractor, consultant, guardian or personal representative.



4110 Butler Pike, Suite A 1010
Plymouth Meeting, PA 19462
Ph: 1-855-678-7768
Fax: 786-249-4807
www.provenpharma.com

Establishment Registration & Device Listing



New Search | Back To Search Results

Establishment:
PROVEN PHARMACEUTICALS, LLC
4110 Butler Pike
Suite A 101 D
Plymouth Meeting, PA 19462
Registration Number: 3011564625
FEI Number*: 3011564625
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types.
Please Review Listings For Further Information.
Date Of Registration Status: 2021

Owner/Operator:
Proven Pharmaceuticals, LLC
4110 Butler Pike
Suite A 101 D
Plymouth Meeting, PA US 19462
Owner/Operator Number: 10061042

Official Correspondent:
William S Wise
4110 Butler Pike
Suite A 101 D
Plymouth Meeting, PA 19462
Phone: 714-9310476

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

Page Last Updated: 08/16/2021
Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.
Language Assistance Available: Español | 繁體中文 | Tiếng Việt | 한국어 | Tagalog | Русский | العربية | Kreyòl Ayisyen | Français | Polski | Português | Italiano | Deutsch | 日本語 | فارسی | English

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993

Verified
M.H
8/16/21

ProVen Pharmaceuticals, LLC- Employees		
Name	**Payroll**	**Title**
Operations		
Guzman, Eugene	W2	Director of Operations
Grover, Karla	W2	Sales Contract Admin
Brooks, Tiffany	W2	Warehouse Mgr
Steinpick, Erik	W2	Purchasing Mgr
Dagenais, Ryan	W2	Data Administrator
Vladislava Zamirforv	W2	Clinical Operations Lead
Sales		
Gregory, Sharon	W2	Sales Manager
Davies, Rochelle	W2	Clincial Sales Specialist
Ariana Rodriguez	W2	Clincial Sales Specialist
Holman, Barry	W2	Clincial Sales Specialist
Sadagopan, Satish	W2	Clincial Sales Specialist
DeJesus, Cristina	W2	Clincial Sales Specialist
(Open)	W2	Clincial Sales Specialist
Busche, Cindy	W2	Clincial Sales Specialist
Getz, Steve	W2	Customer Service
(Open)	W2	Customer Service
Binney, Samantha	W2	Customer Service
Meyer, Tammy	W2	Customer Service
Guitterez, Cassandra	W2	Customer Service
McDonald, Allison	W2	Account Executive
Lewanski, Mike	W2	Account Executive
Exec/HR/Finance		
Wise, William S	W2	CEO
Vazquez, Barbara	W2	Dir of Human Resources
Gonzalez, Julie	W2	Admin Asst
1099 employees		
Vanzant, Dexter	1099	Consultant
Matamoros, Octavio	1099	Consultant
Joe Washington	1099	Consultant

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 2197662

Application/License No. WH01429

PROVEN PHARMACEUTICALS, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 18001 OLD CUTLER ROAD, SUITE 452, PALMETTO BAY, FL 33157 (Address of Applicant/Principal), as PRINCIPAL, and NORTH AMERICAN SPECIALTY INSURANCE COMPANY (Surety Company), a corporation organized under the laws of the state of NEW HAMPSHIRE (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 475 N. MARTINGALE ROAD, SUITE 850, SCHAUMBURG, IL 60173 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on AUGUST 15, 2015 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal

may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.

(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.

(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.

(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.

(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.

(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.

(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

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

In witness whereof, each party to this bond has caused it to be executed on this 14TH day of AUGUST, 2015.

APPLICANT/PRINCIPAL

PROVEN PHARMACEUTICALS, LLC

Authorized Representative

SURETY COMPANY

NORTH AMERICAN SPECIALTY INSURANCE COMPANY

Surety Company's Representative

DENNIS LANGER, Attorney-in-fact

print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness MATT BLANKENSHIP, ASSOCIATE ACCOUNT MANAGER

Witness LIZZY MORIN, ACCOUNT ADMINISTRATOR

Countersigned by:

Nevada Resident Agent Tiffany Coronado

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT CIVIL CODE § 1189

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

State of California)
County of LOS ANGELES)

On AUGUST 14, 2015 before me, SARAH E. CAMPBELL, NOTARY PUBLIC
Date *Here Insert Name and Title of the Officer*

personally appeared DENNIS LANGER
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____
Signature of Notary Public
SARAH E. CAMPBELL, NOTARY PUBLIC

Place Notary Seal Above

OPTIONAL

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

Description of Attached Document

Title or Type of Document: WHOLESALER BOND Document Date: AUGUST 14, 2015
Number of Pages: _____ Signer(s) Other Than Named Above: NONE

Capacity(ies) Claimed by Signer(s)

Signer's Name: DENNIS LANGER	Signer's Name:
☐ Corporate Officer — Title(s):	☐ Corporate Officer — Title(s):
☐ Partner — ☐ Limited ☐ General	☐ Partner — ☐ Limited ☐ General
☐ Individual ☒ Attorney in Fact	☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator	☐ Trustee ☐ Guardian or Conservator
☐ Other:	☐ Other:
Signer is Representing:	Signer is Representing:

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NAS SURETY GROUP

NORTH AMERICAN SPECIALTY INSURANCE COMPANY
WASHINGTON INTERNATIONAL INSURANCE COMPANY

GENERAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, THAT North American Specialty Insurance Company, a corporation duly organized and existing under laws of the State of New Hampshire, and having its principal office in the City of Manchester, New Hampshire, and Washington International Insurance Company, a corporation organized and existing under the laws of the State of New Hampshire and having its principal office in the City of Schaumburg, Illinois, each does hereby make, constitute and appoint:

PAUL BOUCHER, JANINA MONROE,

TIMOTHY NOONAN and DENNIS LANGER

jointly or severally

Its true and lawful Attorney(s)-in-Fact, to make, execute, seal and deliver, for and on its behalf and as its act and deed, bonds or other writings obligatory in the nature of a bond on behalf of each of said Companies, as surety, on contracts of suretyship as are or may be required or permitted by law, regulation, contract or otherwise, provided that no bond or undertaking or contract or suretyship executed under this authority shall exceed the amount of:

TEN MILLION ($10,000,000.00) DOLLARS

This Power of Attorney is granted and is signed by facsimile under and by the authority of the following Resolutions adopted by the Boards of Directors of both North American Specialty Insurance Company and Washington International Insurance Company at meetings duly called and held on the 24th of March, 2000:

"RESOLVED, that any two of the Presidents, any Managing Director, any Senior Vice President, any Vice President, any Assistant Vice President, the Secretary or any Assistant Secretary be, and each or any of them hereby is authorized to execute a Power of Attorney qualifying the attorney named in the given Power of Attorney to execute on behalf of the Company bonds, undertakings and all contracts of surety, and that each or any of them hereby is authorized to attest to the execution of any such Power of Attorney and to attach therein the seal of the Company; and it is

FURTHER RESOLVED, that the signature of such officers and the seal of the Company may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile, and any such Power of Attorney or certificate bearing such facsimile signatures or facsimile seal shall be binding upon the Company when so affixed and in the future with regard to any bond, undertaking or contract of surety to which it is attached."

By _____
Steven P. Anderson, President & Chief Executive Officer of Washington International Insurance Company & Senior Vice President of North American Specialty Insurance Company

By _____
David M. Layman, Senior Vice President of Washington International Insurance Company & Vice President of North American Specialty Insurance Company

IN WITNESS WHEREOF, North American Specialty Insurance Company and Washington International Insurance Company have caused their official seals to be hereunto affixed, and these presents to be signed by their authorized officers this 20th day of March, 2012.

North American Specialty Insurance Company
Washington International Insurance Company

State of Illinois
County of Cook ss:

On this 20th day of March, 2012 before me, a Notary Public personally appeared Steven P. Anderson, President and CEO of Washington International Insurance Company and Senior Vice President of North American Specialty Insurance Company and David M. Layman, Senior Vice President of Washington International Insurance Company and Vice President of North American Specialty Insurance Company, personally known to me, who being by me duly sworn, acknowledged that they signed the above Power of Attorney as officers of and acknowledged said instrument to be the voluntary act and deed of their respective companies.

"OFFICIAL SEAL"
DONNA D. SKLENS
Notary Public, State of Illinois
My Commission Expires 10/06/2015

Donna D. Sklens, Notary Public

I, James A. Carpenter, the duly elected Assistant Secretary of North American Specialty Insurance Company and Washington International Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney given by said North American Specialty Insurance Company and Washington International Insurance Company, which is still in full force and effect.

IN WITNESS WHEREOF, I have set my hand and affixed the seals of the Companies this 14th day of August, 2015.

James A. Carpenter, Vice President & Assistant Secretary of Washington International Insurance Company & North American Specialty Insurance Company

RIDER

North American Specialty Insurance Company
475 North Martingale Road, Suite 850
Schaumburg, IL 60173

To be attached to and form a part of:

Bond No. **2197662**

Bond Amount: **$100,000.00**

Type of Bond: **Pharmaceutical Wholesaler Surety Bond**

Executed by **Proven Pharmaceuticals, LLC**, as Principal, and by **North American Specialty Insurance Company**, as Surety, in favor of **State of Nevada and to the Nevada State Board of Pharmacy** and dated **August 14, 2015**.

In consideration of the premium charged for the attached bond, it is hereby agreed to change:
Change Address of Applicant

From:
18001 OLD CUTLER ROAD, SUITE 452, PALMETTO BAY, FL 33157

To:
4110 BUTLER PIKE, SUITE A 101D, PLYMOUTH MEETING, PA 19462

This rider is effective **June 2nd, 2020**.

This rider is executed upon the express condition that the surety's liability under said bond shall not be cumulative and shall in no event exceed the amount specifically set forth in said bond or any existing certificate changing the amount of said bond. The referenced bond shall be subject to all its agreements, limitations and conditions except as herein expressly modified.

SIGNED, SEALED AND DATED this **2nd** day of **June**, **2020**.

North American Specialty Insurance Company

By: _____
Adriana Valenzuela, Attorney-in-Fact

SWISS RE CORPORATE SOLUTIONS

NORTH AMERICAN SPECIALTY INSURANCE COMPANY
WASHINGTON INTERNATIONAL INSURANCE COMPANY

GENERAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, THAT North American Specialty Insurance Company, a corporation duly organized and existing under laws of the State of New Hampshire, and having its principal office in the City of Kansas City, Missouri, and Washington International Insurance Company, a corporation organized and existing under the laws of the State of New Hampshire and having its principal office in the City of Kansas City, Missouri, each does hereby make, constitute and appoint:

PAUL BOUCHER, JANINA MONROE, TIMOTHY NOONAN, DENNIS LANGER, MICHELLE HAASE, and MARTHA BARRERAS
JENNIFER OCHS, and ADRIANA VALENZUELA
JOINTLY OR SEVERALLY

Its true and lawful Attorney(s)-in-Fact, to make, execute, seal and deliver, for and on its behalf and as its act and deed, bonds or other writings obligatory in the nature of a bond on behalf of each of said Companies, as surety, on contracts of suretyship as are or may be required or permitted by law, regulation, contract or otherwise, provided that no bond or undertaking or contract or suretyship executed under this authority shall exceed the amount of:

FIFTY MILLION ($50,000,000.00) DOLLARS

This Power of Attorney is granted and is signed by facsimile under and by the authority of the following Resolutions adopted by the Boards of Directors of both North American Specialty Insurance Company and Washington International Insurance Company at meetings duly called and held on the 9th of May, 2012:

"RESOLVED, that any two of the Presidents, any Managing Director, any Senior Vice President, any Vice President, any Assistant Vice President, the Secretary or any Assistant Secretary be, and each or any of them hereby is authorized to execute a Power of Attorney qualifying the attorney named in the given Power of Attorney to execute on behalf of the Company bonds, undertakings and all contracts of surety, and that each or any of them hereby is authorized to attest to the execution of any such Power of Attorney and to attach therein the seal of the Company; and it is

FURTHER RESOLVED, that the signature of such officers and the seal of the Company may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile, and any such Power of Attorney or certificate bearing such facsimile signatures or facsimile seal shall be binding upon the Company when so affixed and in the future with regard to any bond, undertaking or contract of surety to which it is attached."

NORTH AMERICAN SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1973 NEW HAMPSHIRE

By _____
Steven P. Anderson, Senior Vice President of Washington International Insurance Company & Senior Vice President of North American Specialty Insurance Company

By _____
Michael A. Ito, Senior Vice President of Washington International Insurance Company & Senior Vice President of North American Specialty Insurance Company

WASHINGTON INTERNATIONAL INSURANCE COMPANY CORPORATE SEAL NEW HAMPSHIRE

IN WITNESS WHEREOF, North American Specialty Insurance Company and Washington International Insurance Company have caused their official seals to be hereunto affixed, and these presents to be signed by their authorized officers this 20th day of November, 2019.

North American Specialty Insurance Company
Washington International Insurance Company

State of Illinois
County of Cook ss:

On this 20th day of November, 2019, before me, a Notary Public personally appeared Steven P. Anderson, Senior Vice President of Washington International Insurance Company and Senior Vice President of North American Specialty Insurance Company and Michael A. Ito, Senior Vice President of Washington International Insurance Company and Senior Vice President of North American Specialty Insurance Company, personally known to me, who being by me duly sworn, acknowledged that they signed the above Power of Attorney as officers of and acknowledged said instrument to be the voluntary act and deed of their respective companies.

OFFICIAL SEAL
M. KENNY
Notary Public - State of Illinois
My Commission Expires
12/04/2021

_____
M. Kenny, Notary Public

I, Jeffrey Goldberg, the duly elected Assistant Secretary of North American Specialty Insurance Company and Washington International Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney given by said North American Specialty Insurance Company and Washington International Insurance Company, which is still in full force and effect.

IN WITNESS WHEREOF, I have set my hand and affixed the seals of the Companies this 2nd day of JUNE, 2020.

_____
Jeffrey Goldberg, Vice President & Assistant Secretary of
Washington International Insurance Company & North American Specialty Insurance Company

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT **CIVIL CODE § 1189**

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

State of California)
County of LOS ANGELES)

On June 2, 2020 before me, JENNIFER OCHS, NOTARY PUBLIC,
Date *Here Insert Name and Title of the Officer*

personally appeared ADRIANA VALENZUELA
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

JENNIFER OCHS
Notary Public - California
Los Angeles County
Commission # 2185503
My Comm. Expires Mar 3, 2021

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____
Signature of Notary Public
JENNIFER OCHS, NOTARY PUBLIC

Place Notary Seal Above

OPTIONAL

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

Description of Attached Document

Title or Type of Document: _____ Document Date: _____
Number of Pages: _____ Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator
☐ Other: _____
Signer Is Representing: _____

Signer's Name: _____
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator
☐ Other: _____
Signer Is Representing: _____

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PROVEN PHARMA | Solutions, Delivered.

August 1st ,2021

Statement of Explanation Question #5 voluntary surrender of license

Proven Pharmaceuticals, LLC

Surrendered September 2019 for voluntary closure of location.

Permit #2220143

ProVen Pharmaceuticals, LLC

4300 SW 73rd Ave., Suite 102

Miami, FL 33155

Regards,

W. Scott Wise

4110 Butler Pike, Suite A 101D
Plymouth Meeting, PA 19462
Ph: 1-855-678-7768
Fax: 786-249-4807
www.provenpharma.com

LOCKTON INSURANCE BROKERS, LLC.
SCHEDULE OF BONDS AS OF DECEMBER 2019
PROVEN PHARAMCEUTICALS, LLC

BOND NUMBER	TYPE OF BOND	PRINCIPAL	OBLIGEE	BOND AMOUNT	SURETY	NOTES
2220654	PHARMACEUTICAL DRUG FACILITY SURETY BOND	PROVEN PHARMACEUTICALS, LLC	STATE OF MISSISSIPPI / BOARD OF PHARMACY	$ 100,000.00	NORTH AMERICAN SPECIALTY INSURANCE CO.	
2204232	WHOLESALER DISTRIBUTOR BOND	PROVEN PHARMACEUTICALS, LLC	STATE OF MARYLAND / BOARD OF PHARMACY	$ 100,000.00	NORTH AMERICAN SPECIALTY INSURANCE CO.	
2197658	NON-RESIDENT FULL SERVICE DRUG WHOLESALER	PROVEN PHARMACEUTICALS, LLC	STATE OF ARIZONA / STATE BOARD OF PHARMACY	$ 100,000.00	NORTH AMERICAN SPECIALTY INSURANCE CO.	
2197659	NON-RESIDENT WHOLESALER SURETY BOND	PROVEN PHARMACEUTICALS, LLC	STATE OF CALIFORNIA / PHARMACY BOARD CONTINGENT FUND	$ 100,000.00	NORTH AMERICAN SPECIALTY INSURANCE CO.	
2197660	PRESCRIPTION DRUG WHOLESALER DISTRIBUTOR SURETY BOND	PROVEN PHARMACEUTICALS, LLC	STATE OF FLORIDA / DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION	$ 100,000.00	NORTH AMERICAN SPECIALTY INSURANCE CO.	
2197661	OUT OF STATE PRESCRIPTION DRUG WHOLESALER	PROVEN PHARMACEUTICALS, LLC	STATE OF NEBRASKA	$ 100,000.00	NORTH AMERICAN SPECIALTY INSURANCE CO.	
2197662	PHARMACEUTICAL WHOELSALER SURETY BOND	PROVEN PHARMACEUTICALS, LLC	STATE OF NEVADA / STATE BOARD OF PHARMACY	$ 100,000.00	NORTH AMERICAN SPECIALTY INSURANCE CO.	
2197663	OUT OF STATE PRESCRIPTION DRUG WHOLESALER	PROVEN PHARMACEUTICALS, LLC	STATE OF OREGON	$ 100,000.00	NORTH AMERICAN SPECIALTY INSURANCE CO.	
2197664	BOND OF PRESCRIPTION DRUG WHOLESALER DISTRIBUTOR	PROVEN PHARMACEUTICALS, LLC	STATE OF WISCONSIN / DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES	$ 5,000.00	NORTH AMERICAN SPECIALTY INSURANCE CO.	
2274208	PHARMECEUTICAL DEALER LICENSE BOND	PROVEN PHARMACEUTICALS, LLC	STATE OF IOWA / BOARD OF PHARMACY	$ 25,000.00	NORTH AMERICAN SPECIALTY INSURANCE CO.	
			Grand Total	$ 830,000.00		

CONFIDENTIAL

PROVEN PHARMA | Solutions.Delivered

August 1st ,2021

Statement of Explanation Question #5 voluntary surrender of license

Proven Pharmaceuticals, LLC

Surrendered September 2019 for voluntary closure of location.

Permit #2220143

ProVen Pharmaceuticals, LLC

4300 SW 73rd Ave., Suite 102

Miami, FL 33155

Regards,

W. Scott Wise

4110 Butler Pike, Suite A 101D
Plymouth Meeting, PA 19462
Ph: 1-855-678-7768
Fax: 786-249-4807
www.provenpharma.com

PROVEN PHARMA | Solutions.Delivered.

August 1st ,2021

Personal History Statement of Explanation Question #9 voluntary surrender of license

Proven Pharmaceuticals, LLC

Voluntarily surrendered facility license in September 2019 for voluntary closure of location.

Permit #2220143

ProVen Pharmaceuticals, LLC

4300 SW 73rd Ave., Suite 102

Miami, FL 33155

Regards,

W. Scott Wise

W. Scott Wise

4110 Butler Pike, Suite A 101D
Plymouth Meeting, PA 19462
Ph: 1-855-678-7768
Fax: 786-249-4807
www.provenpharma.com

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information Y

Name of Pharmacy/Wholesaler ProVen Pharmaceuticals, LLC

Physical Address 4110 Butler Pike Suite A 101-D

City Plymouth Meeting State PA Zip 19462

Mailing Address (if different from physical address) same N/A

City _____ State _____ Zip _____

Telephone 855-678-7768 Website provenpharma.com

Licensing Company Email scott@provenpharma.com

Section 2: Personal Information

First William Middle Scott Last Wise

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

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

Mailing Address 4110 Butler Pike Suite A 101-D

City Plymouth Meeting State PA Zip 19462

Telephone 855-678-7768 Email scott@provenpharma.com

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

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

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

Applicant's initials WSW

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

School Name		From - To (MM/YY – MM/YY)	
University of Kentuky		09/85-12/88	
Address	City	State	Zip
410 Administration Dr	Lexington	Ky	40506
Diploma/Degree obtained, if any			
Bachelors of Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Bellevue High School		08/79-05/82	
Address	City	State	Zip
201 Center Street	Bellevue	KY	41073
Diploma/Degree obtained, if any			
High School Diploma			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/05 - 08/21	[redacted] SW 70th Ave	Pinecrest	KY	33156
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials WCAW

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Proven Pharmaceuticals, LLC			12/12 - Current
Business Address	**City**	**State**	**Zip**
4110 Butler Pike, Suite A 101 D	Plymouth Meeting	PA	19462
Phone	**Title**	**Number of Employed Hours**	
855-678-7768	President and General Manager	18,720	
Description of Duties			
Oversee the day to day operations including all warehousing functions including, but not limited to, goods receiving, pick, pack, ship and record keeping.			

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

This is in response to Question # 9. **Provide all the following *where applicable*:**

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

Provide explanation below:

Proven Pharmaceuticals, LLC
Voluntary Surrendered Wholesale Distribution License
September 2019 due to closure of location.
Permit #2220143
ProVen Pharmaceuticals, LLC
4300 SW 73rd Ave., Suite 102
Miami, FL 33155

W. Scott Wise
Original Signature (electronic, copies or stamps not accepted)

8/14/2021
Date

Applicant's initials _____

I, William Scott Wise, **certify that as the designated representative for**

Provpw Pharmaceuticals LLC,

that I am qualified as follows and will comply with the following: Type text here

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

William Scott Wise

Print Name (First, Last)

W. Scott Wise

Original Signature (electronic, copies or stamps not accepted)

8/14/2021

Date

Applicant's initials WSW

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

William Scott Wise
Print Name (First, Last)

W. Scott Wise — 8-16-21
Original Signature (electronic, copies or stamps not accepted) — Date

---

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

State of Pennsylvania, ss. County of Montgomery

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

W. Scott Wise — 8-16-21
Original Signature — **Date**

Subscribed and Sworn to before me this 16th day of August, 2021.

Katie Parkinson
Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
Katie A Parkinson, Notary Public
Montgomery County
My Commission Expires September 23, 2024
Commission Number 1379919

(Seal)

Applicant's initials WSW

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (04/22/2021)

Y

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler ProVen Pharmaceuticals, LLC

Physical Address 4110 Butler Pike Suite A 101-D

City Plymouth Meeting State PA Zip 19462

Mailing Address (if different from physical address) N/A

City _____ State _____ Zip _____

Telephone 855-678-7768 Website provenpharma.com

Licensing Company Email scott@provenpharma.com

Section 2: Personal Information

First William Middle Scott Last Wise

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

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

Mailing Address 4110 Butler Pike Suite A 101-D

City Plymouth Meeting State PA Zip 19462

Telephone 855-678-7768 Email scott@provenpharma.com

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

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

Date of Service: From: NA to: NA

Military Occupation/Specialty NA

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

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

Applicant's initials WSW

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

School Name		From - To (MM/YY – MM/YY)	
University of Kentucky		09/85 - 12/88	
Address	City	State	Zip
410 Administration DR	Lexington	KY	40506
Diploma/Degree obtained, if any			
Bachelors of Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Bellevue High School		08/79 - 05/82	
Address	City	State	Zip
201 Center Street	Bellevue	KY	41073
Diploma/Degree obtained, if any			
High School Diploma			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/2005-08/21	[redacted] SW 70th Ave	Pinecrest	FL	33156
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials WSW

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

Business Name			From - To (MM/YY – MM/YY)
Proven Pharmaceuticals, LLC			12/12 - Current
Business Address	**City**	**State**	**Zip**
4110 Butler Pike, Suite A 101 D	Plymouth Meeting	PA	19462
Phone	**Title**		
855-678-7768	President		

Description of Duties

Responsible for overseeing all of the day to day business activities. Including all warehousing functions, not limited to goods receiving, pick, pack, ship and record keeping.

Business Name			From - To (MM/YY – MM/YY)
Novis Pharmaceuticals,LLC			06/07 - 12/12
Business Address	**City**	**State**	**Zip**
5000 SW 75th Ave Suite 121	Miami	FL	33155
Phone	**Title**		
800-727-6711	VP of Operations		

Responsible for overseeing all aspects of warehouse and distribution, not limited to all warehouse house functions including, goods receiving, pick ,pack, ship and record keeping.

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

Description of Duties

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

Description of Duties

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

Description of Duties

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

This is in response to Question # 9. **Provide all the following *where applicable*:**

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

Provide explanation below:

Proven Pharmaceuticals, LLC
Voluntary Surrendered Wholesale Distribution License
September 2019 due to closure of location.
Permit #2220143
ProVen Pharmaceuticals, LLC
4300 SW 73rd Ave., Suite 102
Miami, FL 33155

W. Scott Wise
Original Signature (electronic, copies or stamps not accepted)

8/14/2021
Date

Applicant's initials WSW

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

William Scott Wise

Print Name (First, Last)

W Scott Wise

Original Signature (electronic, copies or stamps not accepted)

8-16-21

Date

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

State of Pennsylvania, ss. County of Montgomery

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

W. Scott Wise

Original Signature

8-16-21

Date

Subscribed and Sworn to before me this 16th day of August, 2021.

Katie Parkinson

Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
Katie A Parkinson, Notary Public
Montgomery County
My Commission Expires September 23, 2024
Commission Number 1379919

(Seal)

Applicant's initials WSW

4K

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Rev (08/12/2021)

Where is the facility located?	☐ Nevada ☒ Out-of-State
Is your facility a reverse distributor?	☐ Yes ☒ No

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☐ New Wholesaler ☒ Ownership Change* ☐ Name Change* ☐ Location Change* (in-state only)	* If making a change, provide current license number: WH WH02362	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Rising Pharma Holdings, Inc. d/b/a Rising Pharmaceuticals

Physical Address: 650 Randolph Road

City: Somerset State: NJ Zip: 08873

Mailing Address (if different from physical address): c/o State License Servicing, 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (201) 961-9000 Website: www.risingpharma.com

Name of Designated Representative (DR): Christopher M. Washington

Licensing Company Email: RPI@slsny.com DR Email: cwashington@risingpharma.com

Entities the Wholesaler will Serve	**Products to be Handled or Wholesaled**
☐ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☒ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☒ Others: Distributors, US Government	☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

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

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Sigmapharm Laboratories, LLC
Address: 3375 Progress Dr. City: Bensalem State: PA Zip: 19020

Name: Unique Pharmaceuticals Laboratories
Address: Plot No. 215-219, GIDC Industrial Area City: Bharuch, Gujarat ~~State:~~ India ~~Zip:~~ 394116

Name: Aurolife Pharma LLC
Address: 2400 Route 130N City: Dayton State: NJ Zip: 08810

Name: Aurobindo Pharma Ltd.
Address: Auro House, Sy. No. 313 Bachupally Village, Qithubullapur Mandal, Ranga Reddy Dist. ~~City:~~ ~~State:~~ India ~~Zip:~~ 50090

N/A

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

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

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DE
Parent Company (if any): Rasin Acquisition Co, Inc.
Corporation/Organization Name: Rising Pharma Holdings, Inc. d/b/a Rising Pharmaceuticals
Mailing Address: c/o State License Servicing 1751 State Route 17A, Suite 3
City: Florida State: NY Zip: 10921
Telephone: (845) 544-2482 Email: RPI@slsny.com
Contact Person Name: Christine Cannon

N/A

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

N/A

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

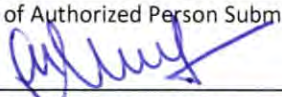
Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	X	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A - 100% sole ownership: Raisin Acquisition Co, Inc.		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** 3PL- DEA	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

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

Vimal Kavuru

Print Name of Authorized Person Submitting Application



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

12/20/21

Date

Board Use Only	Date Received: _____	Amount: 500 CHECK #3861

Rising Pharma Holdings, Inc. dba Rising Pharmaceuticals Organizational Chart



Raisin Intermediate, Inc.
EIN# 87-3201428

Raisin Acquisition Co, Inc.
EIN# 87-3202338

Rising Pharma Holdings Inc.
EIN# 83-3859401

Org Chart

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0745193

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: ☐ manufacturer ☒ wholesaler which conducts business at the following locations in this State:

650 RANDOLPH RD SOMERSET, NJ 08873-

Reg. No.
5002759

RISING PHARMA HOLDINGS, INC.
RISING PHARMACEUTICALS
C/O STATE LICENSE SERVICING
1751 STATE ROUTE 17A, STE 3
FLORIDA, NY 10921-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2023

Establishment Copy

Home State (NJ)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RISING PHARMA HOLDINGS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF JANUARY, A.D. 2022.

Jeffrey W. Bullock, Secretary of State

7304068 8300

SR# 20220173770

Authentication: 202524375

Date: 01-29-22

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

Rising Pharma Holdings, Inc.
d/b/a Rising Pharmaceuticals

Corporate Address: 2 Tower Center Blvd, Suite 1401A, East Brunswick, NJ 08816 USA
FEIN: 83-3859401
www.risingpharma.com

Drug Labeler Code: 64980
Incorporation State: DE
Incorporation Date: 03/01/2019

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
RRS	650 Randolph Road Somerset, NJ 08873 County: Somerset	N/A	N/A - Uses 3PL DEA	117474229	No	(201) 961-9000	(201) 961-1234

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority
Christopher M. Washington	[redacted]Allens Corner Rd Flemington, NJ 08822	Designated Representative	

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority
Raisin Acquisition Co, Inc.	1271 Avenue of the Americas #23 New York, NY 10020		100	

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority
Vimal Kavuru	[redacted]Navesink River Rd Rumson, NJ 07760	CEO	No

REGISTERED AGENT IN ALL APPLICABLE STATES

Name
Incorp Services, Inc.
Corporation Service Company

3PLS

Name	Address	Title	Prescribing Authority
Eversana Life Science Services LLC	4580 Mendenhall Rd Memphis, TN 38141		

Maria Herrera

From: Compliance Department <compliance@slsnysupport.com>
Sent: Wednesday, April 27, 2022 7:28 AM
To: Maria Herrera
Subject: Fwd: [#128629] Nevada Out-of-State Wholesaler application-Rising Pharma Holdings, Inc. dba Rising Pharmaceuticals CHOW WH02362

Follow Up Flag: Follow up
Flag Status: Completed

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Ticket ID : 128629

Good morning Miss Herrera,

I hope this e-mail finds you well,

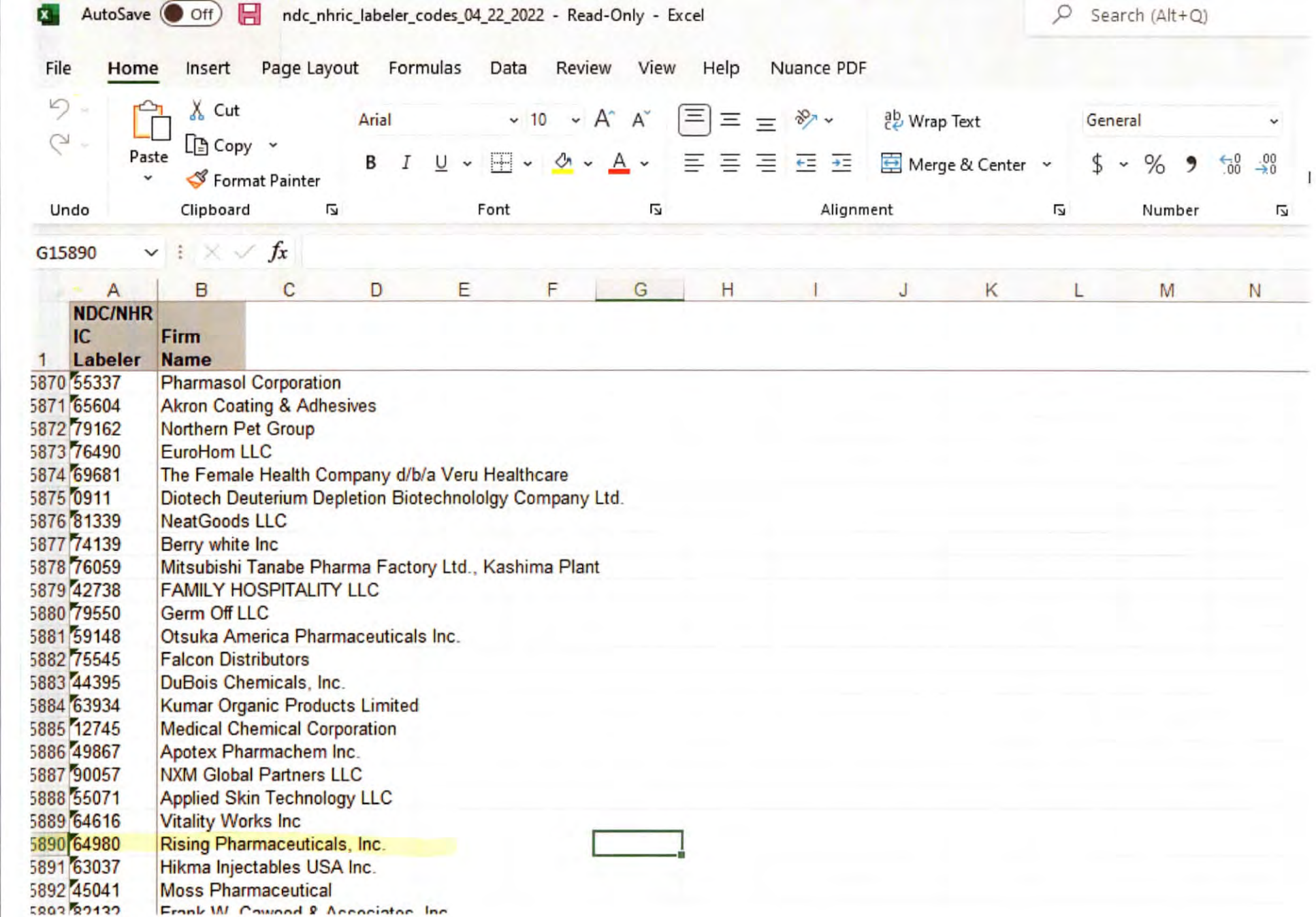
Yes, they have a labeler code, the drug Labeler Code is: 64980.

Please let me know if there is anything else I can assist you with.

Sincerely,

Tania Andujar
Customer Service
Pharmaregs, Inc.
State License Servicing, Inc
CIM 90, Carr. 165, Suite C-102
Guaynabo, PR 00968
Phone: (814) 350-2452

> On Wed, 27 Apr at 10:14 AM , NV Contact Maria Herrera <m.herrera@pharmacy.nv.gov> wrote:
> Good Morning Tania,
>
> We are finalizing the application and noticed that there could be a labeler code associated with the facility, can you confirm?



	A	B
1	NDC/NHRIC Labeler	Firm Name
5870	55337	Pharmasol Corporation
5871	65604	Akron Coating & Adhesives
5872	79162	Northern Pet Group
5873	76490	EuroHom LLC
5874	69681	The Female Health Company d/b/a Veru Healthcare
5875	0911	Diotech Deuterium Depletion Biotechnololgy Company Ltd.
5876	81339	NeatGoods LLC
5877	74139	Berry white Inc
5878	76059	Mitsubishi Tanabe Pharma Factory Ltd., Kashima Plant
5879	42738	FAMILY HOSPITALITY LLC
5880	79550	Germ Off LLC
5881	59148	Otsuka America Pharmaceuticals Inc.
5882	75545	Falcon Distributors
5883	44395	DuBois Chemicals, Inc.
5884	63934	Kumar Organic Products Limited
5885	12745	Medical Chemical Corporation
5886	49867	Apotex Pharmachem Inc.
5887	90057	NXM Global Partners LLC
5888	55071	Applied Skin Technology LLC
5889	64616	Vitality Works Inc
5890	64980	Rising Pharmaceuticals, Inc.
5891	63037	Hikma Injectables USA Inc.
5892	45041	Moss Pharmaceutical
5893	82132	Frank W. Cawood & Associates, Inc

Last Updated 5/29/19

First Name	Last Name	Title	Dept	Supervisor	Dept	Hiring Agency	Start Date	LDW	Notes
Chris	Washington								
Tammy	Cook								
Danielle	Shamy	Receiving Supervisor	Inbound	Tammy Cook	Distribution & Logistics	Rising			
Tiffany	Guerrero	Outbound Supervisor	Outbound	Tammy Cook	Distribution & Logistics	Rising			
Lenin	Fierro	Warehouse Lead	Outbound	Tiffany Guerrero	Distribution & Logistics	Rising	10/9/18		
Jessica	Faulkenberry	Inventory Control Lead	Inventory	Tammy Cook	Distribution & Logistics	Rising	11/12/18		
Rajat	Patel	Warehouse Analyst	Operations	Chris Washington	Distribution & Logistics	Rising			
Jay	Venkateslu	Warehouse Analyst	Operations	Tammy Cook	Distribution & Logistics	Rising			
Galo	Gomez	Material Handler	Inbound	Danielle Shamy	Distribution & Logistics	Rising	10/9/18		
Oscar	Membreno	Material Handler	Outbound	Tiffany Guerrero	Distribution & Logistics	Rising	11/12/18		
Juan	Martinez	Material Handler	Outbound	Tiffany Guerrero	Distribution & Logistics	Rising			
Rickey	Farrington	Material Handler	Outbound	Tiffany Guerrero	Distribution & Logistics	Rising			
Don Poncho	Van Liew	Material Handler	Outbound	Tiffany Guerrero	Distribution & Logistics	Rising			
Rennie	Alston	Transportation Analyst	Operations	Chris Washington	Distribution & Logistics	Rising			
Bryan	Carmona	Material Handler	Outbound	Tiffany Guerrero	Distribution & Logistics	ExpressPros	9/11/18		
Emmanual	Del Toro Velez	Material Handler	Outbound	Tiffany Guerrero	Distribution & Logistics	ExpressPros	1/14/19		
Frank	Kelly	Inventory Control Analyst	Inventory	Tammy Cook	Distribution & Logistics	ExpressPros	12/17/18		
Juan	Diaz	Material Handler	Outbound	Danielle Shamy	Distribution & Logistics	ExpressPros	1/14/19		
Leidy	Fernandez-Ramiez	Lead Material Handler	Outbound	Tiffany Guerrero	Distribution & Logistics	ExpressPros	10/24/18		
Luis	Salgado	Material Handler	Outbound	Tiffany Guerrero	Distribution & Logistics	ExpressPros	2/25/19		
Luis	Herrea	Material Handler	Inbound	Danielle Shamy	Distribution & Logistics	ExpressPros	3/26/19		
Sandy	Martinez	Material Handler	Outbound	Tiffany Guerrero	Distribution & Logistics	ExpressPros	4/29/19		
Shruthi	Kolla	S&R Clerk	Clerical	Tammy Cook	Distribution & Logistics	ExpressPros	11/5/18		
Lorena	Ruiz	Dispatch	Clerical	Danielle Shamy	Distribution & Logistics	ExpressPros	5/20/19		
Jose	Meijer	Porter	Operations	Tammy Cook	Distribution & Logistics	ExpressPros	4/29/19		

Employee List

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RD0205333	08-31-2022	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	07-02-2021

EVERSANA LIFE SCIENCE SERVICES, LLC
4580 S MENDENHALL RD
MEMPHIS, TN 381416700

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

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Form DEA-223 (9/2016)

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Rising Pharma Holdings, Inc. d/b/a Rising Pharmaceuticals

Physical Address: 650 Randolph Road

City: Somerset State: NJ Zip: 08873

Mailing Address (if different from physical address): c/o State License Servicing 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Website: www.risingpharma.com

Licensing Company Email: RPI@slsny.com

Section 2: Personal Information

First: Christopher Middle: M. Last: Washington

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

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

Mailing Address: [redacted] Allens Corner Rd

City: Flemington State: NJ Zip: 08822

Telephone: [redacted] Email: cwashington@risingpharma.com

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

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

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

Applicant's initials: CW

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

School Name		From - To (MM/YY – MM/YY)	
Boston Architectural College		09/2000 - 09/2001	
Address	**City**	**State**	**Zip**
320 Newbury ST	Boston	MA	02115
Diploma/Degree obtained, if any			
MBA Courses, Design & Administration			

School Name		From - To (MM/YY – MM/YY)	
Rutgers University		09/1995 - 05/1999	
Address	**City**	**State**	**Zip**
57 US Highway 1	New Brunswick	NJ	08901
Diploma/Degree obtained, if any			
BA			

School Name		From - To (MM/YY – MM/YY)	
St. Sebastians Country Day School		09/1991 - 06/1995	
Address	**City**	**State**	**Zip**
1191 Greendale Avenue	Needham	MA	02192
Diploma/Degree obtained, if any			
High School Diploma			

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/2016 - Present	[redacted] Allens Corner Rd	Flemington	NJ	08822
02/2008 - 06/2016	[redacted] Applebutter Road	Danielsville	PA	18038
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Rising Pharma Holdings, Inc. d/b/a Rising Pharmaceuticals			2017 - Present
Business Address	**City**	**State**	**Zip**
650 Randolph Road	Somerset	NJ	08873
Phone	**Title**		**Number of Employed Hours**
(201) 961-9000	Designated Representative		8,320hrs @ 40hr a wk
Description of Duties			
Directs all policy, procedure and operational aspects of the distribution center. Ensures timely and cost efficient delivery of inventory and finished goods. Utilizes systems to monitor and track inventory through the distribution chain and identify and resolve issues.			

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

Applicant's initials _____

I, Christopher M. Washington, **certify that as the designated representative for**

Rising Pharma Holdings, Inc. d/b/a Rising Pharmaceuticals,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Christopher M. Washington

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/20/21

Date

Applicant's initials

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

Christopher M. Washington

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/20/21

Date

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

State of _____, ss. County of _____

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

Original Signature Christopher M. Washington

12/20/21

Date

Subscribed and Sworn to before me this 20 day of DECEMBER 2021

Notary Public Signature

CHRISTINE ANN CANNON
NOTARY PUBLIC-STATE OF NEW YORK
No. 01CA6228611
Qualified in Orange County
My Commission Expires 09-27-2022

(Seal)

Applicant's initials CW

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 0754159

Application/License No. _____

Rising Pharma Holdings, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 650 Randolph Road, Somerset, NJ 08873 (Address of Applicant/Principal), as PRINCIPAL, and International Fidelity Insurance Company (Surety Company), a corporation organized under the laws of the state of New Jersey (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 1 Riverfront Plaza, Suite 920, Newark, NJ 07102 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on June 19, 2019 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

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

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

In witness whereof, each party to this bond has caused it to be executed on this 19th day of June, 2019.

APPLICANT/PRINCIPAL
Rising Pharma Holdings, Inc.

Authorized Representative

SURETY COMPANY
International Fidelity Insurance Company

Surety Company's Representative

Robyn Rost, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Pamela Wylie
Witness

Witness

Countersigned by:

Nevada Resident Agent

POWER OF ATTORNEY

Bond # 0754159

INTERNATIONAL FIDELITY INSURANCE COMPANY
ALLEGHENY CASUALTY COMPANY

One Newark Center, 20th Floor, Newark, New Jersey 07102-5207 PHONE: (973) 624-7200

KNOW ALL MEN BY THESE PRESENTS: That **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and **ALLEGHENY CASUALTY COMPANY** a corporation organized and existing under the laws of the State of New Jersey, having their principal office in the City of Newark, New Jersey, do hereby constitute and appoint

MICHAEL PARR, ROBYN ROST

Summmit, NJ

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **INTERNATIONAL FIDELITY INSURANCE COMPANY and ALLEGHENY CASUALTY COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **INTERNATIONAL FIDELITY INSURANCE COMPANY and ALLEGHENY CASUALTY COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **INTERNATIONAL FIDELITY INSURANCE COMPANY** at a meeting duly held on the 20th day of July, 2010 and by the Board of Directors of **ALLEGHENY CASUALTY COMPANY** at a meeting duly held on the 10th day of July, 2015 :

"**RESOLVED**, that (1) the Chief Executive Officer, President, Executive Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, **INTERNATIONAL FIDELITY INSURANCE COMPANY** and **ALLEGHENY CASUALTY COMPANY** have each executed and attested these presents on this 31st day of December, 2017

INTERNATIONAL FIDELITY INSURANCE COMPANY CORPORATE SEAL 1904 NEW JERSEY

STATE OF NEW JERSEY
County of Essex

George R. James
Executive Vice President (International Fidelity Insurance Company) and
Vice President (Allegheny Casualty Company)

ALLEGHENY CASUALTY COMPANY 1936 NEW JERSEY

On this 31st day of December, 2017 , before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of **INTERNATIONAL FIDELITY INSURANCE COMPANY and of ALLEGHENY CASUALTY COMPANY**; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.

CATHY CRUZ NOTARY PUBLIC MY COMMISSION EXPIRES 04-16-2019 STATE OF NEW JERSEY

IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Cathy Cruz a Notary Public of New Jersey
My Commission Expires April 16, 2019

CERTIFICATION

I, the undersigned officer of **INTERNATIONAL FIDELITY INSURANCE COMPANY** and **ALLEGHENY CASUALTY COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, June 19, 2019

B31765 USI Insurance Services, LLC.

Maria H. Branco

Maria H. Branco, Assistant Secretary

INTERNATIONAL FIDELITY INSURANCE COMPANY

ONE NEWARK CENTER, 20TH FLOOR, NEWARK, NEW JERSEY 07102-5207

STATEMENT OF ASSETS, LIABILITIES, SURPLUS AND OTHER FUNDS

AT DECEMBER 31, 2018

ASSETS

Bonds (Amortized Value)	$126,525,302
Common Stocks (Market Value)	24,794,502
Mortgage Loans on Real Estate	344,840
Cash, Bank Deposits & Short Term Investments	42,240,486
Unpaid Premiums & Assumed Balances	9,544,138
Reinsurance Recoverable from Reinsurers	83,650
Electronic Data Processing Equipment	423,280
Investment Income Due and Accrued	1,307,538
Current Federal & Foreign income Tax Recoverable & Interest thereon	971,023
Net Deferred Tax Assets	1,298,541
Receivables from Parent, Subsidiaries & Affiliates	2,216,045
Other Assets	18,400,278
TOTAL ASSETS	$228,149,623

LIABILITIES, SURPLUS & OTHER FUNDS

Losses (Reported Losses Net as to Reinsurance Ceded and Incurred But Not Reported Losses)	$8,729,241
Reinsurance Payable on Paid Losses and Loss Adjustment Expenses	1,255,433
Loss Adjustment Expenses	3,910,677
Commissions Payable, Contingent Commissions & Other Similar Charges	1,731,782
Other Expenses (Excluding Taxes, Licenses and Fees)	4,194,006
Taxes, Licenses & Fees (Excluding Federal Income Tax)	446,580
Unearned Premiums	38,599,862
Dividends Declared & Unpaid: Policyholders & Stockholders	700,000
Ceded Reinsurance Premiums Payable	2,452,973
Funds Held by Company under Reinsurance Treaties	1,031
Amounts Withheld by Company for Account of Others	70,169,700
Provision for Reinsurance	31,630
Payable to Parent, Subsidiaries and Affiliates	46,354
Other Liabilities	5,144
TOTAL LIABILITIES	$132,274,413
Common Capital Stock	$3,600,000
Gross Paid-In & Contributed Surplus	374,600
Surplus Notes	16,000,000
Unassigned Funds (Surplus)	81,855,190
Less: Treasury Stock at cost (50,682 shares common) (value incl. $45.)	5,954,580
Surplus as Regards Policyholders	$95,875,210
TOTAL LIABILITIES, SURPLUS & OTHER FUNDS	$228,149,623

I, John M Mruk, Treasurer of INTERNATIONAL FIDELITY INSURANCE COMPANY, certify that the foregoing is a fair statement of Assets, Liabilities, Surplus and Other Funds of this Company, at the close of business, December 31, 2018, as reflected by its books and records and as reported in its statement on file with the Insurance Department of the State of New Jersey.



IN TESTIMONY WHEREOF, I have set my hand and affixed the seal of the Company, this 22nd day of February, 2019.
INTERNATIONAL FIDELITY INSURANCE COMPANY

4L

NEVADA STATE BOARD OF PHARMACY

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

Wholesaler Application

Rev (08/12/2021)

Y

Where is the facility located?	☐ Nevada ☑ Out-of-State
Is your facility a reverse distributor?	☐ Yes ☑ No

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

Section 1: General Information

Facility Name: The Hibbert Group

Physical Address: 19521 East 32nd Parkway

City: Aurora State: CO Zip: 80011

Mailing Address (if different from physical address): 400 Pennington Avenue

City: Trenton State: NJ Zip: 08618

Telephone: 609-222-6686 Website: www.hibbert.com

Name of Designated Representative (DR): Brad Byrnes

Licensing Company Email: Quality_Assurance@hibbertgroup.com DR Email: bbyrnes@hibbertgroup.com

Entities the Wholesaler will Serve	**Products to be Handled or Wholesaled**
☑ Pharmacies	☑ Legend Pharmaceuticals, Supplies or Devices
☑ Practitioners	☐ Controlled Substances
☑ Hospitals	☐ Hypodermic Devices
☐ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☑ Others: Veterinarians	☑ Others: OTC drugs

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	X	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

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

See Attachment A

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: See Attachment B

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: New Jersey

Parent Company (if any): N/A

Corporation/Organization Name: The Hibbert Group

Mailing Address: 400 Pennington Avenue

City: Trenton State: NJ Zip: 08618

Telephone: 609-394-7500 Email: Quality_Assurance@hibbertgroup.com

Contact Person Name: Brad Byrnes

Section 6: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	X	
1. Copy of FDA registration See Attachment C 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. See Attachment D		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.** See Attachment E	✓	✓		
• **List the top four corporation shareholders and their percent ownership.** N/A	✓			
• **List of all corporation shareholders and their percent ownership.** See Attachment E		✓		
• **List of all partners and their percent ownership.** N/A			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**. See Attachment F	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ See Attachment G		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A - Corporate owned		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** N/A	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K** N/A	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** See Attachment E	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** See Attachment H	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. N/A		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. N/A		✓	✓	✓

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

Brad Byrnes

Print Name of Authorized Person Submitting Application

Brad Byrnes

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

1-13-2022

Date

Board Use Only	Date Received: _____	Amount: 500 check # 9155	✓ Processed 1/27/22

Attachment A

Regarding the Disciplinary Action

The Hibbert Group received a citation on November 2, 2016 from the California State Board of Pharmacy. The citation resulted from failing to report a change in designated representative-in-charge of its facility in Delaware within 30 days as specified by the Board and for operating without the supervision of a licensed designated representative-in-charge. The Hibbert Group paid a $250 fine and is currently in good standing with the California State Board of Pharmacy. The Hibbert Group has put procedures in place to ensure that this does not happen again.

Attachment B

Nature of Business

The Hibbert Group's (Hibbert) Aurora, CO facility operates as a third party logistics provider of non-prescription drugs and devices and prescription devices. Below please find a list of the top four suppliers the company has been associated with.

CLIENT	STREET ADDRESS	CITY	STATE	ZIP CODE
BI-AH	900 Ridgebury Road	Ridgefield	CT	06877
Convatec	200 Crossing Boulevard, Suite 101	Bridgewater	NJ	08807
Eli Lilly	893 Delaware St	Indianapolis	IN	46225
Sanofi	55 Corporate Drive	Bridgewater	NJ	08807

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search Back To Search Results

Establishment:
The Hibbert Group
19521 E 32nd Pkwy
Aurora, CO 80011
Registration Number: 3007527549
FEI Number*: 3007527549
Status: Active
Date Of Registration Status: 2021

Owner/Operator:
The Hibbert Group[6]
400 Pennington Ave
Trenton, NJ US 08618
Owner/Operator Number: 10028889[7]

Official Correspondent:
Stephen Nichols
400 Pennington Ave
Trenton, NJ 08618
Phone: 609-2226088

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

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1. http://www.addthis.com/bookmark.php?u508=true&v=152&username=fdamain
2. http://www.addthis.com/bookmark.php
3. https://www.fda.gov/
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5. https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/medical-device-databases
6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10028889&OwnerOperatc
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10028889&OwnerOperatc

Page Last Updated: 11/08/2021

Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.
Language Assistance Available: Español | 繁體中文 | Tiếng Việt | 한국어 | Tagalog | Русский | العربية | Kreyòl Ayisyen | Français | Polski | Português | Italiano | Deutsch | 日本語 | فارسی | English

Accessibility Contact FDA Careers FDA Basics FOIA No FEAR Act Nondiscrimination Website Policies / Privacy

FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

For Government For Press

Combination Products Advisory Committees Science & Research Regulatory Information Safety Emergency Preparedness International Programs News & Events Training and Continuing Education Inspections/Compliance State & Local Officials Consumers Industry Health Professionals FDA Archive

U.S. Department of Health & Human Services

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6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10028889&OwnerOperatc
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10028889&OwnerOperatc

Ownership Information

The Hibbert Group

Shareholders:

Thomas Moonan
% Ownership: 9%

Timothy Moonan
% Ownership: 10%

Estate of Joan Moonan
% Ownership: 81%

Please note that Personal History Applications for Thomas Moonan and Timothy Moonan have been previously submitted to your office.

Additionally, please note that Timothy Moonan is a co-executor of the estate of Joan Moonan and oversees the estate.

Attachment E

Corporation Information

The Hibbert Group

Corporate Officers:

Timothy Moonan
CEO

Thomas Moonan
Co-Chairman, Sales, & Marketing

George Dowbnia
VP, Finance/Human Resources

Directors:

Thomas Moonan
Timothy Moonan

Ownership Information:

Timothy Moonan
CEO
% of ownership: 10%

Thomas Moonan
Co-Chairman, Sales, & Marketing
% of ownership: 9%

Estate of Joan Moonan
% of ownership: 81%

Facility Designated Representative:

Brad Byrnes
Operations Director

Active Employee List 2/8/2022

Last Name	First
Beyer	LaTiffany
Buckmister	Richard
Byrnes	Bradley
Fettin	Lydia
Garcia	Genaro
Godoy-Lopez	Alfredo
Henderson	David
Kallander	Lyn
Lowe	David
March	Jamie
Miller	Jeffrey
Parson	Valerie
Schnetter	Robert
Warner	Deena
Zamore	Macsutton

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Attachment F

New Jersey Certificate of Good Standing

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

THE HIBBERT COMPANY
4587761000

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on September 11, 1933.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

GEORGE DOWBNIA
400 PENNINGTON AVE.
TRENTON, NJ 08618



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 13th day of January, 2022

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6127328048

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

Attachment G

Designated Representative Form

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: The Hibbert Group

Physical Address: 19521 East 32nd Parkway

City: Aurora State: CO Zip: 80011

Mailing Address (if different from physical address): 400 Pennington Avenue

City: Trenton State: NJ Zip: 08618

Telephone: 609-222-6686 Website: www.hibbert.com

Licensing Company Email: Quality_Assurance@hibbertgroup.com

Section 2: Personal Information

First: Bradley Middle: Joseph Last: Byrnes

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

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

Mailing Address: [redacted] Pennington Avenue

City: Trenton State: NJ Zip: 08618

Telephone: [redacted] Email: bbyrnes@hibbertgroup.com

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

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

N/A

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

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

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

Applicant's initials BB

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

School Name		From - To (MM/YY – MM/YY)	
Northern Iowa Area Community College		1988-1990	
Address	**City**	**State**	**Zip**
500 College Dr.	Mason City	IA	50401
Diploma/Degree obtained, if any			
Agricultural Business and Marketing			

School Name		From - To (MM/YY – MM/YY)	
Waukon High School		1984-1988	
Address	**City**	**State**	**Zip**
1061 3rd Ave., NW	Waukon	IA	52172
Diploma/Degree obtained, if any			
High School Diploma			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
9/2017- present	[redacted] E. Crestline Lane	Centennial	CO	80015
2003-2017	[redacted] E. 48 Place	Denver	CO	80011

Applicant's initials BB

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name		From - To (MM/YY – MM/YY)	
The Hibbert Group		01/04/1998-present	
Business Address	**City**	**State**	**Zip**
19521 East 32nd Parkway	Aurora	CO	80011
Phone	**Title**	**Number of Employed Hours**	
609-222-6686	Operations Director	full-time (26,250+)	
Description of Duties			
Direct multi leveled management and staff to produce quality output that satisfies both internal and external customers.			

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

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

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

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

Continue on next page if additional space is needed.

Applicant's initials BB

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

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

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

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

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

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

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

N/A

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

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

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

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials BB

I, Bradley Byrnes, **certify that as the designated representative for** The Hibbert Group,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Bradley Byrnes

Print Name (First, Last)

Brad Byrnes

Original Signature (electronic, copies or stamps not accepted)

1-13-2022

Date

Applicant's initials BB

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

Bradley Byrnes

Print Name (First, Last)

Brad Byrnes

Original Signature (electronic, copies or stamps not accepted)

1/13/2022

Date

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

State of Colorado, ss. County of Adams

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

Brad Byrnes

Original Signature

1/13/2022

Date

Subscribed and Sworn to before me this 13 day of January.

Notary Public Signature

CLARIBEL DE LA TORRE
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20124021658
MY COMMISSION EXPIRES AUGUST 28, 2024

(Seal)

COLORADO
Department of
Regulatory Agencies
Division of Professions and Occupations

Below are your electronic wallet cards to use as proof of your license. You can also print your license at any time by visiting www.colorado.gov/dora/DPO_Print_License and following the instructions listed.

If you would like a more durable wallet card option, you can order one for a fee by visiting www.nasbastore.org and selecting the "Colorado License Cards" link on the left hand side of the page. If you prefer, you can also contact NASBA by phone at 1-888-925-5237 or by email at nasbastore@nasba.org.

Should you have questions about your credential, or need other information please contact our Customer Service Team at 303-894-7800 or dora_dpo_licensing@state.co.us.

Colorado Department of Regulatory Agencies
Division of Professions and Occupations

State Board of Pharmacy
The Hibbert Group - Denver

Wholesaler In-State

WHI.0006094	11/01/2020
Number	**Issue Date**
Active	10/31/2022
Credential Status	**Expire Date**

Verify this credential at: dpo.colorado.gov

Division Director: Ronne Hines Credential Holder Signature

Colorado Department of Regulatory Agencies
Division of Professions and Occupations

State Board of Pharmacy
The Hibbert Group - Denver

Wholesaler In-State

WHI.0006094	11/01/2020
Number	**Issue Date**
Active	10/31/2022
Credential Status	**Expire Date**

Verify this credential at: dpo.colorado.gov

Division Director: Ronne Hines Credential Holder Signature

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: The Hibbert Group

Physical Address: 19521 East 32nd Parkway

City: Aurora State: CO Zip: 80011

Mailing Address (if different from physical address): 400 Pennington Avenue

City: Trenton State: NJ Zip: 08618

Telephone: 609-222-6686 Website: www.hibbert.com

Licensing Company Email: Quality_Assurance@hibbertgroup.com

Section 2: Personal Information

First: Thomas Middle: Joseph Last: Moonan

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

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

Mailing Address: [redacted] Pennington Avenue

City: Trenton State: NJ Zip: 08618

Telephone: [redacted] Email: tommoonan@hibbertgroup.com

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

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

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

Applicant's initials _____

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

School Name		From - To (MM/YY – MM/YY)	
Fairfield University		9/75 – 5/80	
Address	**City**	**State**	**Zip**
1073 N Benson Road	Fairfield	CT	06824
Diploma/Degree obtained, if any			
BS in Finance			

School Name		From - To (MM/YY – MM/YY)	
Bishop Egan		9/70 – 5/75	
Address	**City**	**State**	**Zip**
Coll Wister Rd	Fairless Hills	PA	19030
Diploma/Degree obtained, if any			
Diploma			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1994 - Present	[redacted] Sherwood Drive	Wall	NJ	07719
From - To (MM/YY – MM/YY)	Address N/A	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

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

Business Name			From - To (MM/YY – MM/YY)
The Hibbert Group			04 /1980 - present
Business Address	**City**	**State**	**Zip**
400 Pennington Avenue	Trenton	NJ	08618
Phone	**Title**		
609-421-4063	Co-Chairman, Co-President, Senior Director of Sales, Senior Account Executive, Senior Estimating Analyst and Computer Oopeations		
Description of Duties			
Day to Day Management of sales operations including client management, estimating, billing and overall client satisfaction.			

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

Applicant's initials _____

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

This is in response to Question # 8.1 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
11/17/2018	4/16/2019	NJ	Wall Township	Monmouth
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
E18-009672		Wall Township Municipal Court		
Reason/Charge				
N.J.S. 39:4-50 DUI				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

3/8/2022
Date

Applicant's initials

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

Thomas Moonan

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/8/22

Date

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

State of NEW JERSEY, ss. County of MERCER

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

Original Signature

3/8/22

Date

Subscribed and Sworn to before me this 8TH day of MARCH, 2022

Notary Public Signature

AARON LEVIN
Notary Public, State of New Jersey
My Commission Expires
March 03, 2026

(Seal)

Applicant's initials

NEVADA STATE BOARD OF PHARMACY

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

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: The Hibbert Group

Physical Address: 19521 East 32nd Parkway

City: Aurora State: CO Zip: 80011

Mailing Address (if different from physical address): 400 Pennington Avenue

City: Trenton State: NJ Zip: 08618

Telephone: 609-222-6686 Website: www.hibbert.com

Licensing Company Email: Quality_Assurance@hibbertgroup.com

Section 2: Personal Information

First: Timothy Middle: James Last: Moonan

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

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

Mailing Address: [redacted] Pennington Avenue

City: Trenton State: NJ Zip: 08618

Telephone: [redacted] Email: tmoonan@hibbertgroup.com

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

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

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

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

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

Applicant's initials _____

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

School Name		From - To (MM/YY – MM/YY)	
Rider University		5/89 to 5/95	
Address	**City**	**State**	**Zip**
2083 Lawrenceville Road	Lawrenceville	NJ	08648
Diploma/Degree obtained, if any			
BS in Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Bishop Egan		9/73 - 5/77	
Address	**City**	**State**	**Zip**
611 WISTAR ROAD	FAIRLESS HILLS	PA	19030
Diploma/Degree obtained, if any			
DIPLOMA			

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

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

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

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

From - To (MM/YY – MM/YY)	Address	City	State	Zip
3/92 - 3/22	[redacted]E. School Lane	Yardley	PA	19067
From - To (MM/YY – MM/YY)	Address N/A	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

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

Business Name			From - To (MM/YY – MM/YY)
The Hibbert Group			6 /6 /1983 - present
Business Address	**City**	**State**	**Zip**
400 Pennington Avenue	Trenton	NJ	08618
Phone	**Title**		
609-421-4082	CEO		
Description of Duties			
Leads the company through digital transformation using an engaging interactive leadership style, assuring frequent contact with customers and employees.			

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

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

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

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

Continue on next page if additional space is needed.

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

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

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Timothy Mooney

Original Signature (electronic, copies or stamps not accepted)

3/8/22

Date

Applicant's initials _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Timothy Moonan

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/8/22

Date

Please have this section completed in the presence of a Notary Public.

State of NEW JERSEY, ss. County of MERCER

I, TIMOTHY MOONAN, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3/8/22

Date

Subscribed and Sworn to before me this 8TH day of MARCH 2022

Notary Public Signature

AARON LEVIN
Notary Public, State of New Jersey
My Commission Expires
March 03, 2026

(Seal)

Applicant's initials _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. **999160847**

Application/License No. _____

The Hibbert Company

Applicant/Principal,

doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 19521 E 32nd PKWY, Aurora, CO 80011

Address of Applicant/Principal,

as PRINCIPAL, and The Ohio Casualty Insurance Company, a
Surety Company

corporation organized under the laws of the state of New Hampshire
State of Incorporation

and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is

175 Berkeley Street, Boston, Massachusetts 02116

Address of Surety

as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on February 21, 2022.
Effective Date

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 21st day of February, 2022.

APPLICANT/PRINCIPAL

George Dowbnia

Authorized Representative

SURETY COMPANY

Lynn Drahus

Surety Company's Representative

THE OHIO CASUALTY INSURANCE COMPANY INCORPORATED 1919 NEW HAMPSHIRE

Lynn Drahus, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Zobeida Madera

Witness - Zobeida Madera

Witness

Witness

Witness

Countersigned by:
N/A

Nevada Resident Agent

LMS-21912 11/20

Posted February 20, 2020

This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual. SURETY

The Ohio Casualty Insurance Company

POWER OF ATTORNEY

Principal: The Hibbert Company
Agency Name: HORST INSURANCE Bond Number: 999160847
Obligee: Nevada State Board of Pharmacy
Bond Amount: ($25,000.00) Twenty-five Thousand Dollars And Zero Cents

KNOW ALL PERSONS BY THESE PRESENTS: that The Ohio Casualty Insurance Company, a corporation duly organized under the laws of the State of New Hampshire (herein collectively called the "Company"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint **Lynn Drahus** in the city and state of **LANCASTER, PA**, each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Company in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Company and the corporate seal of the Company has been affixed thereto this 26th day of September, 2016.

The Ohio Casualty Insurance Company

By: _____
David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA
COUNTY OF MONTGOMERY ss

On this 26th day of September, 2016, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of The Ohio Casualty Insurance Company and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-law and Authorizations of The Ohio Casualty Insurance Company, which is now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature or electronic signatures of any assistant secretary of the Company or facsimile or mechanically reproduced or electronic seal of the Company, wherever appearing upon a certified copy of any power of attorney or bond issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of The Ohio Casualty Insurance Company do hereby certify that this power of attorney executed by said Company is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Company this 21st day of February, 2022.

By: _____
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

Liberty Mutual. SURETY

eBONDING INDEMNITY AGREEMENT

Bond Number: 999160847
Agency Code: 977317

Agency Name: HORST INSURANCE
Agency Address: 320 GRANITE RUN DR, LANCASTER, PA 17601-6806
Principal's Full Name: The Hibbert Company
Principal's Address: 19521 E 32nd PKWY, Aurora, CO 80011

The undersigned (collectively "Indemnitor") represents that all statements and representations made in the bond Application are true and made without reservation to induce Liberty Mutual Insurance Company and any other company that is part of or added to the Liberty Mutual Group, severally not jointly, and/or for which surety business is underwritten by Liberty Mutual Surety ("Surety") to extend surety credit in any manner or amount, including but not limited to providing or having provided requested Bond(s) including any modifications thereto in reliance upon the provision of its indemnity, and with regard to such surety credit hereby agrees with Surety, its successors and assigns, as follows:

1. To pay premiums when due;
2. To deliver evidence satisfactory to Surety, of the release of all liability;
3. To exonerate, hold harmless and indemnify Surety from and against all claims, losses, liability, damages of any type (including punitive), costs, fees, expenses, suits, orders, judgments, or adjudications whatsoever which Surety may incur in any manner related to the extension of surety credit, including the enforcement of the agreements contained herein and any matter subject to any bankruptcy court (collectively "LOSS");
4. That Surety shall have the right, at its sole discretion, to pay, adjust, settle or compromise any and all claims or LOSS and the voucher or other evidence of such payment, settlement or compromise, whether Surety was liable therefore or not, shall be conclusive evidence of the fact and extent of Indemnitor's liability;
5. To place Surety in funds immediately upon demand, the amount Surety deems necessary to protect itself from any LOSS or potential LOSS, whether or not Surety has made payment or posted a reserve, Surety having the right to use all or part of these funds in payment or settlement of any LOSS or in reimbursement to Surety for payment of same;
6. That Indemnitor hereby authorizes Surety to investigate statements made herein, **and to obtain credit report information from credit reporting sources/ bureaus**, and to check credit with creditors and/or lending institutions, and further authorizes any present or former employer or any other person, firm or corporation, to furnish information concerning Indemnitor in connection with the Surety's extension of surety credit and with Indemnitor's compliance with obligations hereunder and under any Bond or underlying obligation, and Indemnitor hereby releases any of the aforementioned from liability in consequence of furnishing or disclosing such information;
7. That Surety may bring separate suits to recover hereunder as causes of action shall accrue and that the bringing of suit or recovery of judgment upon any cause of action shall not prejudice or bar the bringing of other suits upon other causes of action, whether heretofore or thereafter arising;
8. That all other rights which Surety may have or acquire against Indemnitor under other or additional agreements of indemnity or any other written agreement (with this Agreement collectively "INDEMNITY") related to the extension of surety credit, shall be in addition to and not in lieu of the rights afforded Surety under this Agreement;
9. That if Surety executes any Bond(s) with any co-surety or reinsures all or any part of any Bond(s), that all the terms of this Agreement shall apply and operate for the benefit of such co-surety and reinsurer, as their interests may appear;
10. That these covenants shall be jointly and severally binding upon Indemnitor, its respective heirs, executors, administrators, successors and assigns;
11. That Surety shall have the right to decline to issue or to cancel Bond(s) at any time, free of claim for loss or damage by Indemnitor, and Surety shall be under no obligation to disclose its reasons therefore, the provisions of any law to the contrary being hereby waived;
12. That the exercise, delay of or failure by Surety to exercise of any right, remedy or power whatsoever shall not preclude Surety's simultaneous or subsequent exercise or constitute any waiver of such or other rights, remedies or powers;
13. That if any Bond(s) relate to the assets of an estate, Indemnitor will provide reasonable access to all records concerning the estate and upon request shall provide a written report of the condition of the estate. Furthermore, Indemnitor grants, assigns, pledges and conveys to Surety as security, a lien on and security interest in and to Indemnitor's interest, title and rights in the proceeds of any insurance policy affording coverage for all or part of any bonded obligation, and in the contracts or obligations (and all proceeds thereof without limitation) that grow in any manner whatsoever as a result of the extension of surety credit. While the lien and security interests are effective immediately, Surety may exercise its remedies with respect to such only in the event of: a) Indemnitor's failure to fulfill any obligation whatsoever for which i) Bond(s) are provided, ii) contained in any Bond(s), or iii) contained within any INDEMNITY agreement with the Surety; and b) any assignment by Indemnitor for the benefit of creditors or any agreement or proceeding of liquidation, receivership or bankruptcy whatsoever. Indemnitor hereby authorizes Surety to file any such financing statement as Surety deems necessary or appropriate to perfect the liens and security interest granted herein.

With respect to Court Bonds and Receiver/Trustee Bonds: INDEMNITORS ACKNOWLEDGE AND AGREE THAT THE FIRST YEAR PREMIUM IS FULLY-EARNED WHEN THE BOND IS ISSUED EVEN IF THE BOND IS SUBSEQUENTLY REDUCED OR TERMINATED DURING THE FIRST YEAR. IF A BOND IS REDUCED OR TERMINATED DURING THE SECOND OR SUBSEQUENT YEAR AFTER A RENEWAL PREMIUM IS PAID, THE RENEWAL PREMIUM SHALL BE ADJUSTED PRO RATA UPON REDUCTION OR TERMINATION.

By signing below, each individual signing on behalf of a business entity and/or a trust, represents and warrants that he or she is duly authorized by the entity and/or trust to bind it to this Indemnity Agreement and that the entity and/or trust has a material interest in the issuance of any requested Bonds. In the case of a trust, the Trustee further represents and warrants that he or she has the ability and will resolve out of trust assets the obligations to the surety pursuant to the Indemnity Agreement regardless of any spendthrift provisions or any other limitations on distributions.

➡ **Dated** February 21, 2022 .

Principal: The Hibbert Company

Indemnitor(s) sign here:

By: George Dowbnia

Witness' signatures:

By: Zobeida Madera

formstack sign

Document Completion Certificate

Document Reference : 81f6c043-dd00-41ea-bf8a-2b79d3e2a900
Document Title : Nevada Bond
Document Region : Northern Virginia
Sender Name : Lynn Drahus
Sender Email : ldrahus@horstinsurance.com
Total Document Pages : 4
Secondary Security : Not Required
Participants

1. Lynn Drahus (ldrahus@horstinsurance.com)
2. George Dowbnia (gdowbnia@hibbertgroup.com)
3. Zobeida Madera (zmadera@hibbertgroup.com)

Document History

Timestamp	Description
02/22/2022 14:57PM EST	Document sent by Lynn Drahus (ldrahus@horstinsurance.com).
02/22/2022 14:57PM EST	Email sent to Lynn Drahus (ldrahus@horstinsurance.com).
02/22/2022 14:57PM EST	Document viewed by Lynn Drahus (ldrahus@horstinsurance.com). 73.175.11.166 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/98.0.4758.102 Safari/537.36
02/22/2022 14:58PM EST	Lynn Drahus (ldrahus@horstinsurance.com) has agreed to terms of service and to do business electronically with Lynn Drahus (ldrahus@horstinsurance.com). 73.175.11.166 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/98.0.4758.102 Safari/537.36
02/22/2022 14:58PM EST	Signed by Lynn Drahus (ldrahus@horstinsurance.com). 73.175.11.166 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/98.0.4758.102 Safari/537.36
02/22/2022 14:58PM EST	Email sent to George Dowbnia (gdowbnia@hibbertgroup.com).
02/22/2022 15:15PM EST	Document viewed by George Dowbnia (gdowbnia@hibbertgroup.com). 208.44.95.254 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/98.0.4758.102 Safari/537.36
02/22/2022 15:15PM EST	George Dowbnia (gdowbnia@hibbertgroup.com) has agreed to terms of service and to do business electronically with Lynn Drahus (ldrahus@horstinsurance.com). 208.44.95.254 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/98.0.4758.102 Safari/537.36
02/22/2022 15:15PM EST	Signed by George Dowbnia (gdowbnia@hibbertgroup.com). 208.44.95.254 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/98.0.4758.102 Safari/537.36
02/22/2022 15:15PM EST	Email sent to Zobeida Madera (zmadera@hibbertgroup.com).
02/22/2022 15:16PM EST	Document viewed by Zobeida Madera (zmadera@hibbertgroup.com). 208.44.95.5 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/98.0.4758.102 Safari/537.36 Edg/98.0.1108.56
02/22/2022 15:17PM EST	Zobeida Madera (zmadera@hibbertgroup.com) has agreed to terms of service and to do business electronically with Lynn Drahus (ldrahus@horstinsurance.com). 208.44.95.5 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/98.0.4758.102 Safari/537.36 Edg/98.0.1108.56
02/22/2022 15:17PM EST	Signed by Zobeida Madera (zmadera@hibbertgroup.com). 208.44.95.5 Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like

Document History

Timestamp	Description
	Gecko) Chrome/98.0.4758.102 Safari/537.36 Edg/98.0.1108.56
02/22/2022 15:17PM EST	Document copy sent to Lynn Drahus (ldrahus@horstinsurance.com).
02/22/2022 15:17PM EST	Document copy sent to Zobeida Madera (zmadera@hibbertgroup.com).
02/22/2022 15:17PM EST	Document copy sent to George Dowbnia (gdowbnia@hibbertgroup.com).

HIBBGRO-01 KRIWAL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/13/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Kristi A. Walters, CLCS, CISR	
Horst Insurance PO Box 145 Chadds Ford, PA 19317	PHONE (A/C, No, Ext): (610) 459-8285	FAX (A/C, No): (610) 459-9549
	E-MAIL ADDRESS: info@horstinsurance.com	

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Liberty Mutual Surety	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

The Hibbert Group
400 Pennington Avenue
Trenton, NJ 08650

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						☐ PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Bonds			601047276	12/19/2021	12/19/2022	Bond Amount	100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno, NV 89509

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Kristi A Walters

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4M

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change ☐ Name Change ☐ Location Change (in-state only)	* If making a change, provide current license number: WH _____	☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ■ No

Section 1: General Information

Facility Name: Abbott Laboratories Inc.

Physical Address: 1915 Hurd Drive

City: Irving State: TX Zip: 75038

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (224) 667-5417 Website: https://www.abbott.com/

Name of Designated Representative (DR): Not applicable per NAC 639.5935(1)(a)

Licensing Company Email: Christine.Limbaugh@abbott.com DR Email: Not applicable per NAC 639.5935(1)(a)

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☒ Practitioners	☐ Controlled Substances
☒ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☒ Others:	☐ Others:

Section 2: History of Company — Refer to addendum for questions 1-5.	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	Refer to addendum for responses.	
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	Refer to addendum for responses.	
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	Refer to addendum for responses.	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	Refer to addendum for responses.	
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	Refer to addendum for responses.	

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

SUPPLEMENTAL RESPONSES TO SECTION 2, QUESTIONS 1-5 OF NEVADA WHOLESALER APPLICATION
EXHIBIT B

ALI Applications -7

ALI supplements the responses set forth in the Wholesaler Application Addendum to Questions 1-5 of Section 2 of the Nevada Wholesaler Application for North Chicago, Irving 1, Irving 2, Sylmar, Plano, Roseville and Temecula facilities, each as follows:

Section 2 Questions	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	To our knowledge, neither Abbott Laboratories, Inc. nor Abbott Laboratories – the entities identified in Section 9 of the Wholesaler Application Addendum – have been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea) within the last 5 years.
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	To our knowledge, neither Abbott Laboratories, Inc. nor Abbott Laboratories – the entities identified in Section 9 of the Wholesaler Application Addendum – have been denied a license, permit or certificate of registration within the last 5 years.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	To our knowledge, neither Abbott Laboratories, Inc. nor Abbott Laboratories – the entities identified in Section 9 of the Wholesaler Application Addendum – have been the subject of an administrative action or proceeding relating to the pharmaceutical industry within the last 5 years.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	To our knowledge, neither Abbott Laboratories, Inc. nor Abbott Laboratories – the entities identified in Section 9 of the Wholesaler Application Addendum – have been found guilty, pled guilty or entered a plea of nolo contendere to any offense, federal or state, related to controlled substances within the last 5 years.
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	To our knowledge, neither Abbott Laboratories, Inc. nor Abbott Laboratories – the entities identified in Section 9 of the Wholesaler Application Addendum – have surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) within the last 5 years.

NEVADA WHOLESALER APPLICATION ADDENDUM
Abbott Laboratories Inc.

SECTION 2: HISTORY OF COMPANY

Question	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	Abbott Laboratories (Abbott), the parent company of the prospective licensee, is a publicly traded company. All material investigations, lawsuits, administrative proceedings, and other legal matters involving Abbott and its subsidiaries are disclosed in Abbott's Annual Report on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	All material registration and licensure information involving Abbott and its subsidiaries is disclosed in Abbott's Annual Report on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	All material administrative actions and proceedings involving Abbott and its subsidiaries is disclosed in Abbott's Annual Reports on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	All material investigations, lawsuits, administrative proceedings and other legal matters involving Abbott and its subsidiaries is disclosed in Abbott's Annual Reports on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least	All material registration and licensure information involving Abbott and its

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Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Refer to addendum for responses.
Address: _____ City: _____ State: _____ Zip: _____

Name: Refer to addendum for responses.
Address: _____ City: _____ State: _____ Zip: _____

Name: Refer to addendum for responses.
Address: _____ City: _____ State: _____ Zip: _____

Name: Refer to addendum for responses.
Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Illinois
Parent Company (if any): Abbott Laboratories
Corporation Name: Abbott Laboratories
Mailing Address: 100 Abbott Park Road
City: Abbott Park State: IL Zip: 60064
Telephone: (224) 667-5417 Email: Christine.Limbaugh@abbott.com
Contact Person Name: Christine Limbaugh

Date of SEC Registration: See Addendum | SEC Registration Number: 0000001800 | Stock Exchange Symbol: ABT

Section 5: Non-Publicly Traded Corporation

State of Incorporation: _____
Parent Company (if any): _____
Corporation Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____
Business Name: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Christine Limbaugh

Print Name of Authorized Person Submitting Application

Christine Limbaugh

Original signature of Authorized Person (copies or stamps not accepted)

08/26/2021

Date

Board Use Only	Date Received: _____	Amount: 500 cc ✓ processed 1/20/22

10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	subsidiaries is disclosed in Abbott's Annual Report on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.

SECTION 3: SUPPLIER INFORMATION

The applicant distributes medical products and devices manufactured by or for Abbott only. It does not distribute pharmaceuticals.

SECTION 4: PUBLICLY TRADED CORPORATION

SEC REGISTRATION

Abbott Laboratories (Abbott) completed its initial public offering in 1929.

SECTION 9: APPLICABLE DOCUMENTS

LIST OF OFFICERS AND DIRECTORS

The officers and directors of Abbott Laboratories Inc. are listed below.

Directors

- Funck, Jr., Robert

Officers

- Ahlberg, Gregory
- Allen, Hubert
- Ambati, Venu
- Balthrop, Elizabeth
- Battaglia, Erica
- Boettiger, Keith
- Brotz, Melissa
- Burcky, P. Claude
- Calamari, Christopher
- Capek, John
- Chan, Tony
- Collins, Kathryn
- Dale, Michael D.
- Earnhardt, Lisa
- Evers, Thomas
- Ewing, Sabina
- Ford, Robert
- Frels, John

- Funck, Jr., Robert
- Gabay, Renaud
- Ginascol, John
- Haas, Jeffrey N.
- Halloran, Damian
- House, J. Scott
- Huang, Gene
- Johnson, Gary
- Kaesebier, Tara
- Karam, Sammy
- Kowalski, Daman
- Kunkler, Robert
- Lane, Andrew
- Lehman, Brian
- Leinenweber, Scott
- Manning, Joseph
- Mark, David
- McCoy, John
- Millerick, Shawn
- Moreland, Mary K.
- Morrone, Louis
- Murphy, John
- Nordenstahl, Martin
- Novak, Joseph
- Oosterbaan, Benjamin
- Paik, Jessica
- Pederson, Michael J.
- Peterson, Karen
- Phillips, William
- Salvadori, Daniel
- Schneider, Ric
- Scoggins, Christopher
- Shroff, Eric
- Singh, Harvinder
- Tyler, Julie
- Wainer, Andrea
- Watkin, Jared
- Weitekamper, Frank
- Wellisch, Alejandro
- White, Miles
- Wilkins, Monica
- Woodgrift, Randel
- Yasger, Paul

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LIST OF TOP FOUR CORPORATION SHAREHOLDERS

100% of the stock of Abbott Laboratories Inc. owned by Abbott. Abbott is a publicly traded company that is listed on the New York Stock Exchange.

CERTIFICATE OF CORPORATE STATUS OR CERTIFICATE OF GOOD STANDING

See Exhibit A attached hereto.

DEA CERTIFICATE IF HANDLING CONTROLLED SUBSTANCES

Not applicable.

LIST OF EMPLOYEES, AGENTS, INDEPENDENT CONTRACTORS, CONSULTANTS, GUARDIANS, PERSONAL REPRESENTATIVES, LENDER OR HOLDER OF INDEBTNESS OF THE APPLICANT

All material information is disclosed in Abbott's Annual Reports on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.

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EXHIBIT A
CERTIFICATE OF GOOD STANDING

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ABBOTT LABORATORIES / ATTN NICOLETTE CANNELLA
1921 HURD DR
IRVING TX 75038

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT

ABBOTT LABORATORIES

1915 HURD DR
IRVING, TX 75038

Pursuant to Health and Safety Code Chapter 431 (Food, Drug, Device, and Cosmetic Act) and Title 25 of the Texas Administrative Code, and in reliance on statements and representations made by licensee, the licensee shall be subject to all applicable rules, regulations and orders of the Texas Department of State Health Services now or hereafter in effect. The above licensee is authorized to engage in the following activities:

DEVICE MANUFACTURER

License # 1002546
Expires: March 2, 2022

NON-TRANSFERABLE

Commissioner

510310

File Number 5972-555-6

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ABBOTT LABORATORIES INC., INCORPORATED IN DELAWARE AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON DECEMBER 19, 1997, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 16TH *day of* AUGUST *A.D.* 2021 .

Authentication #: 2122801582 verifiable until 08/16/2022
Authenticate at: http://www.ilsos.gov

Jesse White

SECRETARY OF STATE

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ABBOTT LABORATORIES INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

2803432 8300

SR# 20213050688

Authentication: 203983224

Date: 08-23-21

You may verify this certificate online at corp.delaware.gov/authver.shtml

Office of the Minnesota Secretary of State
Certificate of Good Standing

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Abbott Laboratories Inc.
Date Filed:	12/19/1997
File Number:	87902
Minnesota Statutes, Chapter:	303
Home Jurisdiction:	Delaware
This certificate has been issued on:	09/20/2021

Steve Simon
Secretary of State
State of Minnesota

Beiheng Zhang
Mingge Zhang
Yucheng Zhao
Anita Zvaigzne

ALI Irving 2 Facility 1915 Hurd Drive

The workers at the ALI Irving 2 facility are as follows:

Oyemayowa Abioye
Konjit Admassu
Alaa Al Hasseun
Zaid Al-Ali
Aymen Alani
Blanca Aleman
Ade Alibaloye
Sean Alizadeh
Nasreen Amana
Derek Amedee
Dasia Amedee
Ara Amen
Subbu Ananthanarayanan
Maria Andrade
Leslie Andrews
Moazzam Arastu
Jesse Arenas
Jacob Armstrong
Zaid Arrefayine
Shailes Aryal
Cathy Austin
Onome Ayegba
Zachary Bailey
Harold Balatbat
Jacinto Baldobino
Piroska Bathory
Gordana Begic
Danik Bellows
Ilham Benfdil
Lorianne Bitshi
Jeremiah Bondurant
Kara Brooks
Bryant Brown
Garret Brown
Lane Brunkhorst
Gregory Bryant
Amanda Bui
Nicolette Cannella
Michael Cano
Kelly Caraway
Neal Carner
Janet Carroll
Jose Castellon
Otis Cheatham
Shanshan Chen
Jonathan Chenot
Man Chieh
Pharo Choun
Arman Chowdhury
Anwar Chowdhury
Charles Christopher
Geroalyn Clark
Carla Coffie
Xavier Colbert
Erin Coleman
Adriana Corral
Ashley Cousin
Corey Crenshaw
Debra Curry
Johnson Dang
Dedric Davis
Ramon Delgado
Barnabas Demeke
Abeselom Demisse
Kewakbt Dimberu
Shane Doherty
Leighton Doolittle
Nelson Dorta
Rodolfo Dosal
Lisa Dougherty
Deandra Dsouza
Brenda Dubay
Terry Dufek
Jennifer Dunstan
Trinh Duong
Chikheang Eak
Xavier Edwards
Jarvis Edwards
Hassan Eid
Samantha El Hefni
Patrick Elizarraraz

Philip Elmore
Adel Farag
Deyanira Feliciano
Kelly Fitzpatrick
Andrew Flores
Latifah Franklin
Louis Garza
Baldo Garza
Ivy George
Sujan Ghimire
Christopher Giang
Helina Girma
Siomara Gonzales
Carlos Gonzalez
Brigitte Gonzalez
David Gonzalez
Hilario Gonzalez
Donte Green
Norman Greer
Kimberley Gulyas
Ruth Hailessellasse
Daniel Handy
Pamela Harthcock
James Hawkins
Jason Haynes
Olvin Heredia Rivera
Eddie Hernandez
Jose-Rene Herras
Christopher Herricks
Steven Hickey
Cody Hill
Carolyn Hix
Larry Hoover
Antonio Hubbard
Jordan Hughes
Van Huynh
Cyril Isip
Chyna Jackson
Sylvia Jackson
Carmen Jackson
Dezorah Jackson
Paul Jeannet
Marty Jimenez
Vaughn Johns
Latoya Jones
Lonnie Jones
Muhammad Junaid
Radhika Kaimal
Miriam Kebaya
Emily Kemins
Nyla Kennard
Vanda Khoury
Ji Kim
Brandon Kittle
Karen Kostov
John Kostro
Jess Lackey
Karen Lazzaro
Bobby Ledbetter
Don Lenear
Monique Lewis
Amanda Lilley
Frederick Lipsey
Jeannette Lopez
Jared Love
Andrew Machungo
Keshia Mack
Wilfried Mackita
Mohammed Zeeshan Malik
Lisa Marshall
Vanessa Martin
Raphael Martin
Ruby Martinez
Michael Mcclanahan
Connally Mccullough
Sharla Mcgee
Sean Mckee
Darian Mcknight-Gaut
Eduardo Mendoza
Alex Mishork
Cyprian Mogunde
Sharifa Mohamed Zain
Stephen Moreland
Andrew Murillo
Ravi Hriday Narayanam
Zeena Nartker
Jalpa Nathwani
Deenar Nayani
Roderick Neal
Ai Nguyen
Si Nguyen
Nam Nguyen
Tam Nguyen
Maria Nguyen
Uyen Nguyen
Thanh Nguyen
Daniel Nieman
Karen Nowaski
Phillip Ochieng

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D. C. 20549

FORM 10-K

(MARK ONE)

☒ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

OR

☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the fiscal year ended December 31, 2020 — Commission file number 1-2189

Abbott Laboratories

An Illinois Corporation
100 Abbott Park Road
Abbott Park, Illinois 60064-6400

36-0698440
(I.R.S. employer identification number)
(224) 667-6100
(telephone number)

Securities Registered Pursuant to Section 12(b) of the Act:

Title of Each Class	Trading Symbol(s)	Name of Each Exchange on Which Registered
Common Shares, Without Par Value	ABT	New York Stock Exchange Chicago Stock Exchange, Inc.

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.

Yes ☒ No ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or 15(d) of the Act.

Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days.

Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files).

Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large Accelerated Filer ☒ Accelerated Filer ☐ Non-Accelerated Filer ☐ Smaller reporting company ☐
Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act).

Yes ☐ No ☒

The aggregate market value of the 1,727,625,764 shares of voting stock held by nonaffiliates of the registrant, computed by reference to the closing price as reported on the New York Stock Exchange, as of the last business day of Abbott Laboratories' most recently completed second fiscal quarter (June 30, 2020), was $157,956,823,602. Abbott has no non-voting common equity. Number of common shares outstanding as of January 31, 2021: 1,771,529,358

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the 2021 Abbott Laboratories Proxy Statement are incorporated by reference into Part III. The Definitive Proxy Statement will be filed on or about March 12, 2021.

PART I

ITEM 1. BUSINESS

GENERAL DEVELOPMENT OF BUSINESS

Abbott Laboratories is an Illinois corporation, incorporated in 1900. Abbott's* principal business is the discovery, development, manufacture, and sale of a broad and diversified line of health care products.

NARRATIVE DESCRIPTION OF BUSINESS

Abbott has four reportable segments: Established Pharmaceutical Products, Diagnostic Products, Nutritional Products, and Medical Devices.

Established Pharmaceutical Products

These products include a broad line of branded generic pharmaceuticals manufactured worldwide and marketed and sold outside the United States in emerging markets. These products are generally sold directly to wholesalers, distributors, government agencies, health care facilities, pharmacies, and independent retailers from Abbott-owned distribution centers and public warehouses, depending on the market served. Certain products are co-marketed or co-promoted with, or licensed from, other companies.

The principal products included in the broad therapeutic area portfolios of the Established Pharmaceutical Products segment are:

- gastroenterology products, including Creon™, for the treatment of pancreatic exocrine insufficiency associated with several underlying conditions, including cystic fibrosis and chronic pancreatitis; Duspatal™ and Dicetel™, for the treatment of irritable bowel syndrome or biliary spasm; Heptral™, Transmetil™, and Samyr™, for the treatment of intrahepatic cholestasis (associated with liver disease) or depressive symptoms; and Duphalac™, for regulation of the physiological rhythm of the colon;
- women's health products, including Duphaston™, for the treatment of many different gynecological disorders; and Femoston™, a hormone replacement therapy for postmenopausal women;
- cardiovascular and metabolic products, including Lipanthyl™ and TriCor™, for the treatment of dyslipidemia; Teveten™ and Teveten™ Plus, for the treatment of essential hypertension, and Physiotens™, for the treatment of hypertension; and Synthroid™, for the treatment of hypothyroidism;
- pain and central nervous system products, including Serc™, for the treatment of Ménière's disease and vestibular vertigo; Brufen™, for the treatment of pain, fever, and inflammation; and Sevedol™, for the treatment of severe migraines; and
- respiratory drugs and vaccines, including the anti-infective clarithromycin (sold under the trademarks Biaxin™, Klacid™, and Klaricid™); and Influvac™, an influenza vaccine.

The Established Pharmaceutical Products segment directs its primary marketing efforts toward building strong brands with key stakeholders, including consumers, pharmacists, physicians, and other healthcare providers. Government agencies are also important customers.

Competition in the Established Pharmaceutical Products segment is generally from other health care and pharmaceutical companies. In addition, the substitution of generic drugs for the brand prescribed and introduction of additional forms of already marketed established products by generic or branded competitors may increase competitive pressures.

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* As used throughout the text of this report on Form 10-K, the term "Abbott" refers to Abbott Laboratories, an Illinois corporation, or Abbott Laboratories and its consolidated subsidiaries, as the context requires.



Zachary A. Portin
Counsel, Healthcare Compliance
Legal Regulatory & Compliance

Abbott
100 Abbott Park Road
Abbott Park, IL 60064
T: +1 224 551 8782
zachary.portin@abbott.com

RECEIVED FROM APPLICANT
PUBLIC DOCUMENT

Confidential and Proprietary – Not for Public Disclosure

*Via Email (*bkandt@pharmacy.nv.gov*)*

April 18, 2022

Brett Kandt, General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway
Suite 206
Reno, NV 89521

Re: Supplemental Information Requested for 12 Abbott Laboratories Nevada Wholesaler License Applications

Dear Mr. Kandt,

I write to provide you with updated responses to the disciplinary questions in Section 2 of the twelve Nevada wholesaler applications for the wholesaler facilities listed below as we discussed during our conversation on or about March 14, 2021. (Those applications were submitted on or about August 27, 2021 and supplemented by a filing on or about October 14, 2021). The updated disciplinary responses are attached hereto as Exhibit A.

Wholesaler	Facility Location
1. Abbott Laboratories Inc. ("ALI")	3158 Martin Luther King Jr. Drive, North Chicago, IL 60064 ("North Chicago")
2. ALI	1921 Hurd Drive, Irving, TX 75038 ("Irving 1")
3. ALI	1915 Hurd drive, Irving, TX 75038 ("Irving 2")
4. ALI	15900 Valley View Court, Sylmar, CA 91342 ("Sylmar")
5. ALI	6901 Preston Road Plano, TX 75024 ("Plano")
6. ALI	2305 Walnut Street, Roseville, MN 55113 ("Roseville")
7. ALI	42301 Zevo Drive, Suite #F, Temecula, CA 92590 ("Temecula")
8. Abbott Molecular Inc. ("AMI")	1300 East Touhy Avenue, Des Plaines, IL 60018 ("Des Plaines")
9. AMI	1800 Brummel Avenue, Elk Grove Village, IL 60007 ("Elk Grove Village")
10. Abbott Rapid Dx North America, LLC ("ARDxNA")	569 Halls Mill Road, Freehold, NJ 07728 ("Freehold")
11. ARDxNA	5995 Pacific Center Blvd., Ste. 108, San Diego, CA 92121 ("San Diego")

12. Alere San Diego Inc. ("ASD")	829 Town Center Drive, Pomona, CA 91767 ("Pomona")

We respectfully request that the Nevada Board of Pharmacy consider this information along with the August 27th and October 14th submissions, at its earliest convenience, but not later than at its upcoming June 1-2, 2022 meeting.

Thank you for your cooperation in this matter. If you have any questions or require additional information, please do not hesitate to contact me.

Sincerely,

Zachary A. Portin

Enc.

Cc: Nevada Board of Pharmacy (*via email to pharmacy@pharmacy.nv.gov)*
Mark Sedar, Nevada Board of Pharmacy (*via email to marksedar@pharmacy.nv.gov)*
April Veoukas, Abbott *(via email to april.veoukas@abbott.com*)

SUPPLEMENTAL RESPONSES TO SECTION 2, QUESTIONS 1-5 OF NEVADA WHOLESALER APPLICATION
EXHIBIT A

ALI Applications

ALI supplements the responses set forth in the Wholesaler Application Addendum to Questions 1-5 of Section 2 of the Nevada Wholesaler Application for North Chicago, Irving 1, Irving 2, Sylmar, Plano, Roseville and Temecula facilities, each as follows:

Section 2 Questions	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	ALI Based on records available to it and to the best of its knowledge, ALI, the prospective licensee, has not been charged or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea) since 2004. Abbott In May 2012, Abbott, the parent company of the prospective licensee identified in Section 9 of the Wholesaler Application Addendum, pleaded guilty to one misdemeanor violation of the Food, Drug and Cosmetic Act for misbranding as part of a settlement with U.S. federal and 49 state authorities, plus the District of Columbia, to resolve all outstanding issues regarding an investigation of past sales and marketing practices relating to its neurologic medication Depakote. Abbott and the Department of Justice, as reflected in the plea agreement, agreed that the conduct that gave rise to the conviction relates solely to the research-based pharmaceutical business that later became part of Abbvie, and that, from the time of the separation of Abbvie, Abbott no longer had any obligations under the plea agreement, nor would the Department of Justice treat Abbott as having a conviction under the Food, Drug and Cosmetic Act. Effective January 2, 2013, Abbott separated that research-based pharmaceutical business, including its U.S. pharmaceutical business, the business responsible for Depakote, into a new, independent publicly traded company, Abbvie.

Section 2 Questions	Response
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	Based on records available to them and to the best of their knowledge, ALI and Abbott have not been denied a license, permit or certificate of registration material to Abbott's operations since 2004.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	ALI Based on records available to it and to the best of its knowledge, and excluding the research-based pharmaceutical business that separated into a new, independent publicly traded company in 2013 (Abbvie), ALI has not been the subject of an administrative action or proceeding relating to the pharmaceutical industry since 2004. Abbott *See* Abbott's response to Question 1 above.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	ALI/Abbott Based on records available to them and to the best of their knowledge, ALI and Abbott have not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since 2004.
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	ALI/Abbott Based on records available to them and to the best of their knowledge, ALI and Abbott have not surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) material to Abbott's operations since 2004.

AMI Applications

AMI supplements the responses set forth in the Wholesaler Application Addendum to Questions 1-5 of Section 2 of the Nevada Wholesaler Application for its Des Plaines and Elk Grove facilities, each as follows:

Section 2 Questions	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	AMI Based on records available to it and to the best of its knowledge, AMI, the prospective licensee, has not been charged or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea) since 2004. Abbott In May 2012, Abbott, the parent company of the prospective licensee identified in Section 9 of the Wholesaler Application Addendum, pleaded guilty to one misdemeanor violation of the Food, Drug and Cosmetic Act for misbranding as part of a settlement with U.S. federal and 49 state authorities, plus the District of Columbia, to resolve all outstanding issues regarding an investigation of past sales and marketing practices relating to its neurologic medication Depakote. Abbott and the Department of Justice, as reflected in the plea agreement, agreed that the conduct that gave rise to the conviction relates solely to the research-based pharmaceutical business that later became part of Abbvie, and that, from the time of the separation of Abbvie, Abbott no longer had any obligations under the plea agreement, nor would the Department of Justice treat Abbott as having a conviction under the Food, Drug and Cosmetic Act. Effective January 2, 2013, Abbott separated that research-based pharmaceutical business, including its U.S. pharmaceutical business, the business responsible for Depakote, into a new, independent publicly traded company, Abbvie.
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest,	AMI/Abbott

Section 2 Questions	Response
ever been denied a license, permit or certificate of registration?	Based on records available to them and to the best of their knowledge, AMI and Abbott have not been denied a license, permit or certificate of registration material to Abbott's operations since 2004.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	AMI Based on records available to it and to the best of its knowledge, and excluding the research-based pharmaceutical business that separated into a new, independent publicly traded company in 2013 (Abbvie), AMI has not been the subject of an administrative action or proceeding relating to the pharmaceutical industry since 2004. Abbott *See* Abbott's response to Question 1 above.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	AMI/Abbott Based on records available to them and to the best of their knowledge, AMI and Abbott have not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since 2004.
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	AMI/Abbott Based on records available to them and to the best of their knowledge, AMI and Abbott have not surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) material to Abbott's operations since 2004.

ARDxNA Applications

ARDxNA supplements the responses set forth in the Wholesaler Application Addendum to Questions 1-5 of Section 2 of the Nevada Wholesaler Application for its Freehold and San Diego facilities, each as follows:

Section 2 Questions	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least	ARDxNA/AUH/Alere

Section 2 Questions	Response
10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	Based on records available to them and to the best of their knowledge, ARDxNA, the prospective licensee, Alere US Holdings, LLC ("AUH") and Alere, Inc. ("Alere"), the direct and indirect owners of the prospective licensee respectively identified in Section 9 of the Wholesaler Application Addendum, have not been charged or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea) since Abbott acquired those entities in October 2017. Abbott In May 2012, Abbott, the parent company of the prospective licensee, pleaded guilty to one misdemeanor violation of the Food, Drug and Cosmetic Act for misbranding as part of a settlement with U.S. federal and 49 state authorities, plus the District of Columbia, to resolve all outstanding issues regarding an investigation of past sales and marketing practices relating to its neurologic medication Depakote. Abbott and the Department of Justice, as reflected in the plea agreement, agreed that the conduct that gave rise to the conviction relates solely to the research-based pharmaceutical business that later became part of Abbvie, and that, from the time of the separation of Abbvie, Abbott no longer had any obligations under the plea agreement, nor would the Department of Justice treat Abbott as having a conviction under the Food, Drug and Cosmetic Act. Effective January 2, 2013, Abbott separated that research-based pharmaceutical business, including its U.S. pharmaceutical business, the business responsible for Depakote, into a new, independent publicly traded company, Abbvie.
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	ARDxNA/AUH/Alere Based on records available to them and to the best of their knowledge, ARDxNA, AUH and Alere have not been denied a license, permit or certificate of registration material to Abbott's operations since Abbott acquired those entities in October 2017. Abbott

Section 2 Questions	Response
	Based on records available to it and to the best of its knowledge, Abbott has not been denied a license, permit or certificate of registration material to Abbott's operations since 2004.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	ARDxNA/AUH/Alere Based on records available to them and to the best of their knowledge, ARDxNA, AUH and Alere have not been the subject of an administrative action or proceeding relating to the pharmaceutical industry since Abbott acquired those entities in October 2017. Abbott *See* Abbott's response to Question 1 above.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	ARDxNA/AUH/Alere Based on records available to them and to the best of their knowledge, ARDxNA, AUH and Alere have not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since Abbott acquired those entities in October 2017. Abbott Based on records available to it and to the best of its knowledge, Abbott has not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since 2004.
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	ARDxNA/AUH/Alere Based on records available to them and to the best of their knowledge, ARDxNA, AUH and Alere have not surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) since Abbott acquired those entities in material to Abbott's operations October 2017. Abbott Based on records available to it and to the best of its knowledge, Abbott has not surrendered a license, permit or certificate of registration voluntarily or otherwise (other

Section 2 Questions	Response
	than upon voluntary close of a facility) material to Abbott's operations since 2004.

ASD Application

ASD supplements the response set forth in the Wholesaler Application Addendum to Questions 1-5 of Section 2 of the Nevada Wholesaler Application for its Pomona facility as follows:

Section 2 Questions	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	ASD/AUH/Alere Based on records available to them and to the best of their knowledge, ASD, the prospective licensee, AUH, and Alere, the direct and indirect owners of the prospective licensee respectively identified in Section 9 of the Wholesaler Application Addendum, have not been charged or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea) since Abbott acquired those entities in October 2017. Abbott In May 2012, Abbott, the parent company of the prospective licensee, pleaded guilty to one misdemeanor violation of the Food, Drug and Cosmetic Act for misbranding as part of a settlement with U.S. federal and 49 state authorities, plus the District of Columbia, to resolve all outstanding issues regarding an investigation of past sales and marketing practices relating to its neurologic medication Depakote. Abbott and the Department of Justice, as reflected in the plea agreement, agreed that the conduct that gave rise to the conviction relates solely to the research-based pharmaceutical business that later became part of Abbvie, and that, from the time of the separation of Abbvie, Abbott no longer had any obligations under the plea agreement, nor would the Department of Justice treat Abbott as having a conviction under the Food, Drug and Cosmetic Act. Effective January 2, 2013, Abbott separated that research-based pharmaceutical business, including its U.S. pharmaceutical business, the business responsible

Section 2 Questions	Response
	for Depakote, into a new, independent publicly traded company, Abbvie.
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	ASD/AUH/Alere Based on records available to them and to the best of their knowledge, ASD, AUH and Alere have not been denied a license, permit or certificate of registration material to Abbott's operations since Abbott acquired those entities in October 2017. Abbott Based on records available to it and to the best of its knowledge, Abbott has not been denied a license, permit or certificate of registration material to Abbott's operations since 2004.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	ASD/AUH/Alere Based on records available to them and to the best of their knowledge, ASD, AUH and Alere have not been the subject of an administrative action or proceeding relating to the pharmaceutical industry since Abbott acquired those entities in October 2017. Abbott *See* Abbott's response to Question 1 above.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	ASD/AUH/Alere Based on records available to them and to the best of their knowledge, ASD, AUH and Alere have not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since Abbott acquired those entities in October 2017. Abbott Based on records available to it and to the best of its knowledge, Abbott has not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since 2004.

Section 2 Questions	Response
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	ASD/AUH/Alere Based on records available to them and to the best of their knowledge, ASD, AUH and Alere have not surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) since Abbott acquired those entities in material to Abbott's operations October 2017. Abbott Based on records available to it and to the best of its knowledge, Abbott has not surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) material to Abbott's operations since 2004.

4N

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler		☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change	* If making a change, provide current license number:	☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change (in-state only)	WH	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ☒ No

Section 1: General Information

Facility Name: Abbott Laboratories Inc.

Physical Address: 1921 Hurd Drive,

City: Irving State: TX Zip: 75038

Mailing Address (if different from physical address): Risa Baldy, 100 Abbott Park Road; Dept T4M1 Bldg AP8A-1

City: Abbott Park State: IL Zip: 60064

Telephone: (224) 668-3605 Website: https://www.abbott.com/

Name of Designated Representative (DR): Not applicable per NAC 639.5935(1)(a)

Licensing Company Email: Risa.Baldy@Abbott.com DR Email: Not applicable per NAC 639.5935(1)(a)

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☐ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
☐ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☒ Others: Blood/Plasma Donation Centers;Blood Banks	☐ Others:

Section 2: History of Company Refer to addendum for questions 1-5.	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	Refer to addendum for responses.	
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	Refer to addendum for responses.	
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	Refer to addendum for responses.	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	Refer to addendum for responses.	
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	Refer to addendum for responses.	

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

SUPPLEMENTAL RESPONSES TO SECTION 2, QUESTIONS 1-5 OF NEVADA WHOLESALER APPLICATION
EXHIBIT B

ALI Applications -7

ALI supplements the responses set forth in the Wholesaler Application Addendum to Questions 1-5 of Section 2 of the Nevada Wholesaler Application for North Chicago, Irving 1, Irving 2, Sylmar, Plano, Roseville and Temecula facilities, each as follows:

Section 2 Questions	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	To our knowledge, neither Abbott Laboratories, Inc. nor Abbott Laboratories – the entities identified in Section 9 of the Wholesaler Application Addendum – have been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea) within the last 5 years.
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	To our knowledge, neither Abbott Laboratories, Inc. nor Abbott Laboratories – the entities identified in Section 9 of the Wholesaler Application Addendum – have been denied a license, permit or certificate of registration within the last 5 years.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	To our knowledge, neither Abbott Laboratories, Inc. nor Abbott Laboratories – the entities identified in Section 9 of the Wholesaler Application Addendum – have been the subject of an administrative action or proceeding relating to the pharmaceutical industry within the last 5 years.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	To our knowledge, neither Abbott Laboratories, Inc. nor Abbott Laboratories – the entities identified in Section 9 of the Wholesaler Application Addendum – have been found guilty, pled guilty or entered a plea of nolo contendere to any offense, federal or state, related to controlled substances within the last 5 years.
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	To our knowledge, neither Abbott Laboratories, Inc. nor Abbott Laboratories – the entities identified in Section 9 of the Wholesaler Application Addendum – have surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) within the last 5 years.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Refer to addendum for responses.

Address: _____ City: _____ State: _____ Zip: _____

Name: Refer to addendum for responses.

Address: _____ City: _____ State: _____ Zip: _____

Name: Refer to addendum for responses.

Address: _____ City: _____ State: _____ Zip: _____

Name: Refer to addendum for responses.

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Illinois

Parent Company (if any): Abbott Laboratories

Corporation Name: Abbott Laboratories

Mailing Address: 100 Abbott Park Road

City: Abbott Park State: IL Zip: 60064

Telephone: (224) 668-3605 Email: Risa.Baldy@abbott.com

Contact Person Name: Risa Baldy

Date of SEC Registration: See Addendum | SEC Registration Number: 0000001800 | Stock Exchange Symbol: ABT

Section 5: Non-Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Risa Baldy

Print Name of Authorized Person Submitting Application

Risa Baldy

Original signature of Authorized Person (copies or stamps not accepted)

08/26/2021

Date

Board Use Only	Date Received: _____	Amount: 500 cc ✓ Processed 1/20/22

NEVADA WHOLESALER APPLICATION ADDENDUM
Abbott Laboratories Inc.

SECTION 2: HISTORY OF COMPANY

Question	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	Abbott Laboratories (Abbott), the parent company of the prospective licensee, is a publicly traded company. All material investigations, lawsuits, administrative proceedings, and other legal matters involving Abbott and its subsidiaries are disclosed in Abbott's Annual Report on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	All material registration and licensure information involving Abbott and its subsidiaries is disclosed in Abbott's Annual Report on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	All material administrative actions and proceedings involving Abbott and its subsidiaries is disclosed in Abbott's Annual Reports on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	All material investigations, lawsuits, administrative proceedings and other legal matters involving Abbott and its subsidiaries is disclosed in Abbott's Annual Reports on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.

CONFIDENTIAL AND PROPRIETARY – NOT FOR PUBLIC DISCLOSURE

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	All material registration and licensure information involving Abbott and its subsidiaries is disclosed in Abbott's Annual Report on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.

SECTION 3: SUPPLIER INFORMATION

The applicant distributes medical products and devices manufactured by or for Abbott only. It does not distribute pharmaceuticals.

SECTION 4: PUBLICLY TRADED CORPORATION

SEC REGISTRATION

Abbott Laboratories (Abbott) completed its initial public offering in 1929.

SECTION 9: APPLICABLE DOCUMENTS

LIST OF OFFICERS AND DIRECTORS

The officers and directors of Abbott Laboratories Inc. are listed below.

Directors

- Funck, Jr., Robert

Officers

- Ahlberg, Gregory
- Allen, Hubert
- Ambati, Venu
- Balthrop, Elizabeth
- Battaglia, Erica
- Boettiger, Keith
- Brotz, Melissa
- Burcky, P. Claude
- Calamari, Christopher
- Capek, John
- Chan, Tony
- Collins, Kathryn
- Dale, Michael D.
- Earnhardt, Lisa
- Evers, Thomas
- Ewing, Sabina
- Ford, Robert

- Frels, John
- Funck, Jr., Robert
- Gabay, Renaud
- Ginascol, John
- Haas, Jeffrey N.
- Halloran, Damian
- House, J. Scott
- Huang, Gene
- Johnson, Gary
- Kaesebier, Tara
- Karam, Sammy
- Kowalski, Daman
- Kunkler, Robert
- Lane, Andrew
- Lehman, Brian
- Leinenweber, Scott
- Manning, Joseph
- Mark, David
- McCoy, John
- Millerick, Shawn
- Moreland, Mary K.
- Morrone, Louis
- Murphy, John
- Nordenstahl, Martin
- Novak, Joseph
- Oosterbaan, Benjamin
- Paik, Jessica
- Pederson, Michael J.
- Peterson, Karen
- Phillips, William
- Salvadori, Daniel
- Schneider, Ric
- Scoggins, Christopher
- Shroff, Eric
- Singh, Harvinder
- Tyler, Julie
- Wainer, Andrea
- Watkin, Jared
- Weitekamper, Frank
- Wellisch, Alejandro
- White, Miles
- Wilkins, Monica
- Woodgrift, Randel
- Yasger, Paul

CONFIDENTIAL AND PROPRIETARY – NOT FOR PUBLIC DISCLOSURE

LIST OF TOP FOUR CORPORATION SHAREHOLDERS

100% of the stock of Abbott Laboratories Inc. owned by Abbott. Abbott is a publicly traded company that is listed on the New York Stock Exchange.

CERTIFICATE OF CORPORATE STATUS OR CERTIFICATE OF GOOD STANDING

See Exhibit A attached hereto.

DEA CERTIFICATE IF HANDLING CONTROLLED SUBSTANCES

Not applicable.

LIST OF EMPLOYEES, AGENTS, INDEPENDENT CONTRACTORS, CONSULTANTS, GUARDIANS, PERSONAL REPRESENTATIVES, LENDER OR HOLDER OF INDEBTNESS OF THE APPLICANT

All material information is disclosed in Abbott's Annual Reports on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.

CONFIDENTIAL AND PROPRIETARY – NOT FOR PUBLIC DISCLOSURE

EXHIBIT A
CERTIFICATE OF GOOD STANDING

CONFIDENTIAL AND PROPRIETARY – NOT FOR PUBLIC DISCLOSURE

- Please contact this office immediately if any information on this license is incorrect.
- This license must be displayed at the address licensed.
- The license renewal application and fee are due every two years BEFORE the anniversary date. Please note that it is the responsibility of the license holder to remit the licensure fee before the expiration date, whether a payment notice is received or not. Failure to submit the renewal fee before the expiration date will result in a $100.00 delinquency fee for each location and must be remitted before the license will be issued.
- A license that is amended, including a change of name, ownership, legal entity, or a notification of a change in the location of a licensed place of business will require submission of new application and fee. Applications for these changes can be downloaded from our website at **www.dshs.texas.gov**.
- Please submit written notice if you close or sell your business.
- If you have any questions or desire additional information concerning the application process or this license, please contact the Drug and Device Business Filing and Verification Unit at (512) 834-6727. In order to serve you better, DSHS would like you to complete the short online survey at: **https://www.surveymonkey.com/r/RLUsurvey**. The information you provide will assist DSHS in its efforts to continually improve and become more responsive to the needs of its customers. Thank you in advance for your cooperation.

ABBOTT LABORATORIES
1921 HURD DR
IRVING TX 75038

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT

ABBOTT LABORATORIES

1921 HURD DR
IRVING, TX 75038

Pursuant to Health and Safety Code Chapter 431 (Food, Drug, Device, and Cosmetic Act) and Title 25 of the Texas Administrative Code, and in reliance on statements and representations made by licensee, the licensee shall be subject to all applicable rules, regulations and orders of the Texas Department of State Health Services now or hereafter in effect. The above licensee is authorized to engage in the following activities:

DEVICE MANUFACTURER

License # 1000203
Expires: October 16, 2023

NON-TRANSFERABLE

Commissioner

511815

File Number 5972-555-6

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ABBOTT LABORATORIES INC., INCORPORATED IN DELAWARE AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON DECEMBER 19, 1997, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 16TH *day of* AUGUST *A.D.* 2021 .

Authentication #: 2122801582 verifiable until 08/16/2022
Authenticate at: http://www.ilsos.gov

Jesse White

SECRETARY OF STATE

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ABBOTT LABORATORIES INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

2803432 8300

SR# 20213050688

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203983224

Date: 08-23-21

ALI Irving 1 Facility

The workers at the ALI Irving 1 facility are as follows:

Saleha Abdulla
Sheikh Abdullah
Muhammad Abdurrahim
Kamal Abusalah
Radreena Adair
Sabal Adhikari
Ronald Adley
Birkayehu Afessa
Thelma Agidee
Prince Agrawal
Filiberto Aguilar Mata
Carlos Aguilera
Roshani Ahir
Shahina Ahmed
Syeda Ahmed
Kristine Ajpek
Patricia Akamnonu
Neeha Alam
Vicky Alcorn
Jennifer Alhadad
Saima Ali
Martha Allen
Timothy Alligrant
Pedro Almaguer
Christian Alonso Hernandez
Domingo Alonzo
Muqdad Alsalman
Yasmeen Alshara
Adrena Alvarado
Bushra Amarneh

Carina Amaya
Jessica Amaya
Rejitha Anand
Enid Anderson
Charles Andrews
Christina Andrews
Okezie Anude
Johnny Appiah
Richard Appiah
Diana Arellano
Gbenga Aremu
Ruben Arenas
Simon Arenas
Shiva Argula
Sabina Armaselu
Norman Armstrong
Bello Arukarawei
Tammie Ates
Rasmi Atluri
Benjamin Ayegba
Mahnaz Ayoubi
Sangita B K
Yocam Baccam
Jeremy Bailey
Lisa Bakajza
Christopher Baker
Jordan Baker
Rajesh Balakrishnan
Thelva Balkus
Abhishek Bansal

Marcus Barbee
Joann Barber
Corban Barnet
Philicia Barney
Guillermo Barrera
Mario Barrientos
Fauzia Basharat
Uzma Basheer
Sage Bauer
John Baum
Michael Baylis
Eva Baylon
Haydee Bearden
Jason Beasley
Nicholle Bechtel
Mark Beischer
Charles Bell
James Bell
Alex Beltran
Will Benedict
Scott Bennett
Sarah Benson
Kyle Berlin
Ricarte Bernal
Joseph Berry
Francisco Betancourt
Nelson Bethel
Rose Beunier
Daniel Beyer
Aparna Bhaskar

Sudiksha Bhattarai
Omar Bibi
Anil Bidary
Paul Bieniek
Paul Biggers
Michael Billings
Charles Birden Jr
Robert Birmley
Luca Birolini
Caeley Black
Gregory Blackwell
Edwin Bland
Jessica Blaylock
Richard Blazek
Brandon Blond
William Boettcher
Kevin Bonilla
Jeremy Boomer
Abarna Boopesh
Kevin Booze
Abraham Borjon
Elizabeth Bouchard
Debra Bowers
Jacob Boyer
Anthony Bradford
Noé Brambila
Travis Branch
Reilly Brandt
Craig Bray
Scott Breeding
Laurie Brewer
William Brewster
Albert Brideau
Cintia Briones-Diaz
Brandon Brooks
Collin Brown
Rodquavian Brown
Stephen Brown
John Browning
Gerald Brundage
Mark Bryant
Ronney Bryant
Hung Bui
Lien Bui
Federico Bulnes
Jennifer Burgin
Kenneth Burk
Judith Burley
Kiera Burnham
Patricia Burns
Richard Button
Montrelle Calhoun
Monica Camp
Christopher Cannon
Regina Carl
Damir Carlo
Jennifer Caro-Barnes
Jack Carolan
Ronita Carter
Marita Cason
Luis Castillo Quinonez
Maribel Castro
Roseann Caudle
Ernestina Cazares
Maria Cazares
Tatiana Cervera
Virginia Chaidez
Jagannadha Reddy Challa
Che Ho Chan
Siva Chandaluri
Michael Chase
Esha Chatterjee
Maegan Chavez
Suzanne Cheang
Bonnie Chen
Li Chen
Renee Cheng
Jana Chevier
Christopher Childers
Demario Childs
Demontrel Childs
Thandiwe Chirunga
Jaya Choudhury
Timothy Chumley
Vincent Ciriello
George Cislo
Rigoberto Cisneros Jr.
Emily Clary
Adair Claycomb
Asha Cleveland
Savan Cleveland
Catherine Click
Eric Cluff
Alexis Coates
Michael Cobert
Trevor Coffman
Katerina Colladej
Clare Collins
Natalie Compres

Reginna Conda
Scott Cook
Andre Cooper
Kelley Cooper
Cassandra Coor
Daniel Copeland
Payal Copling
Salvador Cordero
Michael Cornett
Luis Corral
Leslie Cortez
Randale Crain
Robert Crain
Thomas Creel
Alin Cruz
Daisy Cruz
Yuan Cuanchiohong
Brian Cummins
David Curran
Jedrick Currie
Ann Cychosz
Andrew Dalrymple
Austin Daneman
David Dang
Andre Daniels
Bryant Daniels
Oluwaseun Dare Lawal
Stephen Darrouzet
Tony Dates
Jehron Davis
Joshua Davis
Kary Davis
Markeith Davis
Tina Davis
Margarita De Jesus
Kris Dearden
Jerry Dechert
Jenna Dede
Andrea Defrance
Daniel Deleon
Jennifer Demartin
Justin Dempsey
Davis Denny Iv
Daniel Devereux
Ashim Dhingra
Hussein Diab
Brittany Diaz
Marilu Diaz
Phuong Diep
Trinh Diep
Beverly Din
Alberto Dismuke
Byron Dixon
Kristina Dixon
James Do
Thuc Do
Steven Doering
Daniel Dominguez
David Dominguez
Carrie Dopona
Daniel Droll
Karthikeyan Duraiswamy
Stephen Dweh-Chenneh
Laura Eads
Renni Eappen
Danielle Edwards
Hali Egnatchik
Victoria Ehlers
Sandra Eichman
William Eiland
Mutaz Elatta
Denissa Elizabeth Babu
Royce Eller
Paula Elliott
Kathryn Ensminger
Gloria Escobar
Abdollah Eskandari
Mary Esparza
Raul Estevez
Nestor Estrada
Gary Evans
Jose Evaro
Timothy Ewing
Zaman Fabela
Irena Fajdetic
Anthony Fallon
David Fancher
Charlie Fang
David Favors
Shan Feldpaush
Corinne Fenton
Elise Fermier
Roland Fernandez
Anthony Figliola
Stephanie Filar
Martin Filipowicz
David Finley
Andrew Fischer
Dora Flores

Angela Flynn
Jedidiah Fojtasek
Brent Foshee
Matthew Foster
Meredith Foster
Lana Fountain
Stephanie Fowler
Aaron Fox
Demarcus Francis
Shelley Franco
Benjamin Franklin
Gregory Franklin
Diane Frasure
Arnaldo Frias
Patrick Fritchie
Stefanie Frost
Stephanie Fryar
Alexander Fuentes
Jose Fuentes
Shari Fullen
Douglas Fuller
John Gaffke
Terry Gailbreath
Ray Gaines Jr
Consuelo Galindo
Amanda Galvan
Kiran Ganji
Martin Garcia
Tony Garcia
Norma Garcia-Perez
Gregory Gardner
Rebecca Gardner
Michael Garn
Alejandro Garza
Carolina Garza
Jose Garza
Teresa Gates
Yemisirach Gebeto
Alesia George
Glenn George
Helen Geter
Sharvari Ghayal
Siavash Gheshmi
Sudeep Ghimire
Cheri Giller
Richard Gocher-Bell
Alexander Godfrey
Boris Goldstein
Sharon Goldston
Cordell Gomm
Amanda Gonzalez
Araceli Gonzalez
Ilse Gonzalez
Maria Gonzalez
Martin Gonzalez
Raul Gonzalez
Ray Gonzalez
Shannon Goode
Erick Gordon
Ramahn Gordon
Iris Gorman
Megha Gowda
Kelvin Graham
Megan Grandone
Connie Graston
Christopher Gray
Elizabeth Gray
Laura Greaves
Ewing Green
Russel Green
Nicole Gregorich
Tony Griffin
Kwakena Groce
Lashadrick Groce
Zachary Grubbs
James Grubert
Katherine Guevara
Moran Guo
Claudia Gutierrez
Michael Guzzi
Maheswararao Gypuri
Ranen Habib
Kjartan Haga
David Hague
Saad Haik
Austin Hain
Jean Hakizimana
Yeraldi Hall
Oday Hameed
Lawrence Hamilton
Jamie Hansen
Scott Hansen
David Harding
Jason Harris
Cheavon Harrison
Brenda Hart
James Hart
Edward Harvey
Salman Hasanuddin

Natasha Hawes
Gina Hawthorne
Mark Haynes
Nikeale Haynes
Kelsey Hays
Ryan Hayse
Xiaolai He
Charles Hecht
Zakariah Hegab
Mouhib Helou
Melissa Henderson
Brian Henry
Ashley Herman
Eric Hernandez
Guillermo Hernandez
Lynn Hernandez
Viridiana Herrera
Brenda Hiley
Racheal Hill
Alex Hinkle
Eugenio Hinojosa
Larry Hix
April Hoang
Ryan Hochdorf
Karen Hodge
Dustin Hodges
Sandra Hodges
Chee Hoe
Hershelle Hogan
Steven Holland
John Hollens
Matthew Holloway
Rodney Holmes
John Hopson
Arturo Horton
Dustin House
Jonathan Howell
Quping Hu
Lawrence Hughes
Qian Hui
Allison Hulchanski
Jiann-Hsiung Hung
Christopher Hunke
Paula Hunt
Germaine Hunter
Brian Hurst
Vicki Huse
Miuh Huynh
Ross Hynek
Avegail Ibad
Realyn Ibad
Silvia Imam
Clara Immanuel
Navaporn Intharuck
Zeeshan Iqbal
Sneha Ganesh Iyer
Alie Jabaty
Brenzo James
Martina James
Danielle Janes
Erik Jansen
Ralph Jansen
Katelin Jara
John Jarmush
Joe Jasso
Billy Jenkins
Blake Jenkins
Johnnie Jenkins
Tian Jiang
Joel Jimenez
Austin Jinks
Emil Jivan
Ansu John
Manju John
Priscilla John
Alvin Johnson
Diane Johnson
Doretha Johnson
Kelvin Johnson
Kerry Johnson
Nicholas Johnson
Nicole Johnson
Paulisa Johnson
Ronda Johnson
Shelbi Johnson
Veronda Johnson
William Johnson
Rakesh Johny
Brittany Jones
Jared Jones
Patrick Jones
Sarah Jones
Kyshawn Joplin
Som Joseph
Eudor Juarez
Sabrina Juarez
Amy Juchniewicz
Christopher Kabari
Mike Kam

Atout Kamgaing
Namrata Karki
Sundaresan Karthikeyan
Farrukh Kasbati
Krishna Chaitanya Kasuganti
Dayo Kazeem
Ashmita Kc
Chormsaeng Keovongphet
Jacob Kerns
Rachel Kerstens
Pooja Keskar
Ali Khalil
Mandar Khiste
Robert Kieffer
Melanie Kim
Pavel Kim
Antony Kimani
Amy King
Janian King
Joseph King
Taneshia King
Erick Kluthe
Damion Knowles
Roza Kocakahyaoglu
Diana Komarov
Marina Koses
Peter Kramer
Eric Kristiansen
Kari Kruger
Daniel Kupetz
Jonathan Kurtz
Danielle Kuyltjes
Paul Labeodan

Kakim Lai
Melanie Lancaster
Terrance Lane
Brenda Langston
Richard Lawrence
Robert Lawson
Santino Laxamana
Maximo Lazo
Dorothy Le
Khang Le
Quoc Le
Terence Le
Tu Le
Anna Lee
Cameron Lee
Hyung Lee
Martin Leitgab
Sonia Lemus
Marcus Leonard
Edward Leung
Ronnie Lewis
Willard Lewis
Anne Leyretana-Zabat
Jun Li
Qian Li
Qingyang Li
Zhewei Li
Zixiao Li
Qing Liao
Fang Lin
David Little
Jeffrey Little
Patrick Litwiller

Chakyan Lo
Gavin Loera
Jimmy Loftis
Jessica Long
Michael Long
Lisa Lopez
Carlos Lopez Iii
Billie Lough
Katalin Lovas
Ryan Loyola
Chinh Lu
Jia Lu
Jingsheng Lu
Ling Bin Lu
Sherri Lucas
Jorge Lucio
Jonathan Luckie
Elizabeth Lund
Jessica Luoma
Robert Luoma
Yuan Ma
David Macdonald
Scott Mackler
Christine Macklin
Kiana Magnuson
Richard Mahoney
Sunil Mainali
Christine Mains
Trindell Major
Andrew Makarich
Surjit Makkar
Sinu Maliyil
Anupama Malleshappa

Nicole Maly
Jordan Mammen
Benequis Manoy
John Marino
Cynthia Markbreiter
David Marshall
Keith Marshall
Levi Martin
Nakeia Martin
Wendy Martin
Martha Martinez
Michelle Martinez
Monique Martinez
Valerie Martinez
Rida Maryam
Christian Masterson
Jobby Mathai
Shaji Mathew
Kiké Maung
Kristy Mayo
Nadine Mbala
Sarah Mcbrine
Vinson Mccants
Kyle Mccaslin
April Mccloud
Leanna Mcclung
Andrew Mcguffee
Michael Mclaurin
Salvador Medina
James Megellas
Lan Mei
Zhu Mei
Donald Mendell
Kevin Meraz
Chris Meringolo
Bogdan Mihaiciuc
Nicole Milbauer
Susan Milholland
Elizabeth Miller
Justice Miller
Bhairavi Modak
Deborah Molda
Sergio Molina
Rariety Monford
Sonya Monroe
Gladys Montenegro
Rebekah Montgomery
Ronald Montgomery
Aaron Moon
Glenford Moore
Morris Moore
Danette Morales
Roberto Carlos Morales Calvario
Mauricio Moran
Claudia Moreno
Anna Morgan
Carl Morgan
Harold Morrel
Kevin Morris
James Moses
Ahmad Riad Mourad
David Mrozek
Michael Mullner
Arcadio Munoz
Randhir Muppidi
Michael Murphy
Adrian Murray
Mohamed Musa
Muhammad Naeem
Bhavya Nair
Barbara Nance
Ahmad Naseri
Muhammad Nassef
Karime Navarro
Wanda Ndimbie
Kevin Ndukwe
Truman Neeley
David Negron
Brendan Nelson
Chun Ng
John Ngo Sy
Dan Nguyen
Dat Nguyen
Hai Nguyen
Khanh Nguyen
Phuc Nguyen
Quang Nguyen
Steven Nguyen
Tam Nguyen
Thanh Nguyen
Thuan Nguyen
Toan Nguyen
Tom Nguyen
Tomathao Nguyen
Deniece Nielson
Denise Nix
Trenton Nix
Tyler Nix
James Nolan

Toni Norman
Trevon Norman
Brian Norton
Kelly Nottingham
Boladji Nougbedo
Kyle Novak
Matthew O'Hara
Brian Ochranek
Donald O'Connell
Nathaniel Odenweller
James Odom
Timothy O'Dwyer
Vivian Ojeda
Solomon Okunseri
Ibukun Oni
Dora Ordonez
Andrew O'Reilly
Noe Ortiz
Owusu Osei
Nicholas Owen
Kelly Owens
Joe Padilla
Paul Padilla
Lindsay Page
Margaret Page
Lea Pagkaliwangan
Ian Paramo
Rudolph Paramo
Doseo Park
Jonathan Parker
Mary Parker
Janet Parkinson
Harpreet Parmar
Vinay Kumar Patchipulusu
Anish Patel
Dhaval Patel
Pratikkumar Patel
Ripal Patel
Stacey Patrick
Keeli Patterson
Kristen Patterson
Rossi Paul
Corey Pawlichuk
Tracy Pedretti
Brent Pelletier
Linda Pennington
Amanda Peoples
Ricardo Peralta
Diego Perez
Gregory Perez
Pamela Perlick
Krishndutt Persaud
Stanley Thomas Person
Davina Peter
Faith Petersen
Sherri Peterson
Leroy Petteway
Diana Petty
Jon Pfeffer
Huy Pham
Minh Pham
Nhuhuong Pham
Tuan Pham
Matthew Phan
Quan Phan
Kathryn Phillips
Niya Pierce
Kamal Kumar Pitla
David Pitts Jr
Vasan Ponnusamy
Kathryn Porter
Jaime Portillo
Leslie Posey
John Pospichal
Michael Preisman
Benjamin Price
Edna Prieto-Ballengee
Barry Prince
Ahmad Pryor
Boyd Pryor
Esteban Puente
Steven Pulcher
Jason Puzniak
Daud Qasemi
Lei Qiao
Orville Raggio
Mohammad Rahman
Bima Rai
Razvan Raicu
Raamvishnuraja Rajendra Raja
Shan Ramasubramanian
Kathy Ramsey
Pramit Rana
Phyllis Randell
Eddie Randon
Patricia Ravalico
Traci Redmer
Kevin Reed
Daniel Rehberg

Katherine Reinhardt
Eddy Remezo
Chad Renberg
Christian Renteria
Romualda Renteria
Juan Reveles
Lester Reyes
Jorge Rezende
Jennifer Rhinehart
Justin Rhinehart
Bruce Rhone
Alamgir Riaz
Sharla Rich
Mai-Lan Richards
Christopher Richardson
Adam Risley
Daniel Rist
Nathan Risteen
Kathryn Ritchie
Santos Rivera
Diane Roberson
Tara Roberson
Kara Roberts
Jeff Robeson
Wanda Robinson
Larissa Robles
Ana Rodas
Brandon Rodgers
Edgar Rodriguez
Josue Rodriguez
Louis Rodriguez
Maribel Rodriguez
Patricia Rodriguez
Victoria Rodriguez
Angel Rojas Rebollar
Brandon Rosemeyer
Bruce Ross
Bryan Ross
Brian Roth
Farzana Rouf
Ranjan Rout
Donna Rowell
Daniel Rowold
Gregory Rumeser
Kimberly Runnels
Robin Rutherford
Charles Ryan
Wajeeh Saadi
Artur Sabanskyy
Carole Sadate-Onguene
Amreek Saini
Mabin Sainju
Nazmus Sakib
Brigido Salgado
Supraja Salla
Teniola Salvador
Vivek Salyankar
Edward Sanchez
Rafael Sanchez
Alyson Sanders
Jorge Santana
Norberto Santana
Harish Santhanam
Harold Santiago Ramos
Deryl Sapp
David Sarine
Michael Satterfield
Sagun Satyal
Swetha Satyanarayana Reddi
Iman Sazmand
Phyllis Schrantz
Oscar Schwartz
Tobias Schwarz
Desiree Scudder
Jim Searles
Nidhi Shah
Sandeep Shah
Hana Shaik
Majid Shaik
Aasta Shakya
Rohit Sharma
Sheila Shaw
Yixiao Sheng
Yong Sheng
Taurus Shepard
Vincent Shepherd
Chris Sherrod
Jay Shoberg
Stephen Sholden
Elisha Shomefun
Philip Short
Shelista Shrestha
Hunada Shunnar
Sharon Simonton-Young
Melissa Simpson
William Simpson
Gurjit Singh
Deepsikha Sinha
Gina Siravo

Krithika Siva
Scott Slater
Natalie Small
Dennis Smiter
Angela Smith
Bradley Smith
Brian Smith
Florence Smith
Gail Smith
Jeremy Smith
Letha Smith
Mikayla Smith
Nathan Smith
Yolonda Smith
Alex Smittie
Emilie Snelson
Christopher Solomon
April Solorzano
Rahul Sonwalkar
Jorge Soto
Craig Spangler
Rupa Spencer
Sara Speyerer
Camelia Spiridon
Michaelene Sprague
Renee Springer
Mark Stafford
Heidi Stair
Brian Starkey
Michael Stasaski
Christopher Steidle
Randall Stem
John-Paul Stephens
Cynthia Stevenson
Sandra Stonebraker
Kathleen Streich
Guodong Su
Po-Jung Su
Hooriya Sulaiman
Adegboyega Sule
Naureen Suteria
Caroline Swafford
Henry Swalla
Richard Sweeney
Michael Szapiel
Mehrzad Taherzadehboroujeni
Vinita Talgaonkar
Kevin Talley
Raghuvamshi Taneti
Wilson Tanjaya
Balogun Taofik
Ali Taqi
Ronald Taylor
Nicole Teague
Dmitriy Terekhov
Marty Terry
Rebecca Terry
Jyotsana Thapa
Orvil Thapa
Ruthie Thillen-Chennault
Auresa Thomas
Jokutty Thomas
Lewisorentha Thomas
Monisha Thomas
Sibin Thomas
Veneeta Thomas
Vinita Thomas
William Thomasson
Grace Thompson
Keith Thompson
Murray Thompson
James Thomson
Powell Thoppil
Austin Thorn
Elizabeth Thottakara
Myka Tibbets
Adrian Tijerina
David Tipotsch
Tanya Titus
Keerti Tiwari
Dorra Tlili
Sovann Toch
Matthew Todd
Eberhard Todtenhoefer
Hedrick Tolliver
Charles Tonkon
Telma Toral Agreda
Andrea Tornatore
Cherisse Torrence
Jacob Torrez
Claire Tran
Cynthia Tran
Peter Tran
Valerie Travers
Casimiro Trevino
Tram Trinh
Zach Trotter
Austin Tucker
Everett Tucker

Tammy Turner
Vickie Turner
Gregory Tyber
Mason Tyler
Nawal Ulhaq
Jagadish Ulloor
Alyssia Urquieta
Christopher Utke
Luis Uzarraga
Faustino Valdez
Evelyn Valerio-Rivera
Nadene Vanpelt
Ruby Vansickle
Angelica Vargas
Babu Varmah
Melissa Vaughan
Nalini Ved
Arunteja Veermalla
Inocencio Velazquez
Clemente Velazquez Munoz
Karina Velez
Pranitha Veliverthi
David Venegoni
Kara Venegoni
Daniel Verona
Leandra Victor
Rajsree Vijayan
Andri Villalba
Jose Villarreal
William Visoski
Christopher Vu
John Vuittonet
John Vuong
Billy Wade
Bryan Waid
Alex Waldhauser
Angus Walker
Jay Walker
Mary Walker
Michele Walker
Shawntae Walker
Danna Walters
Maria Warren
Darrell Watson
Merrik Watson
Donavon Watts
Christopher Weaver
Nancy Weiland
Jerry Weitzel
James Welch
Susan Werner
Bradley Weston
Avery Wheeler
Catherine Whitaker
John White
Sylvia White
Sathren Whitfield
Michele Whitlock
Chasity Whitmer
Neil Whitney
James Whitt
Kevin Whytus
Glorianna Wiebelhaus
Alan Williams
Antonio Williams
David Williams
Don Williams
Elijah Williams
Kathleen Williams
Lynvol Williams
Philip Williams
Sidney Williams
William Williams
John Wilson
Timothy Wilson
Jalen Winborn
Alexander Wirtz
Michael Wisdom
Kenneth Wong
Pamela Wood
Jonathan Woody
Amare Worku
Solomon Worku
Tianbing Xia
Jagriti Yadav
Johnathan Yager
Dror Yahalom
Morgan Yakich
Hua Yang
Zehua Yang
Lyle Yarnell
Aaron Yee
Sharl Youkhana
Joshua Young
Hadi Zadeh
Gerald Zapata
Veronica Zapiain Aguayo
Lisa Zavala
Julio Zelaya

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D. C. 20549

FORM 10-K

(MARK ONE)

☒ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

OR

☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the fiscal year ended December 31, 2020 — Commission file number 1-2189

Abbott Laboratories

An Illinois Corporation
100 Abbott Park Road
Abbott Park, Illinois 60064-6400

36-0698440
(I.R.S. employer identification number)
(224) 667-6100
(telephone number)

Securities Registered Pursuant to Section 12(b) of the Act:

Title of Each Class	Trading Symbol(s)	Name of Each Exchange on Which Registered
Common Shares, Without Par Value	ABT	New York Stock Exchange Chicago Stock Exchange, Inc.

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.

Yes ☒ No ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or 15(d) of the Act.

Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days.

Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files).

Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large Accelerated Filer ☒ Accelerated Filer ☐ Non-Accelerated Filer ☐ Smaller reporting company ☐
Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act).

Yes ☐ No ☒

The aggregate market value of the 1,727,625,764 shares of voting stock held by nonaffiliates of the registrant, computed by reference to the closing price as reported on the New York Stock Exchange, as of the last business day of Abbott Laboratories' most recently completed second fiscal quarter (June 30, 2020), was $157,956,823,602. Abbott has no non-voting common equity. Number of common shares outstanding as of January 31, 2021: 1,771,529,358

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the 2021 Abbott Laboratories Proxy Statement are incorporated by reference into Part III. The Definitive Proxy Statement will be filed on or about March 12, 2021.

PART I

ITEM 1. BUSINESS

GENERAL DEVELOPMENT OF BUSINESS

Abbott Laboratories is an Illinois corporation, incorporated in 1900. Abbott's* principal business is the discovery, development, manufacture, and sale of a broad and diversified line of health care products.

NARRATIVE DESCRIPTION OF BUSINESS

Abbott has four reportable segments: Established Pharmaceutical Products, Diagnostic Products, Nutritional Products, and Medical Devices.

Established Pharmaceutical Products

These products include a broad line of branded generic pharmaceuticals manufactured worldwide and marketed and sold outside the United States in emerging markets. These products are generally sold directly to wholesalers, distributors, government agencies, health care facilities, pharmacies, and independent retailers from Abbott-owned distribution centers and public warehouses, depending on the market served. Certain products are co-marketed or co-promoted with, or licensed from, other companies.

The principal products included in the broad therapeutic area portfolios of the Established Pharmaceutical Products segment are:

- gastroenterology products, including Creon™, for the treatment of pancreatic exocrine insufficiency associated with several underlying conditions, including cystic fibrosis and chronic pancreatitis; Duspatal™ and Dicetel™, for the treatment of irritable bowel syndrome or biliary spasm; Heptral™, Transmetil™, and Samyr™, for the treatment of intrahepatic cholestasis (associated with liver disease) or depressive symptoms; and Duphalac™, for regulation of the physiological rhythm of the colon;
- women's health products, including Duphaston™, for the treatment of many different gynecological disorders; and Femoston™, a hormone replacement therapy for postmenopausal women;
- cardiovascular and metabolic products, including Lipanthyl™ and TriCor™, for the treatment of dyslipidemia; Teveten™ and Teveten™ Plus, for the treatment of essential hypertension, and Physiotens™, for the treatment of hypertension; and Synthroid™, for the treatment of hypothyroidism;
- pain and central nervous system products, including Serc™, for the treatment of Ménière's disease and vestibular vertigo; Brufen™, for the treatment of pain, fever, and inflammation; and Sevedol™, for the treatment of severe migraines; and
- respiratory drugs and vaccines, including the anti-infective clarithromycin (sold under the trademarks Biaxin™, Klacid™, and Klaricid™); and Influvac™, an influenza vaccine.

The Established Pharmaceutical Products segment directs its primary marketing efforts toward building strong brands with key stakeholders, including consumers, pharmacists, physicians, and other healthcare providers. Government agencies are also important customers.

Competition in the Established Pharmaceutical Products segment is generally from other health care and pharmaceutical companies. In addition, the substitution of generic drugs for the brand prescribed and introduction of additional forms of already marketed established products by generic or branded competitors may increase competitive pressures.

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* As used throughout the text of this report on Form 10-K, the term "Abbott" refers to Abbott Laboratories, an Illinois corporation, or Abbott Laboratories and its consolidated subsidiaries, as the context requires.



Zachary A. Portin
Counsel, Healthcare Compliance
Legal Regulatory & Compliance

Abbott
100 Abbott Park Road
Abbott Park, IL 60064
T: +1 224 551 8782
zachary.portin@abbott.com

RECEIVED FROM APPLICANT
PUBLIC DOCUMENT

Confidential and Proprietary – Not for Public Disclosure

*Via Email (*bkandt@pharmacy.nv.gov*)*

April 18, 2022

Brett Kandt, General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway
Suite 206
Reno, NV 89521

Re: Supplemental Information Requested for 12 Abbott Laboratories Nevada Wholesaler License Applications

Dear Mr. Kandt,

I write to provide you with updated responses to the disciplinary questions in Section 2 of the twelve Nevada wholesaler applications for the wholesaler facilities listed below as we discussed during our conversation on or about March 14, 2021. (Those applications were submitted on or about August 27, 2021 and supplemented by a filing on or about October 14, 2021). The updated disciplinary responses are attached hereto as Exhibit A.

Wholesaler	Facility Location
1. Abbott Laboratories Inc. ("ALI")	3158 Martin Luther King Jr. Drive, North Chicago, IL 60064 ("North Chicago")
2. ALI	1921 Hurd Drive, Irving, TX 75038 ("Irving 1")
3. ALI	1915 Hurd drive, Irving, TX 75038 ("Irving 2")
4. ALI	15900 Valley View Court, Sylmar, CA 91342 ("Sylmar")
5. ALI	6901 Preston Road Plano, TX 75024 ("Plano")
6. ALI	2305 Walnut Street, Roseville, MN 55113 ("Roseville")
7. ALI	42301 Zevo Drive, Suite #F, Temecula, CA 92590 ("Temecula")
8. Abbott Molecular Inc. ("AMI")	1300 East Touhy Avenue, Des Plaines, IL 60018 ("Des Plaines")
9. AMI	1800 Brummel Avenue, Elk Grove Village, IL 60007 ("Elk Grove Village")
10. Abbott Rapid Dx North America, LLC ("ARDxNA")	569 Halls Mill Road, Freehold, NJ 07728 ("Freehold")
11. ARDxNA	5995 Pacific Center Blvd., Ste. 108, San Diego, CA 92121 ("San Diego")

12. Alere San Diego Inc. ("ASD")	829 Town Center Drive, Pomona, CA 91767 ("Pomona")

We respectfully request that the Nevada Board of Pharmacy consider this information along with the August 27th and October 14th submissions, at its earliest convenience, but not later than at its upcoming June 1-2, 2022 meeting.

Thank you for your cooperation in this matter. If you have any questions or require additional information, please do not hesitate to contact me.

Sincerely,

Zachary A. Portin

Enc.

Cc: Nevada Board of Pharmacy (*via email to pharmacy@pharmacy.nv.gov)*
Mark Sedar, Nevada Board of Pharmacy (*via email to marksedar@pharmacy.nv.gov)*
April Veoukas, Abbott *(via email to april.veoukas@abbott.com*)

SUPPLEMENTAL RESPONSES TO SECTION 2, QUESTIONS 1-5 OF NEVADA WHOLESALER APPLICATION
EXHIBIT A

ALI Applications

ALI supplements the responses set forth in the Wholesaler Application Addendum to Questions 1-5 of Section 2 of the Nevada Wholesaler Application for North Chicago, Irving 1, Irving 2, Sylmar, Plano, Roseville and Temecula facilities, each as follows:

Section 2 Questions	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	ALI Based on records available to it and to the best of its knowledge, ALI, the prospective licensee, has not been charged or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea) since 2004. Abbott In May 2012, Abbott, the parent company of the prospective licensee identified in Section 9 of the Wholesaler Application Addendum, pleaded guilty to one misdemeanor violation of the Food, Drug and Cosmetic Act for misbranding as part of a settlement with U.S. federal and 49 state authorities, plus the District of Columbia, to resolve all outstanding issues regarding an investigation of past sales and marketing practices relating to its neurologic medication Depakote. Abbott and the Department of Justice, as reflected in the plea agreement, agreed that the conduct that gave rise to the conviction relates solely to the research-based pharmaceutical business that later became part of Abbvie, and that, from the time of the separation of Abbvie, Abbott no longer had any obligations under the plea agreement, nor would the Department of Justice treat Abbott as having a conviction under the Food, Drug and Cosmetic Act. Effective January 2, 2013, Abbott separated that research-based pharmaceutical business, including its U.S. pharmaceutical business, the business responsible for Depakote, into a new, independent publicly traded company, Abbvie.

Section 2 Questions	Response
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	Based on records available to them and to the best of their knowledge, ALI and Abbott have not been denied a license, permit or certificate of registration material to Abbott's operations since 2004.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	ALI Based on records available to it and to the best of its knowledge, and excluding the research-based pharmaceutical business that separated into a new, independent publicly traded company in 2013 (Abbvie), ALI has not been the subject of an administrative action or proceeding relating to the pharmaceutical industry since 2004. Abbott *See* Abbott's response to Question 1 above.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	ALI/Abbott Based on records available to them and to the best of their knowledge, ALI and Abbott have not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since 2004.
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	ALI/Abbott Based on records available to them and to the best of their knowledge, ALI and Abbott have not surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) material to Abbott's operations since 2004.

AMI Applications

AMI supplements the responses set forth in the Wholesaler Application Addendum to Questions 1-5 of Section 2 of the Nevada Wholesaler Application for its Des Plaines and Elk Grove facilities, each as follows:

Section 2 Questions	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	AMI Based on records available to it and to the best of its knowledge, AMI, the prospective licensee, has not been charged or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea) since 2004. Abbott In May 2012, Abbott, the parent company of the prospective licensee identified in Section 9 of the Wholesaler Application Addendum, pleaded guilty to one misdemeanor violation of the Food, Drug and Cosmetic Act for misbranding as part of a settlement with U.S. federal and 49 state authorities, plus the District of Columbia, to resolve all outstanding issues regarding an investigation of past sales and marketing practices relating to its neurologic medication Depakote. Abbott and the Department of Justice, as reflected in the plea agreement, agreed that the conduct that gave rise to the conviction relates solely to the research-based pharmaceutical business that later became part of Abbvie, and that, from the time of the separation of Abbvie, Abbott no longer had any obligations under the plea agreement, nor would the Department of Justice treat Abbott as having a conviction under the Food, Drug and Cosmetic Act. Effective January 2, 2013, Abbott separated that research-based pharmaceutical business, including its U.S. pharmaceutical business, the business responsible for Depakote, into a new, independent publicly traded company, Abbvie.
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest,	AMI/Abbott

Section 2 Questions	Response
ever been denied a license, permit or certificate of registration?	Based on records available to them and to the best of their knowledge, AMI and Abbott have not been denied a license, permit or certificate of registration material to Abbott's operations since 2004.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	AMI Based on records available to it and to the best of its knowledge, and excluding the research-based pharmaceutical business that separated into a new, independent publicly traded company in 2013 (Abbvie), AMI has not been the subject of an administrative action or proceeding relating to the pharmaceutical industry since 2004. Abbott *See* Abbott's response to Question 1 above.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	AMI/Abbott Based on records available to them and to the best of their knowledge, AMI and Abbott have not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since 2004.
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	AMI/Abbott Based on records available to them and to the best of their knowledge, AMI and Abbott have not surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) material to Abbott's operations since 2004.

ARDxNA Applications

ARDxNA supplements the responses set forth in the Wholesaler Application Addendum to Questions 1-5 of Section 2 of the Nevada Wholesaler Application for its Freehold and San Diego facilities, each as follows:

Section 2 Questions	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least	ARDxNA/AUH/Alere

Section 2 Questions	Response
10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	Based on records available to them and to the best of their knowledge, ARDxNA, the prospective licensee, Alere US Holdings, LLC ("AUH") and Alere, Inc. ("Alere"), the direct and indirect owners of the prospective licensee respectively identified in Section 9 of the Wholesaler Application Addendum, have not been charged or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea) since Abbott acquired those entities in October 2017. Abbott In May 2012, Abbott, the parent company of the prospective licensee, pleaded guilty to one misdemeanor violation of the Food, Drug and Cosmetic Act for misbranding as part of a settlement with U.S. federal and 49 state authorities, plus the District of Columbia, to resolve all outstanding issues regarding an investigation of past sales and marketing practices relating to its neurologic medication Depakote. Abbott and the Department of Justice, as reflected in the plea agreement, agreed that the conduct that gave rise to the conviction relates solely to the research-based pharmaceutical business that later became part of Abbvie, and that, from the time of the separation of Abbvie, Abbott no longer had any obligations under the plea agreement, nor would the Department of Justice treat Abbott as having a conviction under the Food, Drug and Cosmetic Act. Effective January 2, 2013, Abbott separated that research-based pharmaceutical business, including its U.S. pharmaceutical business, the business responsible for Depakote, into a new, independent publicly traded company, Abbvie.
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	ARDxNA/AUH/Alere Based on records available to them and to the best of their knowledge, ARDxNA, AUH and Alere have not been denied a license, permit or certificate of registration material to Abbott's operations since Abbott acquired those entities in October 2017. Abbott

Section 2 Questions	Response
	Based on records available to it and to the best of its knowledge, Abbott has not been denied a license, permit or certificate of registration material to Abbott's operations since 2004.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	ARDxNA/AUH/Alere Based on records available to them and to the best of their knowledge, ARDxNA, AUH and Alere have not been the subject of an administrative action or proceeding relating to the pharmaceutical industry since Abbott acquired those entities in October 2017. Abbott *See* Abbott's response to Question 1 above.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	ARDxNA/AUH/Alere Based on records available to them and to the best of their knowledge, ARDxNA, AUH and Alere have not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since Abbott acquired those entities in October 2017. Abbott Based on records available to it and to the best of its knowledge, Abbott has not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since 2004.
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	ARDxNA/AUH/Alere Based on records available to them and to the best of their knowledge, ARDxNA, AUH and Alere have not surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) since Abbott acquired those entities in material to Abbott's operations October 2017. Abbott Based on records available to it and to the best of its knowledge, Abbott has not surrendered a license, permit or certificate of registration voluntarily or otherwise (other

Section 2 Questions	Response
	than upon voluntary close of a facility) material to Abbott's operations since 2004.

ASD Application

ASD supplements the response set forth in the Wholesaler Application Addendum to Questions 1-5 of Section 2 of the Nevada Wholesaler Application for its Pomona facility as follows:

Section 2 Questions	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	ASD/AUH/Alere Based on records available to them and to the best of their knowledge, ASD, the prospective licensee, AUH, and Alere, the direct and indirect owners of the prospective licensee respectively identified in Section 9 of the Wholesaler Application Addendum, have not been charged or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea) since Abbott acquired those entities in October 2017. Abbott In May 2012, Abbott, the parent company of the prospective licensee, pleaded guilty to one misdemeanor violation of the Food, Drug and Cosmetic Act for misbranding as part of a settlement with U.S. federal and 49 state authorities, plus the District of Columbia, to resolve all outstanding issues regarding an investigation of past sales and marketing practices relating to its neurologic medication Depakote. Abbott and the Department of Justice, as reflected in the plea agreement, agreed that the conduct that gave rise to the conviction relates solely to the research-based pharmaceutical business that later became part of Abbvie, and that, from the time of the separation of Abbvie, Abbott no longer had any obligations under the plea agreement, nor would the Department of Justice treat Abbott as having a conviction under the Food, Drug and Cosmetic Act. Effective January 2, 2013, Abbott separated that research-based pharmaceutical business, including its U.S. pharmaceutical business, the business responsible

Section 2 Questions	Response
	for Depakote, into a new, independent publicly traded company, Abbvie.
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	ASD/AUH/Alere Based on records available to them and to the best of their knowledge, ASD, AUH and Alere have not been denied a license, permit or certificate of registration material to Abbott's operations since Abbott acquired those entities in October 2017. Abbott Based on records available to it and to the best of its knowledge, Abbott has not been denied a license, permit or certificate of registration material to Abbott's operations since 2004.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	ASD/AUH/Alere Based on records available to them and to the best of their knowledge, ASD, AUH and Alere have not been the subject of an administrative action or proceeding relating to the pharmaceutical industry since Abbott acquired those entities in October 2017. Abbott *See* Abbott's response to Question 1 above.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	ASD/AUH/Alere Based on records available to them and to the best of their knowledge, ASD, AUH and Alere have not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since Abbott acquired those entities in October 2017. Abbott Based on records available to it and to the best of its knowledge, Abbott has not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since 2004.

Section 2 Questions	Response
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	ASD/AUH/Alere Based on records available to them and to the best of their knowledge, ASD, AUH and Alere have not surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) since Abbott acquired those entities in material to Abbott's operations October 2017. Abbott Based on records available to it and to the best of its knowledge, Abbott has not surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) material to Abbott's operations since 2004.

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change ☐ Name Change ☐ Location Change (in-state only)	* If making a change, provide current license number: WH _____	☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ■ No

Section 1: General Information

Facility Name: Abbott Laboratories Inc.

Physical Address: 3158 Martin Luther King Jr. Drive

City: North Chicago State: IL Zip: 60064

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (224) 667-5417 Website: https://www.abbott.com/

Name of Designated Representative (DR): Not applicable per NAC 639.5935(1)(a)

Licensing Company Email: Christine.Limbaugh@abbott.com DR Email: Not applicable per NAC 639.5935(1)(a)

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☒ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☒ Practitioners	☐ Controlled Substances
☒ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☒ Others:	☐ Others:

Section 2: History of Company — Refer to addendum for questions 1-5.	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	Refer to addendum for responses.	
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	Refer to addendum for responses.	
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	Refer to addendum for responses.	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	Refer to addendum for responses.	
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	Refer to addendum for responses.	

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

SUPPLEMENTAL RESPONSES TO SECTION 2, QUESTIONS 1-5 OF NEVADA WHOLESALER APPLICATION
EXHIBIT B

ALI Applications -7

ALI supplements the responses set forth in the Wholesaler Application Addendum to Questions 1-5 of Section 2 of the Nevada Wholesaler Application for North Chicago, Irving 1, Irving 2, Sylmar, Plano, Roseville and Temecula facilities, each as follows:

Section 2 Questions	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	To our knowledge, neither Abbott Laboratories, Inc. nor Abbott Laboratories – the entities identified in Section 9 of the Wholesaler Application Addendum – have been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea) within the last 5 years.
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	To our knowledge, neither Abbott Laboratories, Inc. nor Abbott Laboratories – the entities identified in Section 9 of the Wholesaler Application Addendum – have been denied a license, permit or certificate of registration within the last 5 years.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	To our knowledge, neither Abbott Laboratories, Inc. nor Abbott Laboratories – the entities identified in Section 9 of the Wholesaler Application Addendum – have been the subject of an administrative action or proceeding relating to the pharmaceutical industry within the last 5 years.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	To our knowledge, neither Abbott Laboratories, Inc. nor Abbott Laboratories – the entities identified in Section 9 of the Wholesaler Application Addendum – have been found guilty, pled guilty or entered a plea of nolo contendere to any offense, federal or state, related to controlled substances within the last 5 years.
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	To our knowledge, neither Abbott Laboratories, Inc. nor Abbott Laboratories – the entities identified in Section 9 of the Wholesaler Application Addendum – have surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) within the last 5 years.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Abbott Laboratories Inc.
Address: 100 Abbott Park Road City: Abbott Park State: IL Zip: 60064

Name: Alere San Diego Inc.
Address: 829 Towne Center Drive City: Pomona State: CA Zip: 91767

Name: Sekisui Diagnostics P.E.I. Inc. ; 70 Watts Avenue Prince Edward Island C1E 2B9
Address: See in parentheses above line. City: Charlottetown, Canada State: - Zip: -

Name: SENTINEL CH. S.p.A.
Address: Via Robert Koch, 2 City: Milano, Italy 20152 State: - Zip: -

Section 4: Publicly Traded Corporation

State of Incorporation: Illinois
Parent Company (if any): Abbott Laboratories
Corporation Name: Abbott Laboratories
Mailing Address: 100 Abbott Park Road
City: Abbott Park State: IL Zip: 60064
Telephone: (224) 667-5417 Email: Christine.Limbaugh@abbott.com
Contact Person Name: Christine Limbaugh

Date of SEC Registration: See Addendum | SEC Registration Number: 0000001800 | Stock Exchange Symbol: ABT

Section 5: Non-Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Christine Limbaugh

Print Name of Authorized Person Submitting Application

Christine Limbaugh

Original signature of Authorized Person (copies or stamps not accepted)

08/26/2021

Date

Board Use Only	Date Received: _____	Amount: 500 cc Processed 4/20/21

NEVADA WHOLESALER APPLICATION ADDENDUM
Abbott Laboratories Inc.

SECTION 2: HISTORY OF COMPANY

Question	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	Abbott Laboratories (Abbott), the parent company of the prospective licensee, is a publicly traded company. All material investigations, lawsuits, administrative proceedings, and other legal matters involving Abbott and its subsidiaries are disclosed in Abbott's Annual Report on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	All material registration and licensure information involving Abbott and its subsidiaries is disclosed in Abbott's Annual Report on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	All material administrative actions and proceedings involving Abbott and its subsidiaries is disclosed in Abbott's Annual Reports on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	All material investigations, lawsuits, administrative proceedings and other legal matters involving Abbott and its subsidiaries is disclosed in Abbott's Annual Reports on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least	All material registration and licensure information involving Abbott and its

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10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	subsidiaries is disclosed in Abbott's Annual Report on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.

SECTION 4: PUBLICLY TRADED CORPORATION

SEC REGISTRATION

Abbott Laboratories (Abbott) completed its initial public offering in 1929.

SECTION 9: APPLICABLE DOCUMENTS

LIST OF OFFICERS AND DIRECTORS

The officers and directors of Abbott Laboratories Inc. are listed below.

Directors

- Funck, Jr., Robert

Officers

- Ahlberg, Gregory
- Allen, Hubert
- Ambati, Venu
- Balthrop, Elizabeth
- Battaglia, Erica
- Boettiger, Keith
- Brotz, Melissa
- Burcky, P. Claude
- Calamari, Christopher
- Capek, John
- Chan, Tony
- Collins, Kathryn
- Dale, Michael D.
- Earnhardt, Lisa
- Evers, Thomas
- Ewing, Sabina
- Ford, Robert
- Frels, John
- Funck, Jr., Robert
- Gabay, Renaud
- Ginascol, John
- Haas, Jeffrey N.
- Halloran, Damian

- House, J. Scott
- Huang, Gene
- Johnson, Gary
- Kaesebier, Tara
- Karam, Sammy
- Kowalski, Daman
- Kunkler, Robert
- Lane, Andrew
- Lehman, Brian
- Leinenweber, Scott
- Manning, Joseph
- Mark, David
- McCoy, John
- Millerick, Shawn
- Moreland, Mary K.
- Morrone, Louis
- Murphy, John
- Nordenstahl, Martin
- Novak, Joseph
- Oosterbaan, Benjamin
- Paik, Jessica
- Pederson, Michael J.
- Peterson, Karen
- Phillips, William
- Salvadori, Daniel
- Schneider, Ric
- Scoggins, Christopher
- Shroff, Eric
- Singh, Harvinder
- Tyler, Julie
- Wainer, Andrea
- Watkin, Jared
- Weitekamper, Frank
- Wellisch, Alejandro
- White, Miles
- Wilkins, Monica
- Woodgrift, Randel
- Yasger, Paul

LIST OF TOP FOUR CORPORATION SHAREHOLDERS

100% of the stock of Abbott Laboratories Inc. owned by Abbott. Abbott is a publicly traded company that is listed on the New York Stock Exchange.

CERTIFICATE OF CORPORATE STATUS OR CERTIFICATE OF GOOD STANDING

See Exhibit A attached hereto.

DEA CERTIFICATE IF HANDLING CONTROLLED SUBSTANCES

Not applicable.

LIST OF EMPLOYEES, AGENTS, INDEPENDENT CONTRACTORS, CONSULTANTS, GUARDIANS, PERSONAL REPRESENTATIVES, LENDER OR HOLDER OF INDEBTNESS OF THE APPLICANT

All material information is disclosed in Abbott's Annual Reports on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.

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EXHIBIT A
CERTIFICATE OF GOOD STANDING

CONFIDENTIAL AND PROPRIETARY – NOT FOR PUBLIC DISCLOSURE

April Veoukas
Director, Regulatory Affairs
Strategic Regulatory Affairs
Abbott Quality & Regulatory

Abbott
D-03Q4, AP52
200 Abbott Park Road
North Chicago, IL 60064
T: +1 224 667 8197
april.veoukas@abbott.com

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Via Email (m.herrera@pharmacy.nv.gov & pharmacy@pharmacy.nv.gov)

December 16, 2021

Dear Maria Herrera,

In response to your December 7 email, enclosed please find the home state licenses in support of our 12 Nevada State Board of Pharmacy Wholesaler Applications for the wholesalers and facility locations identified in the table.

Wholesaler	Facility Location	Home State License
1. Abbott Laboratories Inc.	3158 Martin Luther King Jr. Drive, North Chicago, IL 60064	Illinois state does not license medical device distributors.[1] 68 Ill. Adm. Code 1510.10
2. Abbott Laboratories Inc.	1921 Hurd Drive, Irving, TX 75038	See attachment A
3. Abbott Laboratories Inc.	1915 Hurd drive, Irving, TX 75038	See attachment B
4. Abbott Laboratories Inc.	15900 Valley View Court, Sylmar, CA 91342	See attachment C License Number: 115222 Certificate is in the mail after confirmation from the renewal process.
5. Abbott Laboratories Inc.	6901 Preston Road Plano, TX 75024	See attachment D
6. Abbott Laboratories Inc.	2305 Walnut Street, Roseville, MN 55113	Minnesota State does not license medical device distributors.[2] Minn. Stat. § 151.01
7. Abbott Laboratories Inc.	42301 Zevo Drive, Suite #F, Temecula, CA 92590	See attachment E
8. Abbott Molecular Inc.	1300 East Touhy Avenue, Des Plaines, IL 60018	Illinois state does not license medical device distributors.[1] 68 Ill. Adm. Code 1510.10

[1] The Illinois Dept. of Financial and Professional Regulation states that no licensing is required in order to warehouse and/or distribute such product in or out of the State of Illinois. The requirements of licensure and practice are provided by the Act and Rules in Administrative Code, 68 Ill. Adm. Code 1510.10. Definitions of "wholesale distribution" and "prescription drug" do not include medical devices.
[2] Minnesota state does not license medical device distributors by the office of Minnesota Statues, Minn. Stat. § 151.01. Definitions of "prescription drug", and "manufacturing" do not include medical devices.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ABBOTT LABORATORIES INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

2803432 8300

SR# 20213050688

Authentication: 203983224

Date: 08-23-21

You may verify this certificate online at corp.delaware.gov/authver.shtml

File Number 5972-555-6

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ABBOTT LABORATORIES INC., INCORPORATED IN DELAWARE AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON DECEMBER 19, 1997, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 16TH *day of* AUGUST *A.D.* 2021 .

Authentication #: 2122801582 verifiable until 08/16/2022
Authenticate at: http://www.ilsos.gov

Jesse White

SECRETARY OF STATE

LIST OF WORKERS ABBOTT WHOLESALER FACILITIES
EXHIBIT C

ALI North Chicago Facility

The workers at the ALI North Chicago facility are as follows:

Andrew Adaman
Bianca Alderin
Paul Allen
Moises Alvarez
Elssie Andino
Glenda Andino
Esai Arenas
Catherine Arenas
Allen Austin
Sesilia Banales Garibay
Patricia Banda
Jennifer Barber
Harold Barbour
Alonzo Barnes
Lesley Barrera
Stephan Bartley
Sean Berger
Vijay Bhagat
Fred Brown
Timothy Cairo
Maria Castaneda
Luis Castellanos
Andre Chen Young
Evan Cielek
James Cole Jr
Ryan Connelly
Joseph Conver
Miya Cook
Erick Cooper
Omar Cortes
Andrea Covarrubias Lizardo
Joseph Crane
Victor Delgado
Joel Delgado
Andrew Desanto
Jorge Diaz
Su Diekfuss
Kassandra Dominguez
Mark Dulaney
Charles Duncan
Kevin Dunk
Michelle Dussault
Jonathan Edmondson
Reggee Elazegui
Liliana Enriquez
Pedro Enriquez
Gerardo Figueroa
Lisel Forbes
Matthew Fredricks
Bernetta Friar
Alicia Friar-Taylor
Humberto Gallego
Florencio Garcia
Juan Garcia
Daniel Gifford
Rodolfo Gonzalez
Cristopher Gonzalez Navas
Jeff Goodwin
Rasheeda Greene-Woods
Kenneth Griffin
Leon Griffin
Deborah Haflinger
Aaron Hankins
John Herrera
Michele Hines
Robert Hogan
Ben Hornickle
Haoyun Huang
Ljiljana Jelaca
Tyrone Jenkins
Michael Johnson
Kristen Johnson
Breanna Johnson
Douglas Jones
Arhonda Jones
Holly Kammer
Destinee Kammer
Michael Knodel
Peter Kreilinger
Joseph Laky
Catherine Laky
Brittany Lamb
John Landis
Jacob Lange

Carmen Lanza
Zachary Lawler
Joshua Lawler
David Lewsader
Susan Limberg
Rashand Lindo
Tiffany Lyles
Gabriel Magnani
Roy Major, Jr
Dani Mani
Demetrios Markoutsis
Christopher Marshall
Jerry Marshall
Priscilla Martinez
Brandon Medina
Antonio Mejia
Carlos Mendoza
Tai-Lynne Moreno
Kimberly Morris
Antionette Morrison
Luke Naidicz
Katherine Nevel
Ian Neville
Glenn Olson Ii
James Oswalt
Jose Otero
Julia Pacini
Noreen Patlan
Gary Pawelak
Marcelo Perez
Larry Phan
Glenn Pikalek
Addir Pineda
Sean Pschirrer
Ramil Pureza
Ryan Rafeldt
Shibani Raje
Alejandra Ramirez-Merida
David Rauch
Margaret Repp
Francisco Reyes
Abel Reyes
Consuelo Rivera
Jaime Rodriguez
Cesar Ruffolo
Callie Rusch
Hugo Saenz Ocampo
Linda Salminen
Daniel Santillanes
Marina Sarkisian-Dye
Michelle Sarver
Chasity Sawyers
David Scherer
Debra Schlichting
Sandra Skogen
Kyle Spradlin
Logan Stoneking
Trashaun Taylor
Anthony Tinzly
Elias Trujillo Cabrera
Tess Tuquilar
Brandon Turner
Berenice Valle Ayala
Trevor Vaughan
Jannet Villarreal
Scott Vrabel
Sonia Watson
Thomas Weiland
Jenna Willie
Ray Ynosencio
Zachary Ynosencio
Earl Young
Israel Zarate



Zachary A. Portin
Counsel, Healthcare Compliance
Legal Regulatory & Compliance

Abbott
100 Abbott Park Road
Abbott Park, IL 60064
T: +1 224 551 8782
zachary.portin@abbott.com

RECEIVED FROM APPLICANT
PUBLIC DOCUMENT

Confidential and Proprietary – Not for Public Disclosure

*Via Email (*bkandt@pharmacy.nv.gov*)*

April 18, 2022

Brett Kandt, General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway
Suite 206
Reno, NV 89521

Re: Supplemental Information Requested for 12 Abbott Laboratories Nevada Wholesaler License Applications

Dear Mr. Kandt,

I write to provide you with updated responses to the disciplinary questions in Section 2 of the twelve Nevada wholesaler applications for the wholesaler facilities listed below as we discussed during our conversation on or about March 14, 2021. (Those applications were submitted on or about August 27, 2021 and supplemented by a filing on or about October 14, 2021). The updated disciplinary responses are attached hereto as Exhibit A.

Wholesaler	Facility Location
1. Abbott Laboratories Inc. ("ALI")	3158 Martin Luther King Jr. Drive, North Chicago, IL 60064 ("North Chicago")
2. ALI	1921 Hurd Drive, Irving, TX 75038 ("Irving 1")
3. ALI	1915 Hurd drive, Irving, TX 75038 ("Irving 2")
4. ALI	15900 Valley View Court, Sylmar, CA 91342 ("Sylmar")
5. ALI	6901 Preston Road Plano, TX 75024 ("Plano")
6. ALI	2305 Walnut Street, Roseville, MN 55113 ("Roseville")
7. ALI	42301 Zevo Drive, Suite #F, Temecula, CA 92590 ("Temecula")
8. Abbott Molecular Inc. ("AMI")	1300 East Touhy Avenue, Des Plaines, IL 60018 ("Des Plaines")
9. AMI	1800 Brummel Avenue, Elk Grove Village, IL 60007 ("Elk Grove Village")
10. Abbott Rapid Dx North America, LLC ("ARDxNA")	569 Halls Mill Road, Freehold, NJ 07728 ("Freehold")
11. ARDxNA	5995 Pacific Center Blvd., Ste. 108, San Diego, CA 92121 ("San Diego")

12. Alere San Diego Inc. ("ASD")	829 Town Center Drive, Pomona, CA 91767 ("Pomona")

We respectfully request that the Nevada Board of Pharmacy consider this information along with the August 27th and October 14th submissions, at its earliest convenience, but not later than at its upcoming June 1-2, 2022 meeting.

Thank you for your cooperation in this matter. If you have any questions or require additional information, please do not hesitate to contact me.

Sincerely,

Zachary A. Portin

Enc.

Cc: Nevada Board of Pharmacy (*via email to pharmacy@pharmacy.nv.gov)*
Mark Sedar, Nevada Board of Pharmacy (*via email to marksedar@pharmacy.nv.gov)*
April Veoukas, Abbott *(via email to april.veoukas@abbott.com*)

SUPPLEMENTAL RESPONSES TO SECTION 2, QUESTIONS 1-5 OF NEVADA WHOLESALER APPLICATION
EXHIBIT A

ALI Applications

ALI supplements the responses set forth in the Wholesaler Application Addendum to Questions 1-5 of Section 2 of the Nevada Wholesaler Application for North Chicago, Irving 1, Irving 2, Sylmar, Plano, Roseville and Temecula facilities, each as follows:

Section 2 Questions	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	ALI Based on records available to it and to the best of its knowledge, ALI, the prospective licensee, has not been charged or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea) since 2004. Abbott In May 2012, Abbott, the parent company of the prospective licensee identified in Section 9 of the Wholesaler Application Addendum, pleaded guilty to one misdemeanor violation of the Food, Drug and Cosmetic Act for misbranding as part of a settlement with U.S. federal and 49 state authorities, plus the District of Columbia, to resolve all outstanding issues regarding an investigation of past sales and marketing practices relating to its neurologic medication Depakote. Abbott and the Department of Justice, as reflected in the plea agreement, agreed that the conduct that gave rise to the conviction relates solely to the research-based pharmaceutical business that later became part of Abbvie, and that, from the time of the separation of Abbvie, Abbott no longer had any obligations under the plea agreement, nor would the Department of Justice treat Abbott as having a conviction under the Food, Drug and Cosmetic Act. Effective January 2, 2013, Abbott separated that research-based pharmaceutical business, including its U.S. pharmaceutical business, the business responsible for Depakote, into a new, independent publicly traded company, Abbvie.

Section 2 Questions	Response
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	Based on records available to them and to the best of their knowledge, ALI and Abbott have not been denied a license, permit or certificate of registration material to Abbott's operations since 2004.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	ALI Based on records available to it and to the best of its knowledge, and excluding the research-based pharmaceutical business that separated into a new, independent publicly traded company in 2013 (Abbvie), ALI has not been the subject of an administrative action or proceeding relating to the pharmaceutical industry since 2004. Abbott *See* Abbott's response to Question 1 above.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	ALI/Abbott Based on records available to them and to the best of their knowledge, ALI and Abbott have not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since 2004.
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	ALI/Abbott Based on records available to them and to the best of their knowledge, ALI and Abbott have not surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) material to Abbott's operations since 2004.

AMI Applications

AMI supplements the responses set forth in the Wholesaler Application Addendum to Questions 1-5 of Section 2 of the Nevada Wholesaler Application for its Des Plaines and Elk Grove facilities, each as follows:

Section 2 Questions	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	AMI Based on records available to it and to the best of its knowledge, AMI, the prospective licensee, has not been charged or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea) since 2004. Abbott In May 2012, Abbott, the parent company of the prospective licensee identified in Section 9 of the Wholesaler Application Addendum, pleaded guilty to one misdemeanor violation of the Food, Drug and Cosmetic Act for misbranding as part of a settlement with U.S. federal and 49 state authorities, plus the District of Columbia, to resolve all outstanding issues regarding an investigation of past sales and marketing practices relating to its neurologic medication Depakote. Abbott and the Department of Justice, as reflected in the plea agreement, agreed that the conduct that gave rise to the conviction relates solely to the research-based pharmaceutical business that later became part of Abbvie, and that, from the time of the separation of Abbvie, Abbott no longer had any obligations under the plea agreement, nor would the Department of Justice treat Abbott as having a conviction under the Food, Drug and Cosmetic Act. Effective January 2, 2013, Abbott separated that research-based pharmaceutical business, including its U.S. pharmaceutical business, the business responsible for Depakote, into a new, independent publicly traded company, Abbvie.
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest,	AMI/Abbott

Section 2 Questions	Response
ever been denied a license, permit or certificate of registration?	Based on records available to them and to the best of their knowledge, AMI and Abbott have not been denied a license, permit or certificate of registration material to Abbott's operations since 2004.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	AMI Based on records available to it and to the best of its knowledge, and excluding the research-based pharmaceutical business that separated into a new, independent publicly traded company in 2013 (Abbvie), AMI has not been the subject of an administrative action or proceeding relating to the pharmaceutical industry since 2004. Abbott *See* Abbott's response to Question 1 above.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	AMI/Abbott Based on records available to them and to the best of their knowledge, AMI and Abbott have not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since 2004.
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	AMI/Abbott Based on records available to them and to the best of their knowledge, AMI and Abbott have not surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) material to Abbott's operations since 2004.

ARDxNA Applications

ARDxNA supplements the responses set forth in the Wholesaler Application Addendum to Questions 1-5 of Section 2 of the Nevada Wholesaler Application for its Freehold and San Diego facilities, each as follows:

Section 2 Questions	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least	ARDxNA/AUH/Alere

Section 2 Questions	Response
10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	Based on records available to them and to the best of their knowledge, ARDxNA, the prospective licensee, Alere US Holdings, LLC ("AUH") and Alere, Inc. ("Alere"), the direct and indirect owners of the prospective licensee respectively identified in Section 9 of the Wholesaler Application Addendum, have not been charged or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea) since Abbott acquired those entities in October 2017. Abbott In May 2012, Abbott, the parent company of the prospective licensee, pleaded guilty to one misdemeanor violation of the Food, Drug and Cosmetic Act for misbranding as part of a settlement with U.S. federal and 49 state authorities, plus the District of Columbia, to resolve all outstanding issues regarding an investigation of past sales and marketing practices relating to its neurologic medication Depakote. Abbott and the Department of Justice, as reflected in the plea agreement, agreed that the conduct that gave rise to the conviction relates solely to the research-based pharmaceutical business that later became part of Abbvie, and that, from the time of the separation of Abbvie, Abbott no longer had any obligations under the plea agreement, nor would the Department of Justice treat Abbott as having a conviction under the Food, Drug and Cosmetic Act. Effective January 2, 2013, Abbott separated that research-based pharmaceutical business, including its U.S. pharmaceutical business, the business responsible for Depakote, into a new, independent publicly traded company, Abbvie.
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	ARDxNA/AUH/Alere Based on records available to them and to the best of their knowledge, ARDxNA, AUH and Alere have not been denied a license, permit or certificate of registration material to Abbott's operations since Abbott acquired those entities in October 2017. Abbott

Section 2 Questions	Response
	Based on records available to it and to the best of its knowledge, Abbott has not been denied a license, permit or certificate of registration material to Abbott's operations since 2004.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	ARDxNA/AUH/Alere Based on records available to them and to the best of their knowledge, ARDxNA, AUH and Alere have not been the subject of an administrative action or proceeding relating to the pharmaceutical industry since Abbott acquired those entities in October 2017. Abbott *See* Abbott's response to Question 1 above.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	ARDxNA/AUH/Alere Based on records available to them and to the best of their knowledge, ARDxNA, AUH and Alere have not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since Abbott acquired those entities in October 2017. Abbott Based on records available to it and to the best of its knowledge, Abbott has not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since 2004.
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	ARDxNA/AUH/Alere Based on records available to them and to the best of their knowledge, ARDxNA, AUH and Alere have not surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) since Abbott acquired those entities in material to Abbott's operations October 2017. Abbott Based on records available to it and to the best of its knowledge, Abbott has not surrendered a license, permit or certificate of registration voluntarily or otherwise (other

Section 2 Questions	Response
	than upon voluntary close of a facility) material to Abbott's operations since 2004.

ASD Application

ASD supplements the response set forth in the Wholesaler Application Addendum to Questions 1-5 of Section 2 of the Nevada Wholesaler Application for its Pomona facility as follows:

Section 2 Questions	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	ASD/AUH/Alere Based on records available to them and to the best of their knowledge, ASD, the prospective licensee, AUH, and Alere, the direct and indirect owners of the prospective licensee respectively identified in Section 9 of the Wholesaler Application Addendum, have not been charged or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea) since Abbott acquired those entities in October 2017. Abbott In May 2012, Abbott, the parent company of the prospective licensee, pleaded guilty to one misdemeanor violation of the Food, Drug and Cosmetic Act for misbranding as part of a settlement with U.S. federal and 49 state authorities, plus the District of Columbia, to resolve all outstanding issues regarding an investigation of past sales and marketing practices relating to its neurologic medication Depakote. Abbott and the Department of Justice, as reflected in the plea agreement, agreed that the conduct that gave rise to the conviction relates solely to the research-based pharmaceutical business that later became part of Abbvie, and that, from the time of the separation of Abbvie, Abbott no longer had any obligations under the plea agreement, nor would the Department of Justice treat Abbott as having a conviction under the Food, Drug and Cosmetic Act. Effective January 2, 2013, Abbott separated that research-based pharmaceutical business, including its U.S. pharmaceutical business, the business responsible

Section 2 Questions	Response
	for Depakote, into a new, independent publicly traded company, Abbvie.
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	ASD/AUH/Alere Based on records available to them and to the best of their knowledge, ASD, AUH and Alere have not been denied a license, permit or certificate of registration material to Abbott's operations since Abbott acquired those entities in October 2017. Abbott Based on records available to it and to the best of its knowledge, Abbott has not been denied a license, permit or certificate of registration material to Abbott's operations since 2004.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	ASD/AUH/Alere Based on records available to them and to the best of their knowledge, ASD, AUH and Alere have not been the subject of an administrative action or proceeding relating to the pharmaceutical industry since Abbott acquired those entities in October 2017. Abbott *See* Abbott's response to Question 1 above.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	ASD/AUH/Alere Based on records available to them and to the best of their knowledge, ASD, AUH and Alere have not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since Abbott acquired those entities in October 2017. Abbott Based on records available to it and to the best of its knowledge, Abbott has not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since 2004.

Section 2 Questions	Response
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	ASD/AUH/Alere Based on records available to them and to the best of their knowledge, ASD, AUH and Alere have not surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) since Abbott acquired those entities in material to Abbott's operations October 2017. Abbott Based on records available to it and to the best of its knowledge, Abbott has not surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) material to Abbott's operations since 2004.

4P

NEVADA STATE BOARD OF PHARMACY

98S Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change ☐ Name Change ☐ Location Change (in-state only)	* If making a change, provide current license number: WH _____	☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ■ No

Section 1: General Information

Facility Name: Abbott Laboratories Inc.

Physical Address: 6901 Preston Road

City: Plano State: TX Zip: 75024

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (217) 530-5766 Website: https://www.abbott.com/

Name of Designated Representative (DR): Not applicable per NAC 639.5935(1)(a)

Licensing Company Email: Katherine.Douglas@Abbott.com DR Email: Not applicable per NAC 639.5935(1)(a)

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☒ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☒ Practitioners	☐ Controlled Substances
☒ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☒ Others:	☐ Others:

Section 2: History of Company Refer to addendum for questions 1-5.	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	Refer to addendum for responses.	
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	Refer to addendum for responses.	
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	Refer to addendum for responses.	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	Refer to addendum for responses.	
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	Refer to addendum for responses.	

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

SUPPLEMENTAL RESPONSES TO SECTION 2, QUESTIONS 1-5 OF NEVADA WHOLESALER APPLICATION
EXHIBIT B

ALI Applications -7

ALI supplements the responses set forth in the Wholesaler Application Addendum to Questions 1-5 of Section 2 of the Nevada Wholesaler Application for North Chicago, Irving 1, Irving 2, Sylmar, Plano, Roseville and Temecula facilities, each as follows:

Section 2 Questions	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	To our knowledge, neither Abbott Laboratories, Inc. nor Abbott Laboratories – the entities identified in Section 9 of the Wholesaler Application Addendum – have been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea) within the last 5 years.
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	To our knowledge, neither Abbott Laboratories, Inc. nor Abbott Laboratories – the entities identified in Section 9 of the Wholesaler Application Addendum – have been denied a license, permit or certificate of registration within the last 5 years.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	To our knowledge, neither Abbott Laboratories, Inc. nor Abbott Laboratories – the entities identified in Section 9 of the Wholesaler Application Addendum – have been the subject of an administrative action or proceeding relating to the pharmaceutical industry within the last 5 years.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	To our knowledge, neither Abbott Laboratories, Inc. nor Abbott Laboratories – the entities identified in Section 9 of the Wholesaler Application Addendum – have been found guilty, pled guilty or entered a plea of nolo contendere to any offense, federal or state, related to controlled substances within the last 5 years.
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	To our knowledge, neither Abbott Laboratories, Inc. nor Abbott Laboratories – the entities identified in Section 9 of the Wholesaler Application Addendum – have surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) within the last 5 years.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Refer to addendum for responses.

Address: _____ City: _____ State: _____ Zip: _____

Name: Refer to addendum for responses.

Address: _____ City: _____ State: _____ Zip: _____

Name: Refer to addendum for responses.

Address: _____ City: _____ State: _____ Zip: _____

Name: Refer to addendum for responses.

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Illinois

Parent Company (if any): Abbott Laboratories

Corporation Name: Abbott Laboratories

Mailing Address: 100 Abbott Park Road

City: Abbott Park State: IL Zip: 60064

Telephone: (217) 530-5766 Email: katherine.douglas@abbott.com

Contact Person Name: Katherine Douglas

Date of SEC Registration: See Addendum | SEC Registration Number: 0000001800 | Stock Exchange Symbol: ABT

Section 5: Non-Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Katherine Douglas

Print Name of Authorized Person Submitting Application

Katherine Douglas

Original signature of Authorized Person (copies or stamps not accepted)

08/26/2021

Date

Board Use Only	Date Received: _____	Amount: 500 cc

NEVADA WHOLESALER APPLICATION ADDENDUM
Abbott Laboratories Inc.

SECTION 2: HISTORY OF COMPANY

Question	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	Abbott Laboratories (Abbott), the parent company of the prospective licensee, is a publicly traded company. All material investigations, lawsuits, administrative proceedings, and other legal matters involving Abbott and its subsidiaries are disclosed in Abbott's Annual Report on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	All material registration and licensure information involving Abbott and its subsidiaries is disclosed in Abbott's Annual Report on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	All material administrative actions and proceedings involving Abbott and its subsidiaries is disclosed in Abbott's Annual Reports on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	All material investigations, lawsuits, administrative proceedings and other legal matters involving Abbott and its subsidiaries is disclosed in Abbott's Annual Reports on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least	All material registration and licensure information involving Abbott and its

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10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	subsidiaries is disclosed in Abbott's Annual Report on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.

SECTION 3: SUPPLIER INFORMATION

The applicant distributes medical products and devices manufactured by or for Abbott only. It does not distribute pharmaceuticals.

SECTION 4: PUBLICLY TRADED CORPORATION

SEC REGISTRATION

Abbott Laboratories (Abbott) completed its initial public offering in 1929.

SECTION 9: APPLICABLE DOCUMENTS

LIST OF OFFICERS AND DIRECTORS

The officers and directors of Abbott Laboratories Inc. are listed below.

Directors

- Funck, Jr., Robert

Officers

- Ahlberg, Gregory
- Allen, Hubert
- Ambati, Venu
- Balthrop, Elizabeth
- Battaglia, Erica
- Boettiger, Keith
- Brotz, Melissa
- Burcky, P. Claude
- Calamari, Christopher
- Capek, John
- Chan, Tony
- Collins, Kathryn
- Dale, Michael D.
- Earnhardt, Lisa
- Evers, Thomas
- Ewing, Sabina
- Ford, Robert
- Frels, John
- Funck, Jr., Robert

- Gabay, Renaud
- Ginascol, John
- Haas, Jeffrey N.
- Halloran, Damian
- House, J. Scott
- Huang, Gene
- Johnson, Gary
- Kaesebier, Tara
- Karam, Sammy
- Kowalski, Daman
- Kunkler, Robert
- Lane, Andrew
- Lehman, Brian
- Leinenweber, Scott
- Manning, Joseph
- Mark, David
- McCoy, John
- Millerick, Shawn
- Moreland, Mary K.
- Morrone, Louis
- Murphy, John
- Nordenstahl, Martin
- Novak, Joseph
- Oosterbaan, Benjamin
- Paik, Jessica
- Pederson, Michael J.
- Peterson, Karen
- Phillips, William
- Salvadori, Daniel
- Schneider, Ric
- Scoggins, Christopher
- Shroff, Eric
- Singh, Harvinder
- Tyler, Julie
- Wainer, Andrea
- Watkin, Jared
- Weitekamper, Frank
- Wellisch, Alejandro
- White, Miles
- Wilkins, Monica
- Woodgrift, Randel
- Yasger, Paul

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LIST OF TOP FOUR CORPORATION SHAREHOLDERS

100% of the stock of Abbott Laboratories Inc. owned by Abbott. Abbott is a publicly traded company that is listed on the New York Stock Exchange.

CERTIFICATE OF CORPORATE STATUS OR CERTIFICATE OF GOOD STANDING

See Exhibit A attached hereto.

DEA CERTIFICATE IF HANDLING CONTROLLED SUBSTANCES

Not applicable.

LIST OF EMPLOYEES, AGENTS, INDEPENDENT CONTRACTORS, CONSULTANTS, GUARDIANS, PERSONAL REPRESENTATIVES, LENDER OR HOLDER OF INDEBTNESS OF THE APPLICANT

All material information is disclosed in Abbott's Annual Reports on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.

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EXHIBIT A
CERTIFICATE OF GOOD STANDING

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Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ABBOTT LABORATORIES INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

2803432 8300

SR# 20213050688

Authentication: 203983224

Date: 08-23-21

You may verify this certificate online at corp.delaware.gov/authver.shtml

TEXAS
Health and Human Services

Texas Department of State Health Services

John Hellerstedt, M.D.
Commissioner

December 7, 2021

Abbott
Attn: Britany Osterman
100 Abbott Park Rd.
North Chicago, IL 60064

CFN: 0029552
Lic.: 0029552
Type: 2503
File: 1406

Re: License Verification

Dear Ms. Osterman:

This letter shall serve as a verification of licensure for the following firm:

Advanced Neuromodulation Systems Inc., an Abbott Company
6901 Preston Road
Plano, TX 75024

License No.	0029552
Type of license:	Device Manufacturer
Status of license:	Current
Date license issued:	01-24-2020
Date license expires:	02-20-2022
Disciplinary action:	None

The firm is in good standing as of the date of this letter.

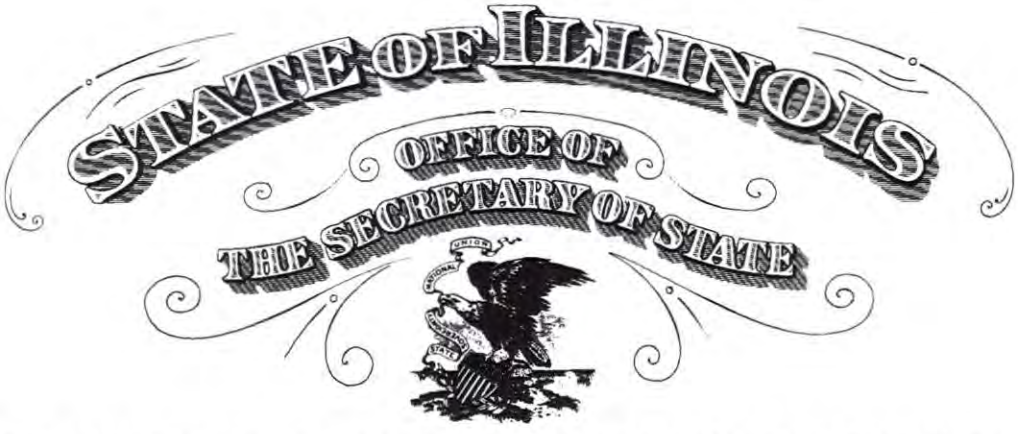
If you have questions or need additional information, please contact me or Mr. Justin Arnold at 512-834-6755, via fax at (512) 834-6759, or email me at Karen.Tannert@dshs.texas.gov.

Sincerely,

Karen Tannert, R.Ph., M.P.H.
Drugs and Medical Devices Unit
Consumer Protection Division

Mailing address:
Karen Tannert
Drugs and Medical Devices Unit, MC 1987
PO Box 149347
Austin, TX 78714-9347

File Number 5972-555-6



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ABBOTT LABORATORIES INC., INCORPORATED IN DELAWARE AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON DECEMBER 19, 1997, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.



Authentication #: 2122801582 verifiable until 08/16/2022
Authenticate at: http://www.ilsos.gov

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 16TH *day of* AUGUST *A.D.* 2021 .

Jesse White

SECRETARY OF STATE

Bei Ning Zhang
David Zhang
Min Zhang
Bryan Zilar
Donna Zimmerman

ALI Plano Facility

The workers at the ALI Plano facility are as follows:

Amir Abdollahi
Seble Abebaw
Senait Abebe
Olusegun Famubode Abimbola
Ralph Ablorh-Quarcoo
Eddie Abshire
Rommel Acosta
Jason Adams
Aderonke Adejare
Christina Aguilar
Nicandro Aguilar
Rosalinda Aguinaga
Nighat Akhtar
Swetha Akula
Myron Albert
Matthew Aldridge
Mekdes Alemu
Ted Alfonso
Sarah Alhamad
Tekeste Alimaw
Jemymah Allen
Christopher Allison
Mwamvua Amalile
Aimee Amburgey
Alkaben Amin
Anshul Anand
Sahana Ananth
Tanya Anderson
Asif Aniyathakundu
Naga Vardhani Annapureddy
Charlotte Anthony
Lashanda Armstrong
Lauren Armstrong
Achol Atem
Manan Atit
Farah Awadat
Genet Ayele
Sean Babalola
Khadija Baddaz
Timothy Baggett
Eric Baidya
Zakiul Bakshi
Binesh Balasingh
Loi Bao
Syed Askari Baqar
Emmanuel Barajas Cortes
Matthew Baris
Ricky Basher
Debbie Bassett
Ambika Bastola
Kevin Bauckman
William Baumgart
John-Paul Bedinger
Jeremy Beer
Woinshet Belachew
Helena Benavides
Matthew Bentle
Lauren Berglund
Ethiopia Beshah
Margaux Best
Aashish Bhakta
Pallavi Bharoliya
Ramamurthy Bhat
Sudeep Bhat
Linda Binon
Alexander Blessing
Marc Bogdan
Kevin Boland
Assunta Boldit
Steven Boor
Matthew Botello
Monica Botero
Bryce Bouaphavong
Brittany Boudreau
Dana Boutelle
Orion Bowers
Brian Boyd
Laura Bracken
Curtis Bradford
Joshua Bradford
Matthew Bradley

Nilesh Brahme
Sara Brandt
Shayna Brewer
Cory Brinkman
Jordan Brock
Mattie Brooks
Amber Brown
Jay Brown
Rashad Brown
Vanessa Brown
Zachary Brown
Doug Bryan
Julia Bryant
Diep Bui
Van Bui
Emebet Bulcha
Ricardo Bulla
Jennifer Burkholder
Bryan Burnett
John Burns
Paul Burns
Precy Cabato
Robert Cabrera
Courtney Cadieux
Leo Calderon
Michael Campbell
Kari Campon
Dale Canovali
Tommy Cao
Suzanne Carbone
Juan Cardona
Rose Marie Carranza
Wei Carrigan
Annett Carter
Delisa Cash
Michelle Castaneda
Maria Castillo
Ramazan Cavdar
Gloria Cervantes
Tammy Chan
Shannon Chancelor
Ayush Chandrakiran
Rajesh Chandran
Thomas Changsuk
Rajwinder Chatrath
Pooja Chatterjee
Manoj Chauhan
Hunn Chhoeuy
Peter Chhun
Shirisha Chiluka
Ameya Chilwar
Kyuwan Choi
Evelyn Chong
Sesha Sai Srikar Pavan Kumar Chongala
Sreenivas Chowdiah
Heather Claytor
Cherith-Eden Clements
Daniel Cobb
Kerri Coduti
Mainor Coello
Christopher Coffman
Landon Cohorn
Isela Collins
Gary Combs
Eden Conanan
Mark Conrad
Jessica Coogan
Nicholas Cooper
Francine Costantino
Nicholas Couturier
Brian Cox
Curtis Cox Ii
Jessica Cramp
Bobby Crawford
Chris Crawford
Christopher Crawford
Gregory Creek
Alexis Crespo-Laboy
Victor Cuevas Ii
Navin Dabhi
Arash Dabir
Phuong Dam
Diem Dang
Satiesha Daniel
Kathy Dao
Yen Kim Dao
Tina Darabadey
Jeremiah Darden
Amitabh Das
Rajasree Das
John Dascanio Ii
Apurva Dave
Sanchali Deb
Scott Debates
Alison Deere
Elezabet Degfa
Andrea Morrison Deitz
Kathryn Dellamonica
Dianne Denlar

Keith Denton
Balwant Deol
Vidhi Desai
Daran Deshazo
Madeline Devega
Ayanna Devese
Raj Dhesikan
Dorin Diaconescu
Alpha Diallo
Mamadou Diallo
Armando Diaz
Ricardo Diaz Diaz
Chany Dickerson
Xin Ding
Kim Dinh
Nga Dinh
Matthew Dion
Shanmukh Divakarla
Thomas Dixon
Nguyen Do
Tri Doan
David Donaldson
Indranie Doobay
Joshua Dornback
Alka Doshi
Kevin Doucet
Pamela Dravitz
Robert Dreffs
Jodi Dubuclet
Sean Duffy
Victoria Dukes
Deana Dunbar
Nyanwuor Duop

Almaz Ebsa
Kimberly Eddleman
Jacob Edwards
James Efurd
Robert Egemo
Keesha Eguia
Jonathan Eipper
Paul Eisen
Michael Elder
Robert Elliott
Suzanne Elliott
Fauziah Embi
Bradley Epperson
Rickey Epps Jr.
Steve Escamilla
Michael Eubank
Ellen Evans
John Evans
Buyeh Faal
Cody Faisst
Ousman Fatty
Justin Faughn
Shane Fechner
Armando Fernandez
Victor Fernandez Nieto
Patrick Fey
Thomas Fimiani
John Finn
Patrice Fisher
Eric Fogel
Robert Font
Jacquelyn Ford
Kelly Fortado

Michael Fortner
Cory Frank
Michael Frassica
Stacy Fruge
Masahiro Fujimoto
Hemalatha Gadwal
Christopher Gallivan
Diego Gallo
Felita Ganaden
Dhruvin Gandhi
Ronak Gandhi
Vikram Gaonkar
Lisa Gaouette
Celsa Garcia
Melissa Garcia
D'Aquanita Garner-Hunter
Robert Garza
Tesfahun Gemechu
Lincy George
Sagith George
Mary Gerber-Soukup
Louis Gianni
Aretha Gibson
Eric Gibson
Manoj Gidda
Daniel Gilbert
Saad Girgis
Sri Godey
Sager Goel
Aditya Gokhale
Gabriel Gonzalez
John Gonzalez
Kimberly Goode

Patrick Gorman
Venkat Goruganti
Jacqueline Gorzelic
Abeselom Goshu
Douglas Goss
Anitha Govindarajan
Mason Graff
Ian Graham
James Graham
Cindy Grant
Jonathan Grant
Steve Gray
Michael Green
Shirley Green
Bryan Gregg
Erica Grego
Danea Grimes
Stacey Grisham
Elizabeth Grohmann
Arthur Groome
Nanitha Gubendra Gunabalan
Jose Guerra Sanchez
Linda Guice
Srichandan Gutta
Jorge Guzman
Lejla Hadzidedic
Maria Hamlin
Caroline Hammer
Mohamed Hamouda
Jill Hampton
Paul Hankins
Donald Hanson
Jordan Hanson
Kira Hanson
Nicole Harbert
Nikesha Harrington
Clinton Harris
Mohammad Hasan
Eileen Haselhorst
Nicole Hatt
Ronald Haverkamp
Jackial Heckard
Kellee Heffner
Kevin Helm
Josephine Henderson
Mark Hendrick
Sophia Herdzik
Geronimo Hernandez
Lyndahl Himes
Jose Hinojosa
Ahuva Hirschberg
Trang Hoang
Edward Hogan
Marcia Hogan
Edward Hook
Mary Hor-Lao
Kande Horne Kara
Lakshmi Hothur
Isabel Hoverman
Liza Howlader
Waley Hua
Michelle Hughes-Moore
Richard Hughey
Anh-Nguyet Huynh
Chan Huynh
Tuyen Huynh
Peter Ifft
Regina Ingram
Rochelle Inscho
Sandya Iqbal
Jacqueline Ishmeal
Nazia Islam
Mehran Jaberzadeh
Sonie Jackson
Omar Jamal
Devin Jaqua
Sahar Javed
Clarissa Johansen
Mary John
Philip John
Betty Johns
Darryl Johnson
Holly Johnson
Laura Johnson
Laura Johnson
Melissa Johnson
Michael Johnson
Felicia Jones
Jacklyn Jones
Jamie Jones
Kasandra Jones
Robert Jones
Jenner Joseph
John Jung
Aravind K Kallahally
Nagabhushan Kaliyur Sathyanarayana Murthy
Sokanna Kan
Uma Mahesh Kanchumarthi
Ming Yao Kao

Shashidhara Kappagal Matt
Makarand Karvekar
Natasha Kashyap
Mustafa Melih Kasti
Bunna Katt
Sharath Reddy Katta
Kathyayini Kattamanchi
Kamaljit Kaur
Sharnjit Kaur
Sukhvinder Kaur
Majida Kawar
Dana Kayode
Michael Kellen
Robert Kelley
Chadwick Kennedy
Abdul Khan
Mirza Khan
Naseem Khozein
Raymond Koons
Nisha Koshy
Tyler Kramer
Diane Krebbs
Chelsey Krutch
Katelyn Kuehnhold
Nicole Kuksuk
Vivek Kulkarni
Santhana Krishnan Kumarasami
Hua Ching Kuo
Tsion Kurfa
Anahita Kyani
Katie Labra
Ryan Lakin
Asunta Lako
Melanie Lang
Rahul Lanka
Kevin Lapolt
Patricia Lapolt
Douglas Lautner
Joyce Lawrence
Justina Lay
Dien Le
Lien Huong Le
Maria Le
Phuongtham Le
Viet Le
Khoeun Leang
Michel Lebel
May Ledermann
Jun Lee
Kwangdeok Lee
Raymond Lee
Mulatu Letabo
Nancy Lewis
Yimin Li
Lindsay Liechty
Lisa Lim
Sue Linder-Linsley
Ellen Lipes
Gustavo Litovsky
Grace Liu
Min Liu
Wanzhan Liu
Natasha Lohray
Christopher Longpre
Roberto Lopez
Victor Lopezdenava
Hang Louth
Austin Lu
Phoebe Lu
Charles Luevano
Dil Luitel
Bibin Lukose
Edward Lundberg
Thinh Luu
Tuong Ly
Yongting Ma
Kent Magnuson
Melissa Maguire
Yogish Mahadevaiah
Sivaganesh Maharajan
Kim Mai
Carol Majanga
Shikha Malik
Carlo Malkoun
Garrett Malone
Sravan Mamidi
Gopinath Mani
Shelly Mannion
Sangeeta Mantripragada
Cedric Marionneaux
Yanira Marquez Rodriquez
Wendy Martin
Audrey Martinez
David Martinez
Brad Maruca
Rubina Masal
Richard Mascarenhas
Forest Massey
Abraham Mathews

Betty Mathews
Josh Mathews
Kusumam Mathews
Raman Matiana
Thet Matthews
Ken'Drea Mayes
Ogechi Mba
Cindy Mcbride
Hailey Mccurry
Lauren Mcdonald
Ronnie Mckan
Rosaria Mclemore
Cameron Mcpherson
Casey Mcquaide
Daniel Mcquaide
Scott Mcreynolds
Carole Meade
Anissa Meche
Gerardo Medina
Aneri Mehta
Vrunjal Mehta
Janine Meinhardt
Hanna Melese
Yang Meng
Kelli Merk
Martin Meyerhardt
Nigest Mheretie
Chinhyuinh Miao
Otis Michaud
Keenan Middleton
Diva Milians
Neidi Miller
Gary Mink
Jake Mireles
Yatish Mistry
Swathi Modem
Abhay Modi
Netsanet Moges
Iliyas Ali Mohammad
Arif Mohiuddin
Jennifer Mon
Susan Moncy Tharakan
Daniel Moore
Tonja Moore
Linda Morgan
Sovannary Moung
Rashmi Moza
Romesh Moza
Namish Mpeti
Hetal Mukesh Gandhi
Swetha Mulgae
Gert Muller
Mohammad Munawar
Mahamadrafik Munshi
Anthony Murphy
Dan Murphy
Michael Murphy
Karlene Murray
Prashanth Muthuram
Shameka Myers
Purna Nallamothu
Ameya Nanivadekar
Sadia Naz
Toni Neal
Amelwork Negash
Avery Nelson
Steven Newcomb
Monica Ng
Alex Nguyen
Anna Nguyen
Baothuy Nguyen
Dennis Nguyen
Karen Nguyen
Mai Nguyen
Mary Nguyen
Selena Nguyen
Zoan Nguyen
Lisa Nitzschke
Veronica Nix
Robert Nobles
Ernest Nolan
Vikki Nordeen
Alliance Nshamamba
Scott Obrien
Jeffrey Obumseli
Jane Odom
James Oesterling
Ozioma Okeke
Alexandra Oliveros-Villalba
Cody Olson
Janai Onguti
Melanie Oprea
Richard Ornelaz
Denis Ortleb
Lindsey Ostrander
Stella Osuji
Anna Ovalle
Kishore Padmanabha Rao
Marco Paez

David Page
Luisa Palomino
Hemanth Pancha
Wesley Pao
Hyun-Joo Park
Angela Parker
Barbara Parker
Shirley Parker
Christopher Partee
Bhanu Patel
Dipika Patel
Hirenkumar Patel
Jyoti Patel
Niki Patel
Saurin Patel
Seema Patel
Yagna Pathak
Ajinkya Patil
Lisa Patty
Manoj Paul
Steven Peck
Vineela Reddy Peddamallu
Venkat Penaganti
Samuel Perdomo
Adriana Perez
Precious Perkins
Roger Perrier
George Peters
Kristin Peters
Noah Peterson
Dao Pham
Thuha Pham
Dianna Phan
Hoan Phan
Lan Phan
Narin Phan
Thuy Phan
Tom Phan
Tram-Huong Phan
Marinna Run Phann
Drew Phillips
Nida Phillips
Rath Pin
Susmitha Pingali
Rodney Poche
Crystal Pomeroy
Matthew Portman
Pinakin Potdar
Jason Pounds
Timothy Powell
Rin Prak
Kevin Propst
Cherise Pruitt
Kyle Pulley
Asish Punnoose
Timothy Quillin
Gavin Rade
Elnaz Rahman
Aaron Raines
Shammarre Rajigadoo
Lee Ramirez
Jenish Rana
Kanchan Rana
Harkinder Rangi
Tom Ratenski
Himanshu Arun Raut
Steven Ravenscraft
Manaswini Ravisankar
Moe Rawshdeh
Thomas Rea
Manasi Reardon
Govardhan Reddy
Sherry Rice
Patricia Richard
Amanda Richardson
Gina Rickard
Graham Ridgard
Gabriel Rivera
Hermes Rivera
Syed Haider Imam Rizvi
Frances Roberts
Irene Robertson
Sarah Robeson
Asia Robinson
Ricardo Robledo
Boris Rodionov
Aurora Rodriguez
Blanca Rodriguez
Daniel Rodriguez
Luis Rodriguez-Lopez
Barry Rogers
Erika Ross
Richard Rousseau
Jenna Roycraft
Erika Rubalcava
Allison Ruebsamen
Brandon Ruebsamen
Yvonne Rueter
Kathlena Ruiz

Rodrigo Ruiz
Vanessa Rutledge
Dana Saeed
Puja Saha
Mohit Sahay
Sudhanshu Sahoo
Mike Salehi
Claudia Salgado
Dena Salsman
Irene Sanchez
Jorge Sandoval
Orlando Sandoval
Jannie Sanford
Sokhom Sann
Sonia Santimano
Nabraj Sapkota
Towanda Sasser
Macie Schmitt
Jeremy Schwark
Dorothy Scott
Kriss Scott
Markeisth Scott
Sherry Scott
Vince Scott
Martha Sekum
Taing Sengheu
Luis Sepulveda
Eisa Shafek
Tricia Shafer
Jagatkumar Shah
Ronnie Shalev
Jim Shanahan
Ilango Shanmugavelu
Rudresh Shantamurthy
Palka Sharma
Taruna Sharma
Jennifer Shepard
Yanwei Shi
Lester Shreffler
Ami Shrestha
Ruth Siddiqi
Daniel Silion
Priscilla Sim
Wogayehu Sima
Yetimwork Sima
Garnetta Simons
Anjali Singh
Parminder Singh
Joe Sipper
Manjunath Sirigiri
Simon Skariah
Prachi Slominski
Linda Smallwood
Brenda Smith
Lonnie Smith
Luke Snow
Ren Sode
Debra Soule
Paige Sovern
Brian Sparks
Cory Spence
Andrew Sprick
Jessica Stafford
Joe Standridge
Mark Steer
Kharyl Stephens
Angel Stevenson
Todd Stirman
John Stockton Ii
Carla Stokes
Annie Stovall
Shelley Stracener
David Strickland
Sean Strobel
Magesh Subbarao Rengabashyam
Selima Sultana
Li Sun
Swetha Sunil Kumar
Tim Swinehart
Jennifer Swittens
Heidi Syndergaard
Nabila Tabassum
Muluwork Tadesse
Zil Talati
William Talton
Elias Tarsinos
Vitalis Tasi
Brian Taylor
Naytasha Taylor
Said Tbaini
Melese Teklu
Amy Templeton
Hana Terefe
Aberham Tezera
Sandhya Thakur
Sreetharan Thankathuraipandian
Ronak Thawani
Shradha Thokala

David Thomas
Joyce Thomas
Edward Thompson
John Thompson
Lisa Thornhill
Menbere Tiba
James Tidwell
Nam Tieu
Kent Tillman
Ralph Ting
Sharath Chandra Tipparthi
Hanna Tiruneh
Martha Tobias
Tucker Tomlinson
Merle Torres
Vibol Touch
Carol Tovan
Xuan Tram
Dung Tran
Gina Tran
Vinnie Tran
Stephen Trieu
Ann Trinh
Janja Trtanj
Walter Truitt
Anitra Tucker
Nasir Uddin
Jeffrey Urbanski
Makyori Urbina Mink
Cecilio Uribe
Jose Valdez
Kausik Valeti
Abbey Van Booven
Abraham Vargees
Alice Varghese
Philip Varughese
Phanindra Vasireddy
Edward Velasquez
Rosemary Velasquez
Ruben Javier Velez
Helen Veneziale
Nishant Verma
Shelby Via
Jose Viana
Gagan Vijay
Roland Villania
Mireya Villegas
Hoang Vo
Shirley Vo
Jordan Vogel
Binh Vu
Dung Vu
Mirjana Vukich
My-Lien Vuong
Dalton Wachel
Wayne Waite
Don Walden
Janet Walker-Rust
Nicolette Wallaert
Curt Wallgren
Jenifer Walsh
Xiaochen Wang
Yun Wang
Zhichao Wang
Amanda Ward
Andrew Washington
Brittini Washington
Felecia Washington
Alexander Weaver
Patrick Weeks
Catherine Wehland
Kai Weitekamper
Bruce Weldum
Stephen Wheeler
Lauran White
Craig Whitfield
Marilyn Whitlock
Heather Whittington
Andrea Wilcox
Rebecca Wilkins
Dallas Wilkison
Brian Williams
Kegan Williams
Wesley Winfrey
Adam Winkle
William Winstrom
Elhum Wood
Stephen Wood
Scott Wright
Li Wu
Shu Wu
James Wucher
Zhentian Xie
Bing Xu
Ying Xu
Dong Xue
Tao Yan
Abdulia Yankson
Verda Yates

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D. C. 20549

FORM 10-K

(MARK ONE)

☒ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

OR

☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the fiscal year ended December 31, 2020 — Commission file number 1-2189

Abbott Laboratories

An Illinois Corporation
100 Abbott Park Road
Abbott Park, Illinois 60064-6400

36-0698440
(I.R.S. employer identification number)
(224) 667-6100
(telephone number)

Securities Registered Pursuant to Section 12(b) of the Act:

Title of Each Class	Trading Symbol(s)	Name of Each Exchange on Which Registered
Common Shares, Without Par Value	ABT	New York Stock Exchange Chicago Stock Exchange, Inc.

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.

Yes ☒ No ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or 15(d) of the Act.

Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days.

Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files).

Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large Accelerated Filer ☒ Accelerated Filer ☐ Non-Accelerated Filer ☐ Smaller reporting company ☐
Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act).

Yes ☐ No ☒

The aggregate market value of the 1,727,625,764 shares of voting stock held by nonaffiliates of the registrant, computed by reference to the closing price as reported on the New York Stock Exchange, as of the last business day of Abbott Laboratories' most recently completed second fiscal quarter (June 30, 2020), was $157,956,823,602. Abbott has no non-voting common equity. Number of common shares outstanding as of January 31, 2021: 1,771,529,358

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the 2021 Abbott Laboratories Proxy Statement are incorporated by reference into Part III. The Definitive Proxy Statement will be filed on or about March 12, 2021.

PART I

ITEM 1. BUSINESS

GENERAL DEVELOPMENT OF BUSINESS

Abbott Laboratories is an Illinois corporation, incorporated in 1900. Abbott's* principal business is the discovery, development, manufacture, and sale of a broad and diversified line of health care products.

NARRATIVE DESCRIPTION OF BUSINESS

Abbott has four reportable segments: Established Pharmaceutical Products, Diagnostic Products, Nutritional Products, and Medical Devices.

Established Pharmaceutical Products

These products include a broad line of branded generic pharmaceuticals manufactured worldwide and marketed and sold outside the United States in emerging markets. These products are generally sold directly to wholesalers, distributors, government agencies, health care facilities, pharmacies, and independent retailers from Abbott-owned distribution centers and public warehouses, depending on the market served. Certain products are co-marketed or co-promoted with, or licensed from, other companies.

The principal products included in the broad therapeutic area portfolios of the Established Pharmaceutical Products segment are:

- gastroenterology products, including Creon™, for the treatment of pancreatic exocrine insufficiency associated with several underlying conditions, including cystic fibrosis and chronic pancreatitis; Duspatal™ and Dicetel™, for the treatment of irritable bowel syndrome or biliary spasm; Heptral™, Transmetil™, and Samyr™, for the treatment of intrahepatic cholestasis (associated with liver disease) or depressive symptoms; and Duphalac™, for regulation of the physiological rhythm of the colon;
- women's health products, including Duphaston™, for the treatment of many different gynecological disorders; and Femoston™, a hormone replacement therapy for postmenopausal women;
- cardiovascular and metabolic products, including Lipanthyl™ and TriCor™, for the treatment of dyslipidemia; Teveten™ and Teveten™ Plus, for the treatment of essential hypertension, and Physiotens™, for the treatment of hypertension; and Synthroid™, for the treatment of hypothyroidism;
- pain and central nervous system products, including Serc™, for the treatment of Ménière's disease and vestibular vertigo; Brufen™, for the treatment of pain, fever, and inflammation; and Sevedol™, for the treatment of severe migraines; and
- respiratory drugs and vaccines, including the anti-infective clarithromycin (sold under the trademarks Biaxin™, Klacid™, and Klaricid™); and Influvac™, an influenza vaccine.

The Established Pharmaceutical Products segment directs its primary marketing efforts toward building strong brands with key stakeholders, including consumers, pharmacists, physicians, and other healthcare providers. Government agencies are also important customers.

Competition in the Established Pharmaceutical Products segment is generally from other health care and pharmaceutical companies. In addition, the substitution of generic drugs for the brand prescribed and introduction of additional forms of already marketed established products by generic or branded competitors may increase competitive pressures.

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* As used throughout the text of this report on Form 10-K, the term "Abbott" refers to Abbott Laboratories, an Illinois corporation, or Abbott Laboratories and its consolidated subsidiaries, as the context requires.



Zachary A. Portin
Counsel, Healthcare Compliance
Legal Regulatory & Compliance

Abbott
100 Abbott Park Road
Abbott Park, IL 60064
T: +1 224 551 8782
zachary.portin@abbott.com

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*Via Email (*bkandt@pharmacy.nv.gov*)*

April 18, 2022

Brett Kandt, General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway
Suite 206
Reno, NV 89521

Re: Supplemental Information Requested for 12 Abbott Laboratories Nevada Wholesaler License Applications

Dear Mr. Kandt,

I write to provide you with updated responses to the disciplinary questions in Section 2 of the twelve Nevada wholesaler applications for the wholesaler facilities listed below as we discussed during our conversation on or about March 14, 2021. (Those applications were submitted on or about August 27, 2021 and supplemented by a filing on or about October 14, 2021). The updated disciplinary responses are attached hereto as Exhibit A.

Wholesaler	Facility Location
1. Abbott Laboratories Inc. ("ALI")	3158 Martin Luther King Jr. Drive, North Chicago, IL 60064 ("North Chicago")
2. ALI	1921 Hurd Drive, Irving, TX 75038 ("Irving 1")
3. ALI	1915 Hurd drive, Irving, TX 75038 ("Irving 2")
4. ALI	15900 Valley View Court, Sylmar, CA 91342 ("Sylmar")
5. ALI	6901 Preston Road Plano, TX 75024 ("Plano")
6. ALI	2305 Walnut Street, Roseville, MN 55113 ("Roseville")
7. ALI	42301 Zevo Drive, Suite #F, Temecula, CA 92590 ("Temecula")
8. Abbott Molecular Inc. ("AMI")	1300 East Touhy Avenue, Des Plaines, IL 60018 ("Des Plaines")
9. AMI	1800 Brummel Avenue, Elk Grove Village, IL 60007 ("Elk Grove Village")
10. Abbott Rapid Dx North America, LLC ("ARDxNA")	569 Halls Mill Road, Freehold, NJ 07728 ("Freehold")
11. ARDxNA	5995 Pacific Center Blvd., Ste. 108, San Diego, CA 92121 ("San Diego")

12. Alere San Diego Inc. ("ASD")	829 Town Center Drive, Pomona, CA 91767 ("Pomona")

We respectfully request that the Nevada Board of Pharmacy consider this information along with the August 27th and October 14th submissions, at its earliest convenience, but not later than at its upcoming June 1-2, 2022 meeting.

Thank you for your cooperation in this matter. If you have any questions or require additional information, please do not hesitate to contact me.

Sincerely,

Zachary A. Portin

Enc.

Cc: Nevada Board of Pharmacy (*via email to pharmacy@pharmacy.nv.gov)*
Mark Sedar, Nevada Board of Pharmacy (*via email to marksedar@pharmacy.nv.gov)*
April Veoukas, Abbott *(via email to april.veoukas@abbott.com*)

SUPPLEMENTAL RESPONSES TO SECTION 2, QUESTIONS 1-5 OF NEVADA WHOLESALER APPLICATION
EXHIBIT A

ALI Applications

ALI supplements the responses set forth in the Wholesaler Application Addendum to Questions 1-5 of Section 2 of the Nevada Wholesaler Application for North Chicago, Irving 1, Irving 2, Sylmar, Plano, Roseville and Temecula facilities, each as follows:

Section 2 Questions	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	ALI Based on records available to it and to the best of its knowledge, ALI, the prospective licensee, has not been charged or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea) since 2004. Abbott In May 2012, Abbott, the parent company of the prospective licensee identified in Section 9 of the Wholesaler Application Addendum, pleaded guilty to one misdemeanor violation of the Food, Drug and Cosmetic Act for misbranding as part of a settlement with U.S. federal and 49 state authorities, plus the District of Columbia, to resolve all outstanding issues regarding an investigation of past sales and marketing practices relating to its neurologic medication Depakote. Abbott and the Department of Justice, as reflected in the plea agreement, agreed that the conduct that gave rise to the conviction relates solely to the research-based pharmaceutical business that later became part of Abbvie, and that, from the time of the separation of Abbvie, Abbott no longer had any obligations under the plea agreement, nor would the Department of Justice treat Abbott as having a conviction under the Food, Drug and Cosmetic Act. Effective January 2, 2013, Abbott separated that research-based pharmaceutical business, including its U.S. pharmaceutical business, the business responsible for Depakote, into a new, independent publicly traded company, Abbvie.

Section 2 Questions	Response
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	Based on records available to them and to the best of their knowledge, ALI and Abbott have not been denied a license, permit or certificate of registration material to Abbott's operations since 2004.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	ALI Based on records available to it and to the best of its knowledge, and excluding the research-based pharmaceutical business that separated into a new, independent publicly traded company in 2013 (Abbvie), ALI has not been the subject of an administrative action or proceeding relating to the pharmaceutical industry since 2004. Abbott *See* Abbott's response to Question 1 above.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	ALI/Abbott Based on records available to them and to the best of their knowledge, ALI and Abbott have not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since 2004.
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	ALI/Abbott Based on records available to them and to the best of their knowledge, ALI and Abbott have not surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) material to Abbott's operations since 2004.

AMI Applications

AMI supplements the responses set forth in the Wholesaler Application Addendum to Questions 1-5 of Section 2 of the Nevada Wholesaler Application for its Des Plaines and Elk Grove facilities, each as follows:

Section 2 Questions	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	AMI Based on records available to it and to the best of its knowledge, AMI, the prospective licensee, has not been charged or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea) since 2004. Abbott In May 2012, Abbott, the parent company of the prospective licensee identified in Section 9 of the Wholesaler Application Addendum, pleaded guilty to one misdemeanor violation of the Food, Drug and Cosmetic Act for misbranding as part of a settlement with U.S. federal and 49 state authorities, plus the District of Columbia, to resolve all outstanding issues regarding an investigation of past sales and marketing practices relating to its neurologic medication Depakote. Abbott and the Department of Justice, as reflected in the plea agreement, agreed that the conduct that gave rise to the conviction relates solely to the research-based pharmaceutical business that later became part of Abbvie, and that, from the time of the separation of Abbvie, Abbott no longer had any obligations under the plea agreement, nor would the Department of Justice treat Abbott as having a conviction under the Food, Drug and Cosmetic Act. Effective January 2, 2013, Abbott separated that research-based pharmaceutical business, including its U.S. pharmaceutical business, the business responsible for Depakote, into a new, independent publicly traded company, Abbvie.
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest,	AMI/Abbott

Section 2 Questions	Response
ever been denied a license, permit or certificate of registration?	Based on records available to them and to the best of their knowledge, AMI and Abbott have not been denied a license, permit or certificate of registration material to Abbott's operations since 2004.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	AMI Based on records available to it and to the best of its knowledge, and excluding the research-based pharmaceutical business that separated into a new, independent publicly traded company in 2013 (Abbvie), AMI has not been the subject of an administrative action or proceeding relating to the pharmaceutical industry since 2004. Abbott *See* Abbott's response to Question 1 above.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	AMI/Abbott Based on records available to them and to the best of their knowledge, AMI and Abbott have not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since 2004.
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	AMI/Abbott Based on records available to them and to the best of their knowledge, AMI and Abbott have not surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) material to Abbott's operations since 2004.

ARDxNA Applications

ARDxNA supplements the responses set forth in the Wholesaler Application Addendum to Questions 1-5 of Section 2 of the Nevada Wholesaler Application for its Freehold and San Diego facilities, each as follows:

Section 2 Questions	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least	ARDxNA/AUH/Alere

Section 2 Questions	Response
10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	Based on records available to them and to the best of their knowledge, ARDxNA, the prospective licensee, Alere US Holdings, LLC ("AUH") and Alere, Inc. ("Alere"), the direct and indirect owners of the prospective licensee respectively identified in Section 9 of the Wholesaler Application Addendum, have not been charged or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea) since Abbott acquired those entities in October 2017. Abbott In May 2012, Abbott, the parent company of the prospective licensee, pleaded guilty to one misdemeanor violation of the Food, Drug and Cosmetic Act for misbranding as part of a settlement with U.S. federal and 49 state authorities, plus the District of Columbia, to resolve all outstanding issues regarding an investigation of past sales and marketing practices relating to its neurologic medication Depakote. Abbott and the Department of Justice, as reflected in the plea agreement, agreed that the conduct that gave rise to the conviction relates solely to the research-based pharmaceutical business that later became part of Abbvie, and that, from the time of the separation of Abbvie, Abbott no longer had any obligations under the plea agreement, nor would the Department of Justice treat Abbott as having a conviction under the Food, Drug and Cosmetic Act. Effective January 2, 2013, Abbott separated that research-based pharmaceutical business, including its U.S. pharmaceutical business, the business responsible for Depakote, into a new, independent publicly traded company, Abbvie.
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	ARDxNA/AUH/Alere Based on records available to them and to the best of their knowledge, ARDxNA, AUH and Alere have not been denied a license, permit or certificate of registration material to Abbott's operations since Abbott acquired those entities in October 2017. Abbott

Section 2 Questions	Response
	Based on records available to it and to the best of its knowledge, Abbott has not been denied a license, permit or certificate of registration material to Abbott's operations since 2004.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	ARDxNA/AUH/Alere Based on records available to them and to the best of their knowledge, ARDxNA, AUH and Alere have not been the subject of an administrative action or proceeding relating to the pharmaceutical industry since Abbott acquired those entities in October 2017. Abbott *See* Abbott's response to Question 1 above.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	ARDxNA/AUH/Alere Based on records available to them and to the best of their knowledge, ARDxNA, AUH and Alere have not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since Abbott acquired those entities in October 2017. Abbott Based on records available to it and to the best of its knowledge, Abbott has not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since 2004.
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	ARDxNA/AUH/Alere Based on records available to them and to the best of their knowledge, ARDxNA, AUH and Alere have not surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) since Abbott acquired those entities in material to Abbott's operations October 2017. Abbott Based on records available to it and to the best of its knowledge, Abbott has not surrendered a license, permit or certificate of registration voluntarily or otherwise (other

Section 2 Questions	Response
	than upon voluntary close of a facility) material to Abbott's operations since 2004.

ASD Application

ASD supplements the response set forth in the Wholesaler Application Addendum to Questions 1-5 of Section 2 of the Nevada Wholesaler Application for its Pomona facility as follows:

Section 2 Questions	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	ASD/AUH/Alere Based on records available to them and to the best of their knowledge, ASD, the prospective licensee, AUH, and Alere, the direct and indirect owners of the prospective licensee respectively identified in Section 9 of the Wholesaler Application Addendum, have not been charged or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea) since Abbott acquired those entities in October 2017. Abbott In May 2012, Abbott, the parent company of the prospective licensee, pleaded guilty to one misdemeanor violation of the Food, Drug and Cosmetic Act for misbranding as part of a settlement with U.S. federal and 49 state authorities, plus the District of Columbia, to resolve all outstanding issues regarding an investigation of past sales and marketing practices relating to its neurologic medication Depakote. Abbott and the Department of Justice, as reflected in the plea agreement, agreed that the conduct that gave rise to the conviction relates solely to the research-based pharmaceutical business that later became part of Abbvie, and that, from the time of the separation of Abbvie, Abbott no longer had any obligations under the plea agreement, nor would the Department of Justice treat Abbott as having a conviction under the Food, Drug and Cosmetic Act. Effective January 2, 2013, Abbott separated that research-based pharmaceutical business, including its U.S. pharmaceutical business, the business responsible

Section 2 Questions	Response
	for Depakote, into a new, independent publicly traded company, Abbvie.
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	ASD/AUH/Alere Based on records available to them and to the best of their knowledge, ASD, AUH and Alere have not been denied a license, permit or certificate of registration material to Abbott's operations since Abbott acquired those entities in October 2017. Abbott Based on records available to it and to the best of its knowledge, Abbott has not been denied a license, permit or certificate of registration material to Abbott's operations since 2004.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	ASD/AUH/Alere Based on records available to them and to the best of their knowledge, ASD, AUH and Alere have not been the subject of an administrative action or proceeding relating to the pharmaceutical industry since Abbott acquired those entities in October 2017. Abbott *See* Abbott's response to Question 1 above.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	ASD/AUH/Alere Based on records available to them and to the best of their knowledge, ASD, AUH and Alere have not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since Abbott acquired those entities in October 2017. Abbott Based on records available to it and to the best of its knowledge, Abbott has not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since 2004.

Section 2 Questions	Response
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	ASD/AUH/Alere Based on records available to them and to the best of their knowledge, ASD, AUH and Alere have not surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) since Abbott acquired those entities in material to Abbott's operations October 2017. Abbott Based on records available to it and to the best of its knowledge, Abbott has not surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) material to Abbott's operations since 2004.

4Q

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change ☐ Name Change ☐ Location Change (in-state only)	* If making a change, provide current license number: WH _____	☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ■ No

Section 1: General Information

Facility Name: Abbott Laboratories Inc.

Physical Address: 2305 Walnut St.

City: Roseville State: MN Zip: 55113

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (925) 734-4071 Website: https://www.abbott.com/

Name of Designated Representative (DR): Not applicable per NAC 639.5935(1)(a)

Licensing Company Email: Lucy.Tan@Abbott.com DR Email: Not applicable per NAC 639.5935(1)(a)

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☒ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☒ Practitioners	☐ Controlled Substances
☒ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☒ Others:	☐ Others:

Section 2: History of Company Refer to addendum for questions 1-5.	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	Refer to addendum for responses.	
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	Refer to addendum for responses.	
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	Refer to addendum for responses.	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	Refer to addendum for responses.	
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	Refer to addendum for responses.	

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

SUPPLEMENTAL RESPONSES TO SECTION 2, QUESTIONS 1-5 OF NEVADA WHOLESALER APPLICATION
EXHIBIT B

ALI Applications -7

ALI supplements the responses set forth in the Wholesaler Application Addendum to Questions 1-5 of Section 2 of the Nevada Wholesaler Application for North Chicago, Irving 1, Irving 2, Sylmar, Plano, Roseville and Temecula facilities, each as follows:

Section 2 Questions	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	To our knowledge, neither Abbott Laboratories, Inc. nor Abbott Laboratories – the entities identified in Section 9 of the Wholesaler Application Addendum – have been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea) within the last 5 years.
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	To our knowledge, neither Abbott Laboratories, Inc. nor Abbott Laboratories – the entities identified in Section 9 of the Wholesaler Application Addendum – have been denied a license, permit or certificate of registration within the last 5 years.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	To our knowledge, neither Abbott Laboratories, Inc. nor Abbott Laboratories – the entities identified in Section 9 of the Wholesaler Application Addendum – have been the subject of an administrative action or proceeding relating to the pharmaceutical industry within the last 5 years.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	To our knowledge, neither Abbott Laboratories, Inc. nor Abbott Laboratories – the entities identified in Section 9 of the Wholesaler Application Addendum – have been found guilty, pled guilty or entered a plea of nolo contendere to any offense, federal or state, related to controlled substances within the last 5 years.
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	To our knowledge, neither Abbott Laboratories, Inc. nor Abbott Laboratories – the entities identified in Section 9 of the Wholesaler Application Addendum – have surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) within the last 5 years.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Refer to addendum for responses.

Address: _____ City: _____ State: _____ Zip: _____

Name: Refer to addendum for responses.

Address: _____ City: _____ State: _____ Zip: _____

Name: Refer to addendum for responses.

Address: _____ City: _____ State: _____ Zip: _____

Name: Refer to addendum for responses.

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Illinois

Parent Company (if any): Abbott Laboratories

Corporation Name: Abbott Laboratories

Mailing Address: 100 Abbott Park Road

City: Abbott Park State: IL Zip: 60064

Telephone: (925) 734-4071 Email: Lucy.Tan@abbott.com

Contact Person Name: Lucy Tan

Date of SEC Registration: See Addendum | SEC Registration Number: 0000001800 | Stock Exchange Symbol: ABT

Section 5: Non-Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lucy Tan

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

08/26/2021

Date

Board Use Only	Date Received: _____	Amount: 500 cc ✓ Processed 1/20/22

NEVADA WHOLESALER APPLICATION ADDENDUM
Abbott Laboratories Inc.

SECTION 2: HISTORY OF COMPANY

Question	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	Abbott Laboratories (Abbott), the parent company of the prospective licensee, is a publicly traded company. All material investigations, lawsuits, administrative proceedings, and other legal matters involving Abbott and its subsidiaries are disclosed in Abbott's Annual Report on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	All material registration and licensure information involving Abbott and its subsidiaries is disclosed in Abbott's Annual Report on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	All material administrative actions and proceedings involving Abbott and its subsidiaries is disclosed in Abbott's Annual Reports on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	All material investigations, lawsuits, administrative proceedings and other legal matters involving Abbott and its subsidiaries is disclosed in Abbott's Annual Reports on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least	All material registration and licensure information involving Abbott and its

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10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	subsidiaries is disclosed in Abbott's Annual Report on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.

SECTION 3: SUPPLIER INFORMATION

The applicant distributes medical products and devices manufactured by or for Abbott only. It does not distribute pharmaceuticals.

SECTION 4: PUBLICLY TRADED CORPORATION

SEC REGISTRATION

Abbott Laboratories (Abbott) completed its initial public offering in 1929.

SECTION 9: APPLICABLE DOCUMENTS

LIST OF OFFICERS AND DIRECTORS

The officers and directors of Abbott Laboratories Inc. are listed below.

Directors

- Funck, Jr., Robert

Officers

- Ahlberg, Gregory
- Allen, Hubert
- Ambati, Venu
- Balthrop, Elizabeth
- Battaglia, Erica
- Boettiger, Keith
- Brotz, Melissa
- Burcky, P. Claude
- Calamari, Christopher
- Capek, John
- Chan, Tony
- Collins, Kathryn
- Dale, Michael D.
- Earnhardt, Lisa
- Evers, Thomas
- Ewing, Sabina
- Ford, Robert
- Frels, John
- Funck, Jr., Robert

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- Gabay, Renaud
- Ginascol, John
- Haas, Jeffrey N.
- Halloran, Damian
- House, J. Scott
- Huang, Gene
- Johnson, Gary
- Kaesebier, Tara
- Karam, Sammy
- Kowalski, Daman
- Kunkler, Robert
- Lane, Andrew
- Lehman, Brian
- Leinenweber, Scott
- Manning, Joseph
- Mark, David
- McCoy, John
- Millerick, Shawn
- Moreland, Mary K.
- Morrone, Louis
- Murphy, John
- Nordenstahl, Martin
- Novak, Joseph
- Oosterbaan, Benjamin
- Paik, Jessica
- Pederson, Michael J.
- Peterson, Karen
- Phillips, William
- Salvadori, Daniel
- Schneider, Ric
- Scoggins, Christopher
- Shroff, Eric
- Singh, Harvinder
- Tyler, Julie
- Wainer, Andrea
- Watkin, Jared
- Weitekamper, Frank
- Wellisch, Alejandro
- White, Miles
- Wilkins, Monica
- Woodgrift, Randel
- Yasger, Paul

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LIST OF TOP FOUR CORPORATION SHAREHOLDERS

100% of the stock of Abbott Laboratories Inc. owned by Abbott. Abbott is a publicly traded company that is listed on the New York Stock Exchange.

CERTIFICATE OF CORPORATE STATUS OR CERTIFICATE OF GOOD STANDING

See Exhibit A attached hereto.

DEA CERTIFICATE IF HANDLING CONTROLLED SUBSTANCES

Not applicable.

LIST OF EMPLOYEES, AGENTS, INDEPENDENT CONTRACTORS, CONSULTANTS, GUARDIANS, PERSONAL REPRESENTATIVES, LENDER OR HOLDER OF INDEBTNESS OF THE APPLICANT

All material information is disclosed in Abbott's Annual Reports on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.

CONFIDENTIAL AND PROPRIETARY – NOT FOR PUBLIC DISCLOSURE

EXHIBIT A

CERTIFICATE OF GOOD STANDING

CONFIDENTIAL AND PROPRIETARY – NOT FOR PUBLIC DISCLOSURE

April Veoukas
Director, Regulatory Affairs
Strategic Regulatory Affairs
Abbott Quality & Regulatory

Abbott
D-03Q4, AP52
200 Abbott Park Road
North Chicago, IL 60064
T: +1 224 667 8197
april.veoukas@abbott.com

Confidential and Proprietary – Not for Public Disclosure

Via Email (m.herrera@pharmacy.nv.gov & pharmacy@pharmacy.nv.gov)

December 16, 2021

Dear Maria Herrera,

In response to your December 7 email, enclosed please find the home state licenses in support of our 12 Nevada State Board of Pharmacy Wholesaler Applications for the wholesalers and facility locations identified in the table.

Wholesaler	Facility Location	Home State License
1. Abbott Laboratories Inc.	3158 Martin Luther King Jr. Drive, North Chicago, IL 60064	Illinois state does not license medical device distributors.[1] 68 Ill. Adm. Code 1510.10
2. Abbott Laboratories Inc.	1921 Hurd Drive, Irving, TX 75038	See attachment A
3. Abbott Laboratories Inc.	1915 Hurd drive, Irving, TX 75038	See attachment B
4. Abbott Laboratories Inc.	15900 Valley View Court, Sylmar, CA 91342	See attachment C License Number: 115222 Certificate is in the mail after confirmation from the renewal process.
5. Abbott Laboratories Inc.	6901 Preston Road Plano, TX 75024	See attachment D
6. Abbott Laboratories Inc.	2305 Walnut Street, Roseville, MN 55113	Minnesota State does not license medical device distributors.[2] Minn. Stat. § 151.01
7. Abbott Laboratories Inc.	42301 Zevo Drive, Suite #F, Temecula, CA 92590	See attachment E
8. Abbott Molecular Inc.	1300 East Touhy Avenue, Des Plaines, IL 60018	Illinois state does not license medical device distributors.[1] 68 Ill. Adm. Code 1510.10

[1] The Illinois Dept. of Financial and Professional Regulation states that no licensing is required in order to warehouse and/or distribute such product in or out of the State of Illinois. The requirements of licensure and practice are provided by the Act and Rules in Administrative Code, 68 Ill. Adm. Code 1510.10. Definitions of "wholesale distribution" and "prescription drug" do not include medical devices.
[2] Minnesota state does not license medical device distributors by the office of Minnesota Statues, Minn. Stat. § 151.01. Definitions of "prescription drug", and "manufacturing" do not include medical devices.

File Number 5972-555-6

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ABBOTT LABORATORIES INC., INCORPORATED IN DELAWARE AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON DECEMBER 19, 1997, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 16TH *day of* AUGUST *A.D.* 2021 .

Authentication #: 2122801582 verifiable until 08/16/2022
Authenticate at: http://www.ilsos.gov

Jesse White

SECRETARY OF STATE

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ABBOTT LABORATORIES INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

2803432 8300

SR# 20213050688

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203983224

Date: 08-23-21

Steven Yauch	Laizu Zaman	Jiajun Zhang
Jammie Yaw	Pawneez Zamani	Mingming Zhang
Woineshet Yimer	Fan Zhang	Wenhao Zhang
Tewabech Yirgu	Guoshuai Zhang	Muhammad Zia

ALI Roseville Facility

The workers at the ALI Roseville facility are as follows:

Abdifatah Abdullahi	Corey Cerveny Cermak	Hel Mu
Abdifatah Ahmed Mohamed	Craig Tommeraasen	Herman Liundaunda
Abdifitah H Adam	Daniel Alan Anderson	Hue Vue
Abdirazaq Mohamed	Daniel Amtataw	Ian James Macmillen
Abdullahi Khadar	Daniel Perez	James J King
Abigail Turner	Darrell X Peterson	James Travis Hocker
Adam Roy Fried	Darryl Barber	Jeff Wehner
Adenike X Kazeem	Daud Farah	Jeremy Garner
Ahmed Ibrahim	David Needom	Jeremy Mccawley
Alison Hagen	David Tran	Jerrica Donald
Amin Ali	David Wade	Jess Smith
Andray E Jones	Divine L Bilbro	Jethro Vang
Angel M Mora	Dylan Charles Hopkins	Jim Kauffmann
Anthony J Moe	Edward Nanabanyin Lewis	Joe Twohy
Ashley E Morris	Edwin Jeffery	John Dai
Asia Washington	Elvis Cid	Johnny Solangkoun Lee
Baird Matthew Cuppy	Elvis N Moua	Jon Bodin
Benjamin D Hahn	Emily A Chipman	Jon Douville
Beth Coverdale	Emmanuel Gutierrez	Jordan Schulte
Blake M Timm	Erik Alexander Vold	Josilyn Smith
Bradley G Sackey	Francine Marie Christiansen	Juan Duran
Brian Marlon Starks	Fred Douglas Collins	Juan Osborne
Carlos Hernandez	Gopal Chuwan	Julius Momo
Chao X Yang	Hatim Mohamed	Keen Thao
Christopher N Baden	Heidi Miranda-Pino	Keith L Tell

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D. C. 20549

FORM 10-K

(MARK ONE)

☒ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

OR

☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the fiscal year ended December 31, 2020 — Commission file number 1-2189

Abbott Laboratories

An Illinois Corporation
100 Abbott Park Road
Abbott Park, Illinois 60064-6400

36-0698440
(I.R.S. employer identification number)
(224) 667-6100
(telephone number)

Securities Registered Pursuant to Section 12(b) of the Act:

Title of Each Class	Trading Symbol(s)	Name of Each Exchange on Which Registered
Common Shares, Without Par Value	ABT	New York Stock Exchange Chicago Stock Exchange, Inc.

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.

Yes ☒ No ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or 15(d) of the Act.

Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days.

Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files).

Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large Accelerated Filer ☒ Accelerated Filer ☐ Non-Accelerated Filer ☐ Smaller reporting company ☐
Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act).

Yes ☐ No ☒

The aggregate market value of the 1,727,625,764 shares of voting stock held by nonaffiliates of the registrant, computed by reference to the closing price as reported on the New York Stock Exchange, as of the last business day of Abbott Laboratories' most recently completed second fiscal quarter (June 30, 2020), was $157,956,823,602. Abbott has no non-voting common equity. Number of common shares outstanding as of January 31, 2021: 1,771,529,358

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the 2021 Abbott Laboratories Proxy Statement are incorporated by reference into Part III. The Definitive Proxy Statement will be filed on or about March 12, 2021.

PART I

ITEM 1. BUSINESS

GENERAL DEVELOPMENT OF BUSINESS

Abbott Laboratories is an Illinois corporation, incorporated in 1900. Abbott's* principal business is the discovery, development, manufacture, and sale of a broad and diversified line of health care products.

NARRATIVE DESCRIPTION OF BUSINESS

Abbott has four reportable segments: Established Pharmaceutical Products, Diagnostic Products, Nutritional Products, and Medical Devices.

Established Pharmaceutical Products

These products include a broad line of branded generic pharmaceuticals manufactured worldwide and marketed and sold outside the United States in emerging markets. These products are generally sold directly to wholesalers, distributors, government agencies, health care facilities, pharmacies, and independent retailers from Abbott-owned distribution centers and public warehouses, depending on the market served. Certain products are co-marketed or co-promoted with, or licensed from, other companies.

The principal products included in the broad therapeutic area portfolios of the Established Pharmaceutical Products segment are:

- gastroenterology products, including Creon™, for the treatment of pancreatic exocrine insufficiency associated with several underlying conditions, including cystic fibrosis and chronic pancreatitis; Duspatal™ and Dicetel™, for the treatment of irritable bowel syndrome or biliary spasm; Heptral™, Transmetil™, and Samyr™, for the treatment of intrahepatic cholestasis (associated with liver disease) or depressive symptoms; and Duphalac™, for regulation of the physiological rhythm of the colon;
- women's health products, including Duphaston™, for the treatment of many different gynecological disorders; and Femoston™, a hormone replacement therapy for postmenopausal women;
- cardiovascular and metabolic products, including Lipanthyl™ and TriCor™, for the treatment of dyslipidemia; Teveten™ and Teveten™ Plus, for the treatment of essential hypertension, and Physiotens™, for the treatment of hypertension; and Synthroid™, for the treatment of hypothyroidism;
- pain and central nervous system products, including Serc™, for the treatment of Ménière's disease and vestibular vertigo; Brufen™, for the treatment of pain, fever, and inflammation; and Sevedol™, for the treatment of severe migraines; and
- respiratory drugs and vaccines, including the anti-infective clarithromycin (sold under the trademarks Biaxin™, Klacid™, and Klaricid™); and Influvac™, an influenza vaccine.

The Established Pharmaceutical Products segment directs its primary marketing efforts toward building strong brands with key stakeholders, including consumers, pharmacists, physicians, and other healthcare providers. Government agencies are also important customers.

Competition in the Established Pharmaceutical Products segment is generally from other health care and pharmaceutical companies. In addition, the substitution of generic drugs for the brand prescribed and introduction of additional forms of already marketed established products by generic or branded competitors may increase competitive pressures.

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* As used throughout the text of this report on Form 10-K, the term "Abbott" refers to Abbott Laboratories, an Illinois corporation, or Abbott Laboratories and its consolidated subsidiaries, as the context requires.



Zachary A. Portin
Counsel, Healthcare Compliance
Legal Regulatory & Compliance

Abbott
100 Abbott Park Road
Abbott Park, IL 60064
T: +1 224 551 8782
zachary.portin@abbott.com

RECEIVED FROM APPLICANT
PUBLIC DOCUMENT

Confidential and Proprietary – Not for Public Disclosure

*Via Email (*bkandt@pharmacy.nv.gov*)*

April 18, 2022

Brett Kandt, General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway
Suite 206
Reno, NV 89521

Re: Supplemental Information Requested for 12 Abbott Laboratories Nevada Wholesaler License Applications

Dear Mr. Kandt,

I write to provide you with updated responses to the disciplinary questions in Section 2 of the twelve Nevada wholesaler applications for the wholesaler facilities listed below as we discussed during our conversation on or about March 14, 2021. (Those applications were submitted on or about August 27, 2021 and supplemented by a filing on or about October 14, 2021). The updated disciplinary responses are attached hereto as Exhibit A.

Wholesaler	Facility Location
1. Abbott Laboratories Inc. ("ALI")	3158 Martin Luther King Jr. Drive, North Chicago, IL 60064 ("North Chicago")
2. ALI	1921 Hurd Drive, Irving, TX 75038 ("Irving 1")
3. ALI	1915 Hurd drive, Irving, TX 75038 ("Irving 2")
4. ALI	15900 Valley View Court, Sylmar, CA 91342 ("Sylmar")
5. ALI	6901 Preston Road Plano, TX 75024 ("Plano")
6. ALI	2305 Walnut Street, Roseville, MN 55113 ("Roseville")
7. ALI	42301 Zevo Drive, Suite #F, Temecula, CA 92590 ("Temecula")
8. Abbott Molecular Inc. ("AMI")	1300 East Touhy Avenue, Des Plaines, IL 60018 ("Des Plaines")
9. AMI	1800 Brummel Avenue, Elk Grove Village, IL 60007 ("Elk Grove Village")
10. Abbott Rapid Dx North America, LLC ("ARDxNA")	569 Halls Mill Road, Freehold, NJ 07728 ("Freehold")
11. ARDxNA	5995 Pacific Center Blvd., Ste. 108, San Diego, CA 92121 ("San Diego")

12. Alere San Diego Inc. ("ASD")	829 Town Center Drive, Pomona, CA 91767 ("Pomona")

We respectfully request that the Nevada Board of Pharmacy consider this information along with the August 27th and October 14th submissions, at its earliest convenience, but not later than at its upcoming June 1-2, 2022 meeting.

Thank you for your cooperation in this matter. If you have any questions or require additional information, please do not hesitate to contact me.

Sincerely,

Zachary A. Portin

Enc.

Cc: Nevada Board of Pharmacy (*via email to pharmacy@pharmacy.nv.gov)*
Mark Sedar, Nevada Board of Pharmacy (*via email to marksedar@pharmacy.nv.gov)*
April Veoukas, Abbott *(via email to april.veoukas@abbott.com*)

SUPPLEMENTAL RESPONSES TO SECTION 2, QUESTIONS 1-5 OF NEVADA WHOLESALER APPLICATION
EXHIBIT A

ALI Applications

ALI supplements the responses set forth in the Wholesaler Application Addendum to Questions 1-5 of Section 2 of the Nevada Wholesaler Application for North Chicago, Irving 1, Irving 2, Sylmar, Plano, Roseville and Temecula facilities, each as follows:

Section 2 Questions	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	ALI Based on records available to it and to the best of its knowledge, ALI, the prospective licensee, has not been charged or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea) since 2004. Abbott In May 2012, Abbott, the parent company of the prospective licensee identified in Section 9 of the Wholesaler Application Addendum, pleaded guilty to one misdemeanor violation of the Food, Drug and Cosmetic Act for misbranding as part of a settlement with U.S. federal and 49 state authorities, plus the District of Columbia, to resolve all outstanding issues regarding an investigation of past sales and marketing practices relating to its neurologic medication Depakote. Abbott and the Department of Justice, as reflected in the plea agreement, agreed that the conduct that gave rise to the conviction relates solely to the research-based pharmaceutical business that later became part of Abbvie, and that, from the time of the separation of Abbvie, Abbott no longer had any obligations under the plea agreement, nor would the Department of Justice treat Abbott as having a conviction under the Food, Drug and Cosmetic Act. Effective January 2, 2013, Abbott separated that research-based pharmaceutical business, including its U.S. pharmaceutical business, the business responsible for Depakote, into a new, independent publicly traded company, Abbvie.

Section 2 Questions	Response
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	Based on records available to them and to the best of their knowledge, ALI and Abbott have not been denied a license, permit or certificate of registration material to Abbott's operations since 2004.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	ALI Based on records available to it and to the best of its knowledge, and excluding the research-based pharmaceutical business that separated into a new, independent publicly traded company in 2013 (Abbvie), ALI has not been the subject of an administrative action or proceeding relating to the pharmaceutical industry since 2004. Abbott *See* Abbott's response to Question 1 above.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	ALI/Abbott Based on records available to them and to the best of their knowledge, ALI and Abbott have not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since 2004.
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	ALI/Abbott Based on records available to them and to the best of their knowledge, ALI and Abbott have not surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) material to Abbott's operations since 2004.

AMI Applications

AMI supplements the responses set forth in the Wholesaler Application Addendum to Questions 1-5 of Section 2 of the Nevada Wholesaler Application for its Des Plaines and Elk Grove facilities, each as follows:

Section 2 Questions	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	AMI Based on records available to it and to the best of its knowledge, AMI, the prospective licensee, has not been charged or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea) since 2004. Abbott In May 2012, Abbott, the parent company of the prospective licensee identified in Section 9 of the Wholesaler Application Addendum, pleaded guilty to one misdemeanor violation of the Food, Drug and Cosmetic Act for misbranding as part of a settlement with U.S. federal and 49 state authorities, plus the District of Columbia, to resolve all outstanding issues regarding an investigation of past sales and marketing practices relating to its neurologic medication Depakote. Abbott and the Department of Justice, as reflected in the plea agreement, agreed that the conduct that gave rise to the conviction relates solely to the research-based pharmaceutical business that later became part of Abbvie, and that, from the time of the separation of Abbvie, Abbott no longer had any obligations under the plea agreement, nor would the Department of Justice treat Abbott as having a conviction under the Food, Drug and Cosmetic Act. Effective January 2, 2013, Abbott separated that research-based pharmaceutical business, including its U.S. pharmaceutical business, the business responsible for Depakote, into a new, independent publicly traded company, Abbvie.
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest,	AMI/Abbott

Section 2 Questions	Response
ever been denied a license, permit or certificate of registration?	Based on records available to them and to the best of their knowledge, AMI and Abbott have not been denied a license, permit or certificate of registration material to Abbott's operations since 2004.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	AMI Based on records available to it and to the best of its knowledge, and excluding the research-based pharmaceutical business that separated into a new, independent publicly traded company in 2013 (Abbvie), AMI has not been the subject of an administrative action or proceeding relating to the pharmaceutical industry since 2004. Abbott *See* Abbott's response to Question 1 above.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	AMI/Abbott Based on records available to them and to the best of their knowledge, AMI and Abbott have not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since 2004.
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	AMI/Abbott Based on records available to them and to the best of their knowledge, AMI and Abbott have not surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) material to Abbott's operations since 2004.

ARDxNA Applications

ARDxNA supplements the responses set forth in the Wholesaler Application Addendum to Questions 1-5 of Section 2 of the Nevada Wholesaler Application for its Freehold and San Diego facilities, each as follows:

Section 2 Questions	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least	ARDxNA/AUH/Alere

Section 2 Questions	Response
10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	Based on records available to them and to the best of their knowledge, ARDxNA, the prospective licensee, Alere US Holdings, LLC ("AUH") and Alere, Inc. ("Alere"), the direct and indirect owners of the prospective licensee respectively identified in Section 9 of the Wholesaler Application Addendum, have not been charged or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea) since Abbott acquired those entities in October 2017. Abbott In May 2012, Abbott, the parent company of the prospective licensee, pleaded guilty to one misdemeanor violation of the Food, Drug and Cosmetic Act for misbranding as part of a settlement with U.S. federal and 49 state authorities, plus the District of Columbia, to resolve all outstanding issues regarding an investigation of past sales and marketing practices relating to its neurologic medication Depakote. Abbott and the Department of Justice, as reflected in the plea agreement, agreed that the conduct that gave rise to the conviction relates solely to the research-based pharmaceutical business that later became part of Abbvie, and that, from the time of the separation of Abbvie, Abbott no longer had any obligations under the plea agreement, nor would the Department of Justice treat Abbott as having a conviction under the Food, Drug and Cosmetic Act. Effective January 2, 2013, Abbott separated that research-based pharmaceutical business, including its U.S. pharmaceutical business, the business responsible for Depakote, into a new, independent publicly traded company, Abbvie.
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	ARDxNA/AUH/Alere Based on records available to them and to the best of their knowledge, ARDxNA, AUH and Alere have not been denied a license, permit or certificate of registration material to Abbott's operations since Abbott acquired those entities in October 2017. Abbott

Section 2 Questions	Response
	Based on records available to it and to the best of its knowledge, Abbott has not been denied a license, permit or certificate of registration material to Abbott's operations since 2004.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	ARDxNA/AUH/Alere Based on records available to them and to the best of their knowledge, ARDxNA, AUH and Alere have not been the subject of an administrative action or proceeding relating to the pharmaceutical industry since Abbott acquired those entities in October 2017. Abbott *See* Abbott's response to Question 1 above.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	ARDxNA/AUH/Alere Based on records available to them and to the best of their knowledge, ARDxNA, AUH and Alere have not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since Abbott acquired those entities in October 2017. Abbott Based on records available to it and to the best of its knowledge, Abbott has not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since 2004.
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	ARDxNA/AUH/Alere Based on records available to them and to the best of their knowledge, ARDxNA, AUH and Alere have not surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) since Abbott acquired those entities in material to Abbott's operations October 2017. Abbott Based on records available to it and to the best of its knowledge, Abbott has not surrendered a license, permit or certificate of registration voluntarily or otherwise (other

Section 2 Questions	Response
	than upon voluntary close of a facility) material to Abbott's operations since 2004.

ASD Application

ASD supplements the response set forth in the Wholesaler Application Addendum to Questions 1-5 of Section 2 of the Nevada Wholesaler Application for its Pomona facility as follows:

Section 2 Questions	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	ASD/AUH/Alere Based on records available to them and to the best of their knowledge, ASD, the prospective licensee, AUH, and Alere, the direct and indirect owners of the prospective licensee respectively identified in Section 9 of the Wholesaler Application Addendum, have not been charged or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea) since Abbott acquired those entities in October 2017. Abbott In May 2012, Abbott, the parent company of the prospective licensee, pleaded guilty to one misdemeanor violation of the Food, Drug and Cosmetic Act for misbranding as part of a settlement with U.S. federal and 49 state authorities, plus the District of Columbia, to resolve all outstanding issues regarding an investigation of past sales and marketing practices relating to its neurologic medication Depakote. Abbott and the Department of Justice, as reflected in the plea agreement, agreed that the conduct that gave rise to the conviction relates solely to the research-based pharmaceutical business that later became part of Abbvie, and that, from the time of the separation of Abbvie, Abbott no longer had any obligations under the plea agreement, nor would the Department of Justice treat Abbott as having a conviction under the Food, Drug and Cosmetic Act. Effective January 2, 2013, Abbott separated that research-based pharmaceutical business, including its U.S. pharmaceutical business, the business responsible

Section 2 Questions	Response
	for Depakote, into a new, independent publicly traded company, Abbvie.
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	ASD/AUH/Alere Based on records available to them and to the best of their knowledge, ASD, AUH and Alere have not been denied a license, permit or certificate of registration material to Abbott's operations since Abbott acquired those entities in October 2017. Abbott Based on records available to it and to the best of its knowledge, Abbott has not been denied a license, permit or certificate of registration material to Abbott's operations since 2004.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	ASD/AUH/Alere Based on records available to them and to the best of their knowledge, ASD, AUH and Alere have not been the subject of an administrative action or proceeding relating to the pharmaceutical industry since Abbott acquired those entities in October 2017. Abbott *See* Abbott's response to Question 1 above.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	ASD/AUH/Alere Based on records available to them and to the best of their knowledge, ASD, AUH and Alere have not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since Abbott acquired those entities in October 2017. Abbott Based on records available to it and to the best of its knowledge, Abbott has not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since 2004.

Section 2 Questions	Response
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	ASD/AUH/Alere Based on records available to them and to the best of their knowledge, ASD, AUH and Alere have not surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) since Abbott acquired those entities in material to Abbott's operations October 2017. Abbott Based on records available to it and to the best of its knowledge, Abbott has not surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) material to Abbott's operations since 2004.

4R

NEVADA STATE BOARD OF PHARMACY

98S Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change ☐ Name Change ☐ Location Change (in-state only)	* If making a change, provide current license number: WH _____	☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ■ No

Section 1: General Information

Facility Name: Abbott Laboratories Inc.

Physical Address: 15900 Valley View Court

City: Sylmar State: CA Zip: 91342

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (818) 493-3884 Website: https://www.abbott.com/

Name of Designated Representative (DR): Not applicable per NAC 639.5935(1)(a)

Licensing Company Email: Tina.Romo@abbott.com DR Email: Not applicable per NAC 639.5935(1)(a)

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☒ Practitioners	☐ Controlled Substances
☒ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☒ Others:	☐ Others:

Section 2: History of Company. Refer to addendum for questions 1-5.	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	Refer to addendum for responses.	
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	Refer to addendum for responses.	
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	Refer to addendum for responses.	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	Refer to addendum for responses.	
S. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	Refer to addendum for responses.	

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

NEVADA WHOLESALER APPLICATION ADDENDUM
Abbott Laboratories Inc.

SECTION 2: HISTORY OF COMPANY

Question	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	Abbott Laboratories (Abbott), the parent company of the prospective licensee, is a publicly traded company. All material investigations, lawsuits, administrative proceedings, and other legal matters involving Abbott and its subsidiaries are disclosed in Abbott's Annual Report on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	All material registration and licensure information involving Abbott and its subsidiaries is disclosed in Abbott's Annual Report on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	All material administrative actions and proceedings involving Abbott and its subsidiaries is disclosed in Abbott's Annual Reports on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	All material investigations, lawsuits, administrative proceedings and other legal matters involving Abbott and its subsidiaries is disclosed in Abbott's Annual Reports on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least	All material registration and licensure information involving Abbott and its

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SUPPLEMENTAL RESPONSES TO SECTION 2, QUESTIONS 1-5 OF NEVADA WHOLESALER APPLICATION
EXHIBIT B

ALI Applications -7

ALI supplements the responses set forth in the Wholesaler Application Addendum to Questions 1-5 of Section 2 of the Nevada Wholesaler Application for North Chicago, Irving 1, Irving 2, Sylmar, Plano, Roseville and Temecula facilities, each as follows:

Section 2 Questions	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	To our knowledge, neither Abbott Laboratories, Inc. nor Abbott Laboratories – the entities identified in Section 9 of the Wholesaler Application Addendum – have been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea) within the last 5 years.
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	To our knowledge, neither Abbott Laboratories, Inc. nor Abbott Laboratories – the entities identified in Section 9 of the Wholesaler Application Addendum – have been denied a license, permit or certificate of registration within the last 5 years.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	To our knowledge, neither Abbott Laboratories, Inc. nor Abbott Laboratories – the entities identified in Section 9 of the Wholesaler Application Addendum – have been the subject of an administrative action or proceeding relating to the pharmaceutical industry within the last 5 years.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	To our knowledge, neither Abbott Laboratories, Inc. nor Abbott Laboratories – the entities identified in Section 9 of the Wholesaler Application Addendum – have been found guilty, pled guilty or entered a plea of nolo contendere to any offense, federal or state, related to controlled substances within the last 5 years.
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	To our knowledge, neither Abbott Laboratories, Inc. nor Abbott Laboratories – the entities identified in Section 9 of the Wholesaler Application Addendum – have surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) within the last 5 years.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Refer to addendum for responses.

Address: _____ City: _____ State: _____ Zip: _____

Name: Refer to addendum for responses.

Address: _____ City: _____ State: _____ Zip: _____

Name: Refer to addendum for responses.

Address: _____ City: _____ State: _____ Zip: _____

Name: Refer to addendum for responses.

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Illinois

Parent Company (if any): Abbott Laboratories

Corporation Name: Abbott Laboratories

Mailing Address: 100 Abbott Park Road

City: Abbott Park State: IL Zip: 60064

Telephone: (818) 493-3884 Email: Tina.Romo@abbott.com

Contact Person Name: Tina Romo

Date of SEC Registration: See Addendum | SEC Registration Number: 0000001800 | Stock Exchange Symbol: ABT

Section 5: Non-Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Tina Romo

Print Name of Authorized Person Submitting Application

Tina Romo

Original signature of Authorized Person (copies or stamps not accepted)

08/26/2021

Date

Board Use Only	Date Received: _____	Amount: 500 cc Paid 1/20/17

10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	subsidiaries is disclosed in Abbott's Annual Report on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.

SECTION 3: SUPPLIER INFORMATION

The applicant distributes medical products and devices manufactured by or for Abbott only. It does not distribute pharmaceuticals.

SECTION 4: PUBLICLY TRADED CORPORATION

SEC REGISTRATION

Abbott Laboratories (Abbott) completed its initial public offering in 1929.

SECTION 9: APPLICABLE DOCUMENTS

LIST OF OFFICERS AND DIRECTORS

The officers and directors of Abbott Laboratories Inc. are listed below.

Directors

- Funck, Jr., Robert

Officers

- Ahlberg, Gregory
- Allen, Hubert
- Ambati, Venu
- Balthrop, Elizabeth
- Battaglia, Erica
- Boettiger, Keith
- Brotz, Melissa
- Burcky, P. Claude
- Calamari, Christopher
- Capek, John
- Chan, Tony
- Collins, Kathryn
- Dale, Michael D.
- Earnhardt, Lisa
- Evers, Thomas
- Ewing, Sabina
- Ford, Robert
- Frels, John
- Funck, Jr., Robert

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- Gabay, Renaud
- Ginascol, John
- Haas, Jeffrey N.
- Halloran, Damian
- House, J. Scott
- Huang, Gene
- Johnson, Gary
- Kaesebier, Tara
- Karam, Sammy
- Kowalski, Daman
- Kunkler, Robert
- Lane, Andrew
- Lehman, Brian
- Leinenweber, Scott
- Manning, Joseph
- Mark, David
- McCoy, John
- Millerick, Shawn
- Moreland, Mary K.
- Morrone, Louis
- Murphy, John
- Nordenstahl, Martin
- Novak, Joseph
- Oosterbaan, Benjamin
- Paik, Jessica
- Pederson, Michael J.
- Peterson, Karen
- Phillips, William
- Salvadori, Daniel
- Schneider, Ric
- Scoggins, Christopher
- Shroff, Eric
- Singh, Harvinder
- Tyler, Julie
- Wainer, Andrea
- Watkin, Jared
- Weitekamper, Frank
- Wellisch, Alejandro
- White, Miles
- Wilkins, Monica
- Woodgrift, Randel
- Yasger, Paul

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LIST OF TOP FOUR CORPORATION SHAREHOLDERS

100% of the stock of Abbott Laboratories Inc. owned by Abbott. Abbott is a publicly traded company that is listed on the New York Stock Exchange.

CERTIFICATE OF CORPORATE STATUS OR CERTIFICATE OF GOOD STANDING

See Exhibit A attached hereto.

DEA CERTIFICATE IF HANDLING CONTROLLED SUBSTANCES

Not applicable.

LIST OF EMPLOYEES, AGENTS, INDEPENDENT CONTRACTORS, CONSULTANTS, GUARDIANS, PERSONAL REPRESENTATIVES, LENDER OR HOLDER OF INDEBTNESS OF THE APPLICANT

All material information is disclosed in Abbott's Annual Reports on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.

Colleen Canan
Abbott Medical - 115222
DBA: Abbott Medical, St. Jude Medical Cardiac Rhythm Management.
15900 Valley View Court
Sylmar, CA 91342

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

MEDICAL DEVICE MANUFACTURING LICENSE

Abbott Medical
DBA: Abbott Medical, St. Jude Medical Cardiac Rhythm Management.
15900 Valley View Court
Sylmar, CA 91342

LICENSE NUMBER: 115222
EXPIRATION DATE: 12/9/2023

The person named herein is licensed to manufacture devices through the expiration date of this license. This license is issued in accordance with the provisions of Division 104, Chapter 6, Article 6 of the California Health and Safety Code and is not transferable to any other person or place. The licensee is required by law to immediately notify the California Department of Public Health of any change in the information reported in the application.

Food and Drug Branch, 1500 Capitol Avenue, MS 7602, PO Box 997435, Sacramento, CA 95899-7435 (916) 650-6500

From: Rodriguez, Albert@CDPH <Albert.Rodriguez@cdph.ca.gov>
Sent: Monday, December 13, 2021 1:51 PM
To: Canan, Colleen <colleen.canan@abbott.com>
Subject: RE: Your application for a Medical Device Manufacturing license for the Sylmar facility

EXTERNAL EMAIL: Only click links or open attachments if you recognize the sender and know the content is safe.

Hello Colleen,

Thank you for submitting the amended application. I have recommended your firm's license for renewal. Please allow 2-4 weeks to receive the license certificate in the mail. In the meantime it can be considered that your firm has license number 115222.

Thank you,

Albert Rodriguez
Drug and Medical Device Specialist
California Department of Public Health
Drug and Medical Device Compliance and Enforcement
2 MacArthur Pl., Suite 100
Santa Ana Ca. 92707
714-957-6909

EXHIBIT A

CERTIFICATE OF GOOD STANDING

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Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ABBOTT LABORATORIES INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

2803432 8300

SR# 20213050688

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203983224

Date: 08-23-21

Secretary of State
Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name:	ABBOTT LABORATORIES INC. WHICH WILL DO BUSINESS IN CALIFORNIA AS ABBOTT SALES, MARKETING & DISTRIBUTION CO.
File Number:	C2062341
Registration Date:	12/08/1997
Entity Type:	FOREIGN STOCK CORPORATION
Jurisdiction:	DELAWARE
Status:	ACTIVE (GOOD STANDING)

As of September 19, 2021 (Certification Date), the entity is qualified to transact intrastate business in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of September 20, 2021.

SHIRLEY N. WEBER, Ph.D.
Secretary of State

Certificate Verification Number: Z12KEEY

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at *bebizfile.sos.ca.gov/certification/index*.

Kepha Ogato
Mark Oglesby
Anthony Onubogu
Jesse Oyervides
Swetha Paritala
Jerred Parkhurst
Martin Parra
Nayan Patel
Trusha Patel
Andrew Patin
Nguyen Pham
Marvin Phillips
Derrick Phillips
Kimberley Pierce
David Pitts
Tremeka Player
Christopher Porter
Martin Posada
Malinda Powell
Fredrick Prather
Doletta Prowell
Komal Puranik
Marco Quiroz Vargas
Divyapriya Raghavan
Kamini Rao
Tariq Rehman
Joe Reyes
Timbresha Reynolds
Hazel Riley
Marcello Robinson
Shawn Rodney
Luis Rosas
Perla Ross
Mohammed Saaid
Rawan Sadiq
Jessie Samaniego
Mandel Sanders
Osayd Sawalha
Amna Shamim
Edward Sheriff
Bimal Shrestha
Molly Silvers
William Silvers
Dexter Simmons
Kynnedee Skillern
Rodney Smith
Latoya Smith
Nathan Smith
Paul Smith
Michele Smith-Waheed
David Solis
Paul Sonthavong
Antonio De Jesus Soto-Gomez
Leslie Stamper
Theresa Stephens
Lillie Steward
Mayor Talabi
Dalyn Talavera Roman
Bryant Tate
Marcus Thomas
Arthur Thompson
Hoang Tran
Gloria Turner
Emmanuel Ugochukwu
Michael Umunnakwe
Juan Vasquez
Vincent Vinh
Lan Vu
Tesfaye Waktola
Pamela Walker
Keith Walker
Michael Warne
Antaishia Welch
Karen Wells
Richard Welter
Jonathan Whiteley
Charlene Williams
Earl Williams
John Wilson
Derrick Wilson
Christopher Yarnell
Frederick Yeboah
Michael Zavosky
Shadi Zumut

ALI Sylmar Facility

The workers at the ALI Sylmar facility are as follows:

Adnan Abbasi
Taraneh Abdollahi-Fard
Sherinay Abdukerim

Kristin Abele
Abraham Abrahan
Andrew Acosta
Juan Adames
Mary Adams
Lilia Adatan
Lisa Adlhoch
Kopal Agrawal
Noel Agredano
Jennifer Aguero
Claudio Aguilar
Jose Aguilar
Cindy Aguinaga
Renalyn Agustin
John Ahearn
Amir Ahmadi
Kazi Ahmed
Carole Akins
Akshay Akkineni
Bharat Reddy Akunapuram
Jose Alabat
Nadia Alam
Abdullah Alasfar
Oscar Alba
Michelle Aldana
Lionel Ali
Saman Ali
Wesley Alleman
Michelle Almanza
Omar Almousilli
Boris Alonzo
Jaime Altamirano
Daniel Alvarado
Samantha Alvarado
Jorge Alvarez
Arafat Amat
Jorge Amely-Velez
Marlena Amirkhanyan
Godfrey Anandan
Alfred Andres
Lilian Angeles
Manisha Annam
Jose Luis Aparicio
Mariela Aponte
Leonard Apontti
Christopher Arabia
Sonali Arangil
Beatriz Araujo
Jana Arbogast
Vishnu Prasad Arcot Ethirajan
Abdul Arghandehwal
Penelope Arguello
Mohammed Arif
Andrew Arp
Zachary Arteaga
Fnu Arushi
Shoorideh Asgari
Mehdi Asgharzadeh
Suhanya Ashok
Pratibha Ashok Kumar
Lakshmi Attaluri
Diane Austin
Jess Austin
Rodolfo Avalos
Rozio Avalos
Cassandra Avila
Gerardo Avila
Robert Avila
Ashley Axelrood
Mario Ayala
Melissa Ayala
Madhavi Ayyalasomayajula
Boris Ayzen
Arash Azarmi
Elias Azzam
Derek Baba
Vashtie Bachan
Johanna Baena-Rivero
Michael Baffoni
Benjamin Bailey
Adrian Baima
Noreen Bajwa
Lisa Bakoo
Karthik Balakrishnan
Samuel Balaskas
Jamal Balkhi
Arnab Banerjee
Trung Banh
Monika Bararia
Chirag Barchha
Bonnie Barnes
Brian Barnes
Grant Barnes
Brian Barr
Ramon Barraza
Santiago Barrera
Ma-Paz Barrientos
Kristin Bass
Abhinaba Basu

Elizabeth Bautista-Cisneros
Robin Beasley
John Becker
Joel Bedoya
Himansu Behera
Negin Behzadian
Prerna Belani
Carmelino Beleno
Jack Belshé
Beatriz Beltran
Emily Benedict
Homer Benitez
Simone Benjamin
Christina Bentello
John Bereziuk
Luis Bernal
Glenn Bersabe
Gregory Bevan
Deivid Beytayoub
Rupinder Bharmi
Avi Bilu
Pulkit Bisen
Arya Biswas
Alyssa Blacker
Brian Blazer
Robert Blunt
Madhusudhan Bodapati
Craig Boggs
Shadi Bohlool Kheibari
Maribel Bonilla
Walter Bonilla
Daniel Booth
Jasmine Borbon
Samira Bordji
Arielle Borisov
Alexander Bornzin
Gene Bornzin
Swaralipy Bose
Alicia Botham
Donald Bowman
Serguei Bozin
Jason Brader
Rhoneil Bragasin
Maria Bravo
Atiba Brereton
Donovan Brill
Nicholas Brodsky
Robin Brosman
Erik Brown
Tiffany Brown
Wesley Brown
Sarah Brown-Gallardo
Kyle Browning
Paul Buckley
Carl Buice
Laura Burckhardt
Kristina Burkwald
Ajith Burra
Silvia Buskett
Jaydrath Butala
Belinda Cabrera
Cesar Cabrera
Hector Cabrera
Luis Cabrera
Orlando Cabrera
Lisa Caffee
Gia Cai
Bruce Cain
Todd Callahan
Anna Calleja
Raul Campos
Colleen Canan
Altheos Canares
Liliana Cancino-Zepeda
Nancy Canizalez
Diming Cao
Hai Cao
Mai Cao
Armando Cappa
Percival Carino
Maribel Carlos
Drew Carlson
Ricardo Carrillo
Scott Carroll
Maria Castillo
Richard Castillo
Michael Castroverde
Arthur Cayabyab
Martha Ceballos
Sylvia Ceballos
Atenea Ceniceros
Leslie Centeno
Scott Centurion
Elsie Cervantes
Loreto Cervantes
Osma Chacon
Mrunalini Chaduruppa
Seshank Harsha Chaganti
Marisa Chaides

Cynthia Chan
Wendy Chan
Brian Chang
Kunal Chaniary
Steve Chantasirivisal
Vishnu Charan
Katrina Charitonuk
Puja Chaudhry
Dolores Chavez
Princesa Chavez
Rachel Chavez
Ramona Chavez
Sylvia Chavez
Nitika Chellappa
Darren Chen
Eric Chen
Felix Chen
Jonathan Chen
Xi Lin Chen
Xiangqun Chen
Xiaofeng Chen
Billy Chhoet
Nathan Chiang
Shichan Chiang
Theodore Chiang
Rohithkumar Chilagani
Michael Childers
Ellen Cho
Han Cho
Jorge Chong
Isis Chong De La Cruz
Santosh Chopade
Chirawat Chotikasupaseranee
Timothy Chou
Brett Christensen
Charlene Chua
Martha Clark
Steven Clark
Juan Cobieya
Lesa Conemac
Joseph Connell
Maria Contreras
Brian Contreras Salazar
Jennifer Cooper
Nicole Cooper
Brooke Cormane
Michael Corner
Chris Corral
Cecilia Cortez
Daniel Cortez
Edna Cortez
Martha Cortez
Sarai Cortez
Veronica Covarrubias
Jesus Cristerna
Maria Cruz
Michael Cruz
Monica Cruz
Francis Cunningham
Anmol Dabra
Asghar Dadashian
Naveen Daggumalli
Nirav Dalal
John Dale
Ariel Dalisay
Emily Dalsgaard
Dro Darbidian
Arindam Das
Puviarasu Dasarathan
Geoffrey Daush
Kelly Dauven
Cristina David
William Davies Jr
Daryel Davis
Kelley Davis
Kevin Davis
Robin Davis
Fady Dawoud
Kristin Day
Steven Day
Princes De Guzman
Ricardo De Guzman
Marisol De Los Rios
Rosana De Los Santos
Alexander De Vera
Angelica Dean
Pakapol Dechathong
Krista Degraffenreid
Masoud Dehmohseni
Ranel Del Pilar
Stephanie Delgado
Mingzi Deng
Julia Denison
Jebadi Depaiva
Michael Dermenjian
Scott Demley
Priyankkumar Desai
Tej Dhanesh Kumar Desai
Nilesh Deshmukh

Sean Desmond
Balan Devarajulu
Kishan Devarajbhai Dhameliya
Tushar Dharampal
Jamie Diaz
Marisol Diaz
Milton Diaz
Norma Diaz
John Dimambro
Nick Dion
Katrina Dix
Ernest Dominguez Ii
Quan Dong
Jacob Dougherty
Katherine Douglas
Malcolm Dsouza
Ming Du
Maria Duarte
Souvik Dubey
Robert Dubois
Juan Carlos Duenas
Jennifer Dunham
Michael Duran
Adam Durling
Anand Dwarakanath
Erik Ebrahimi
Jerolynn Eder
Paige Ellyson
Philip Ellyson Iii
Albert Enayati
Melinda Endaya
Korri Ennis
Sandrine Enonchong
Daniel Ephraim
Irma Ephraim
Kavya Sree Erukala
Hossein Esmaeili
Gabriel Espinosa
Amalia Espinoza
Araceli Estrada
Ivan Estrada
Joseph Estrada
Raquel Fajardo
Charity Falasca
James Farnworth
Alexander Farr
Ronda Farr
Shi Feng
Teodie Fermi
Darryl John Ferrer
Elizabeth Ferrer
Laura Ferrer
Gianni Ferrise
Rosa Figueroa
Jason Fletcher
Cynthia Flores
Jamie Flores
Michael Flores
Omar Flores
Stephen Flores
Nancy Flores-Fonseca
Torrance Flynn
Allen Fogle
Conor Foley
Peter Fong
Coleen Fox
Henry Francis
Jacob Freeman
Benedict Froelich-Leon
Liliana Fuentes
Cherry D Fuhr
Upal Gada
Christopher Gailey
Alejandra Galdamez
Melissa Galicia
Javier Gallegos
George Galoussian
Janise Galvey
Darwin Gamad
Delia Gamboa
Wee Teck Gan
Himabindu Gandra
Anil Gangadharappa
Sai Prasanna Gangireddy
Arees Garabed
Ana Garcia
Carolina Garcia
Cristal Garcia
Jaime Garcia
Jazmine Garcia
Lybia Garcia
Maria Garcia
Mark Garcia
Nathan Garcia
Noreen Garcia
Peter Garcia
Susana Garcia
Vanessa Garcia
Jorge Garcia Bello

Guadalupe Garibay
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Seema Gaur
Nikita Gaurav
Francis Gavaller
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Leila Ghanbari
Van Giang
Michael Giboney
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Ravikanth Giguru
Mirna Gil
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Rachanda Gilmore
Joseph Ginete
Steven Glasser
Scott Goates
Aditya Godara
Armando Godinez
Aditya Goil
Jennifer Goldberg
Bridget Gomes
Daniel Gomez
Frank Gomez
Rosa Gomez
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Alma Gonzalez
Lorena Gonzalez
Olga Gonzalez
Oscar Gonzalez
Tomasa Gonzalez
Arturo Gonzalez Jr
Erik Goodin
Jigar Goswami
Surbhi Goyal
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David Graham
Jennifer Gray
Philip Gregg
Sergey Grekov
William Greuling
James Griffith
Kelvin Griffith
Allan Grimares
Armie Grimares
Joseph Gruchacz
Jasna Grujic-Ciric
Milagro Guandique
Irma Guardado
Ilya Gubernik
Jose Gudino
Graciela Guerrero
Venkata Linga Rao Guntupalli
Utkarsh Gupta
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Benigna Gutierrez
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Hamid Habibi
Ziyaad Haider
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Wisam Hanna
Bree Hannah
Joseph Hansen
Zachary Hanze
Mohammad Haque
Jonathan Harrington
Taylor Harrison
Jasque Hawkins
Rodney Hawkins
Maziar Hedayati
Keecia Henderson
Belinda Henley
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Bianca Henriquez
Sonia Henriquez
John Hermes
Gina Hermogeno
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Eric Hernandez
Maria Hernandez
Miguel Hernandez
Soraya Hernandez
Claudia Herrera
Michael Herrera
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Clotilde Hidalgo
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Shafali Hill
Rick Hinchman
Heidi Hinrichs
Brian Ho

Justin Ho
Wayne Ho
Nhat Hoang
Katie Hoberman
Braden Hocker
Christine Hofmann
Pavansuta Hosaagrahara Dakshinamurthy
Ahammed Hossain
Eric Hoy
Katya Hristova
Peter Huang
Emilee Huber
Algert Huck Iii
Katherine Huen
Anastasia Huerta
Christopher Huerta
Ahren Huff
Christopher Hui
Raymond Hui
Cristina Hundelt
Peter Hunt
Eric Hutchinson
Thuyen Huynh
Cyrus Hyett
Mohammad Idrees
Devon Irwin
Lauren Irwin
Ashok Iyer
Jasmine Jaaj
Karthik Jadala
Arinjay Jain
Myla Jalbuena
John Jallal
Farideh Jamali
Benjamin James
Shanda Jamison
Srikar Janapati
Jasmine Janisch
Andrew Jann
Pallavi Japa
Sameera Jeereddy
Kimberly Jensen
Anjani Kumar Jha
Peter Ji
Chunlan Jiang
Ruoli Jiang
Cindy Jimenez
Steven Jin
Kiran Jinukala
Pitchuda Jiwatrakan
Kimberly Johnson
Marc Jones
Jojo Jose
Monet Joseph
Suneela Joshi
Dejan Jovanovic
Jeremy Juse
Eraj Kaluarachchi
Jaya Bharath Reddy Kamatam
Allison Kamiya
Chinsoo Kang
Baris Karakus
Aleksey Karlov
Rupa Kasondra
Paul Kasrirarat
Tayler Kastlunger
Joel Katigbak
Melissa Katigbak
Cindy Kearns
Li Kehl
Michael Kehrberg
Menusha Kekule Kankanamge
Harout Kemanian
Sahil Kemkar
Tara Keshishian
Gary Keshishyan
Jordan Keys
Kamran Khadavi
Mustajab Khan
Agha Khan Jr
Alok Khanapur
Manasi Khare
Baljinder Khosa
Mandeep Khosa
Alina Khzanyan
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Grant Kim
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Rakesh Reddy Kothi
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Vidya Kulkarni
Swanand Kullarwar
Sai Kumar
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Bradley Kurtz
Eduard Kuziner
Hongsoon Kwon
Calvin Kwong
Amy Lake
Anthony Lam
Tin Lam
Abigail Landeros
Mary Landis
Matthew Lanoue
Elliott Lao
Erica Lao
Yueying Lao
Mario Lara
Elnaz Lashgari
Reina Lasrado
Wesley Lau

Edgardo Laureano
Toni Lavin
Tiffany Lay
Jose A. Lazalde
Dylan Lazar
Robin Le Blanc
Joshua Leach
Dan Lecroy
Rosa Ledesma
Johnny Lee
Jordy Lee
Jun Lee
Kevin Lee
Karla Leighton
Rene Lemus
Maria Lemus-Amador
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Chunpeng Li
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Shuo Li
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Zhilun Li
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Andrea Lizarraga
Jorge Lizarraga
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Natasha Loghmanpour
Mehdi Lohrasbi
Alisia Lombardi Townson
Casey Long
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Andrew Lopez
Hilda Lopez
Karen Lopez
Maria Lopez
Maria Lopez
Ulises Lopez
Ashley Lopez Figuera
Louie Lopez Jr
Mandana Lotfazar
Atoosa Lotfi
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Morgan Low
Georgia Loya
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Wilson Lui

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Qiongxi Luo
Tu Luong
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Hung Ly
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Praveen Madhusudanan
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Sammy Mahmood
Karthik Majgi
Ara Malayan
Neha Malhotra
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Adelaida Manalang
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Augusto Mannucci
Gabriel Manriquez
Roberto Manriquez
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Monika Marciniak
Domingo Marmeto Jr
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Alejandra Martinez
Ana Martinez
Angela Martinez
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Karina Martinez
Nicole Martinez
Octavio Martinez
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Mcjohnny Math
Prasanna Veeresh Mathad
Romic Matian
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Luke Mcspadden
Christian Medina
Francis Medrano
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Zorineh Megerdichian
Suresh Meher
Lidia Mejia
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Ana Membreno
Andrea Mendoza
Cristian Mendoza
Zach Mendozza
Angela Menendez
Lupita Menjivar
Brent Mercado
Imad Merkhan
David Merrill
Ailyn Mesia
Gemma Mesia
Noli Mesia
Josie Messina
George Mettee
Micah Meulmester
Elizabeth Meurer
Magdy Michael
Vanessa Michel
Lorenia Miguel
Aaron Milam
Dawn Miller
Garrick Miller
James Miller
Lisbet Miller
Paul Miller
Will Miller
Jordan Millikan

Susan Miner
Alejandra Miranda
Mariaester Miranda
Majid Mirpour
Vonnie Mirzakhanian
Aamer K Mohammed
Guadalupe Mojica
Evan Molenda
Stella Molina
Hamid Montazeri
Anne Montehermoso
Christopher Montoya
Jeff Moore
Anika Moorjani
Isabel Morales
Maria Morales
Marisela Morales
Soledad Morales
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Bobbie Morrow
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Paula Moyes
Charles Muchina
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Nithun Reddy Mula
Jordan Mulder
Donik Mullaademi
Maria Mulvoy
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Vlad Munteanu
Carol Murad
Vardan Muradyan
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Sunil Kumar Muthyala
Fizah Nadeem
Houman Naeli
Piyush Nagar
Jessie Leah Nagler
Sajiv Nair
Pradip Nandre
Josefina Napoles
Hansa Narayan
Carlos Navarro
Martin Navarro
Praveen Nayani
Charan Neella
Angela Neira Franco
Anita Nepal
Jordan Nevo
Binh Ngo
Andrew Nguyen
Bao Nguyen
Christopher Nguyen
Cuong Nguyen
Hung Nguyen
Jimmy Nguyen
Lam Nguyen
Le Nguyen
Sonny Nguyen
Thong D Nguyen
Thu Nguyen
Trang Nguyen
Jayde Nichols
Peter Nichols
Stella Nichols
Barbara Nielsen
Jessica Nilsen
Kyle Nix
Akira Noda
Deja Nolasco
Nicholas Nolasco
Jorge Nunez
James Nunnelley
Karla Nuno-Silva
Norah Nyangau
Benjyna Obasuyi
Anna Ochoa
Ruben Ochoa
Sylvia Ochoa-Manriquez
Martina Odusanya
Seung Min Oh
Juanita Ojeda
Minerva Ojeda
Balerio Ontiveros
Carmen Ontiveros
Lilibeth Ontiveros
Sarun Orn
Carlos Ortiz
Elizabeth Ortiz
Robert Ortiz
Bivian Osorio
Kim Otterbach
Jaime Ovalle

Keanu Paar
Richard Pacana
Eloy Padilla
Luz Padilla
Maria Padilla
Nora Padron Perez
Glenda Pagan
Luzviminda Page
Armando Palad
Richard Palomares
Jenny Pan
Vatsal Pankaj Panchal
Pritha Pandey
Mukta Pandya
Sandeep Kumar Pandya
Crystal Papp-Austin
Thaddeus Parco
Jason Park
Seung Park
Yong Park
Christopher Parrillo
Ezequiel Partida
Sarah Pashaie
Akash Patel
Dhruvil Patel
Jignesh Patel
Mehul Patel
Mit Patel
Mitul Patel
Pruthvish Patel
Rahil Patel
Ritu Patel
Shrineel Patel
Bijal Patel- Jain
Ketaki Pathak
Tanay Pathak
Archana Patil
Tushar Patil
Magnolia Patino
Tisul Pattnaik
Doug Pearce
Glenville Pecor
Sai Charan Peddi
Elijah Peeters
Licet Peeters
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Ignacio Pena
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Clemente Pereida
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Jeanette Perez
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Pablo Perez
Matthew Perkins
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Giacomo Pescetti
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Mandy Peterson
Quang Pham
To-Quyen Pham
Minh Phan
Raymond Phan
Mei Phelps
William Phillips
Suresh Kumar Pichumani
Desiree Pineda
Guillermo Pineda
Jeanne Pistillo
Denise Plascencia
Aaron Plata-Ruiz
Ronald Platz
Enid Pliego
Traci Plumb
Laura Ponce
Josch Pontiveros
Kari Poole
Charles Pope
Christopher Pope
Lori Pope
Caleb Porter
Srinath Pottam
Richard Powell
Susan Powell
Christian Prado
Rafael Prado
Shalvin Prakash
Monique Prue
Taryn Prue
Allen Anthony Puerto
Vishwanath Puggera
Manoj Kumar Pusala
Viet Quach
Zafar Quadri
Loc Quan
Emanuel Quezada
Bernard Quinn

Jorge Quintero
Sara Rabin
Garuda Sekhar Rachamalla
Sassan Rahbari
Kunnath Rajendran Fidel Raj
Deepak Ramakrishna
Susmitha Ramakrishna
Chandramohan Ramamoorthi
Rengasamy Ramasamy
Marlon Rambuyan
David Ramirez
Dolores Ramirez
Erin Ramirez
Juan Ramirez
Michael Ramirez
Patricia Ramirez
Alberto Ramirez Jr
Dolapaul Ramsey
Kuldeepsinh Rana
Pooja Rana
Wendy Rangel
Paul Ranger
Yogesh Rathod
Vignarajan Ravindran
Jamie Rawson
Arnab Ray
Zaireen Razzak
Christopher Readmond
Anna Rec
Simone Recinos
Ramil Redondo
Jonathan Reilly
Nathan Reinhardt
Olga Renderos
Nuria Rendon
Catrina Revilleza
Eduardo Reyes
Efrain Reyes
Felipe Reyes
Ignacio Reyes
Lucila Reyes
Raymundo Reyno
Sofia Reynozo
Andrea Richardson
William Richardson
Alonzo Rico
Theresa Rini
Natalia Rios
Raul Rios
Leoncio Rivera
Ramona Rivera
Audrey Roa
Juan Robayo
Alexander Robertson
Darryl Robertson
Sheryl Robinson-Collins
Hector Robledo
Jenna Robledo
Qing Roche
Krupa Rocks
Ana Rodriguez
Irma Rodriguez
Juan Antonio Rodriguez
Ligia Rodriguez
Luisa Rodriguez
Maria Rodriguez
Monica Rodriguez
Orlando Rodriguez
Roberto Rodriguez
Hilario Rojas
Julio Romero
Laura Romero
Melissa Romero
Etelvina Romo
Robert Rooks
Jose Rosales
Miguel Rosales
Ofer Rosenzweig
Brian Ross
Megan Ross
Nancy Ross
Diane Rowland
London Rowlands
Thomas Rudolph
Karen Ruehl
Cindy Ruiz
Jorge Ruiz
Katia Ruiz
Max Ruiz
Renato Ruiz
Sonia Ruiz
Josephine Ruiz-Price
Felipe Rullamas
Kyungmoo Ryu
Jennifer Saba
Leyla Sabet
Nicholas Sachs
Mostafa Sadeghi
Kavous Sahabi

Nima Sahabi
Andranik Sahakyan
Charanjit Sahota
Marcia Salazar
Socorro Salazar
Alexander Salerno
Justin Salim
Adrian Salmon
Richard Salvador
Antonio Sanchez
Johanna Sanchez
Roberta Sanchez
Ruben Sanchez
Edgar Sandoval
Guadalupe Sandoval
Vanessa Sandoval
Sultan Sanni
Cynthia Santiago
Irma Santiago
Amanda Sargent
Juni Sarkar
Ranjit Sarpal
Tricia Sasaki
Haris Sattar
Benjamin Scandling
Jocelyn Scharoun
Richard Schmeets
Megan Schmidt
Christopher Schneider
Georgina Schnell
Justin Schofield
Robin Schwartz
Susan Scott
Andrew Segal
Voltaire Selverian
Prashant Sengar
Yelena Serebrennikova
Eric Serna
Eduardo Serrano
Elizabeth Servin
Aravind Seshadri
Dorab Sethna
Mohammed Shafir
Nayan Shah
Rachi Shah
Umeshkumar Shah
Reza Shahandeh
Atif Shaikh
Javed Shaikh
Yograj Sharma
Shaguna Sharma-Chhabra
Robert Shaw
Edward Shelafoe
Erik Sheldon
Younes Sherkat
Jay Sheth
Jess Shi
Simmy Shirazi
Amy Shousha
Binod Shrestha
Prakrit Shrestha
Baljit Shuven
Lorenzo Signey
Gabriela Silva
Rene Silva
Abhimanyu Pratap Singh
Anand Singh
Jonathan Singh
Navpreet Singh
Tejpal Singh
Aujencio Siojo Jr
Priyanka Sivadas
Melissa Sjoquist
Richard Skalma
Robert Sklenar
Szymon Skup
Chad Smith
Christopher Smith
Daniel Smith
Jillian Smith
Lynette Smith
Syaza Smith
Peggisue Snow
Rubal Sobti
Damon Sokol
Vadim Sokurski
Ezra Solis
Ruben Solis
Socorro Solis
Fabiola Solorio
Michael Solorio
Eric Somogyi
Zoltan Somogyi
Rupa Sonawane
Ge Song
Christopher Sorensen
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Juan Sosa
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Laura Sparks
Cristina Sta Maria
Linda Staves
Yuri Stavitsky
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Stella Su
Ivan Suarez
Viswanath Subramaniam
Budankayala Subudhi
Atrish Sudheer Bhat
Jorge Sumaran Lopez
Stephanie Sun
Dilip Kumar Surapaneni
Apoorva Surat
Sanjeeb Swain
Katherine Swanson
John Szymanski
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Mariah Tackett
Javier Tafoya
Ali Taheri
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Katherine Talbert
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Glenn Tannenbaum
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Julianna Teixeira
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Brenda Terry
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Sandeep Thodupunoori
Cristina Thomas
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Marivilla Tiatco
Steve Tieman
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Gopesh Tilvawala
Katherine Timashpolsky
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Long Tran
Thinh Tran
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Delisa Ubosi
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Itong Ujile
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Tiffany Ulstad
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Satyanarayana Prasad Unnam
Shivangi Uppal
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Joanna Urbanski
Diana Urbina
Lourdes Urena
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Rahul Uttarkar
Breanna Uyeno
Michael Vaccaro
Irina Vainshtein
Raul Valdez
Erasmo Valencia
Margarita Valencia
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Ylie John Valeriano
Vazric Valijan

Heriberto Vallejo
Nina Valles
Perla Valles
Ricardo Vallin
Janaki Valluri
Margareta Vamos
Jordan Vance
Christopher Vargas
Krystal Vargas
Steve Vargas
Rajesh Vartekar
Corinne Vasquez
Mario Vasquez
Hemantkumar Vekaria
Melinda Velasco
Angel Velasquez
Regina Velasquez
Ernesto Velasquez Iii
Gaspar Venegas Jr
Indira Verdekel
Vicenta Verdi
Jamie Vermillion
Dee Vetter
Keith Victorine
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Alejandra Villalpando
Evelyn Villalpando
Gabriela Villalpando
Maria Villalpando
Ted Villanueva
Robert Villasenor
Mynor Villatoro
Brett Villavicencio
Fernando Villegas
Josefina Villegas
Aura Virula
Alec Vis
Christopher Vista
Braulio Vizcarra
Tam Vo
Alan Vogel
Mia Von Knorring
Melanie Vondersaar
Sam Vu
Tinh Vu
Shivangi Vyas
Morgan Walston
Amy Walter
Jan Walts
Hanbiao Wang
Justin Wang
Cynthia Webb
Roger Weber
Mark Welch
Samuel Wicoff
Tyler Wideman
Harry Wiesner
Vivian Wilcox
Lisa Wilford
Alexander Wilkins
Mary William
Eric Williams
Megan Williams
Sholone Williams
Richard Williamson
Thomas Willson
Kenneth Wilson
Pedro De Wit
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Joy Wong
Randel Woodgrift
Jeffrey Wynn
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Xiyao Xin
Yifan Xu
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Pooja Yadava
Jun Yang
Yuanyuan Yang
Stuart Yasukochi
Anupama Yaturu
Maria Yesayan
Man Sen Yeung
Wing Yan Yik
Leila Youssef
Daisy Yow
Joseph Yu
Marcus Yu
Stephen Yuan
Jinto Zacharias
Luis Zamora
Pamela Zamora
Armando Zarate
Frank Zawlocki
Lucy Zeng

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D. C. 20549

FORM 10-K

(MARK ONE)

☒ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

OR

☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the fiscal year ended December 31, 2020 — Commission file number 1-2189

Abbott Laboratories

An Illinois Corporation
100 Abbott Park Road
Abbott Park, Illinois 60064-6400

36-0698440
(I.R.S. employer identification number)
(224) 667-6100
(telephone number)

Securities Registered Pursuant to Section 12(b) of the Act:

Title of Each Class	Trading Symbol(s)	Name of Each Exchange on Which Registered
Common Shares, Without Par Value	ABT	New York Stock Exchange Chicago Stock Exchange, Inc.

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.

Yes ☒ No ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or 15(d) of the Act.

Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days.

Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files).

Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large Accelerated Filer ☒ Accelerated Filer ☐ Non-Accelerated Filer ☐ Smaller reporting company ☐ Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act).

Yes ☐ No ☒

The aggregate market value of the 1,727,625,764 shares of voting stock held by nonaffiliates of the registrant, computed by reference to the closing price as reported on the New York Stock Exchange, as of the last business day of Abbott Laboratories' most recently completed second fiscal quarter (June 30, 2020), was $157,956,823,602. Abbott has no non-voting common equity. Number of common shares outstanding as of January 31, 2021: 1,771,529,358

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the 2021 Abbott Laboratories Proxy Statement are incorporated by reference into Part III. The Definitive Proxy Statement will be filed on or about March 12, 2021.

PART I

ITEM 1. BUSINESS

GENERAL DEVELOPMENT OF BUSINESS

Abbott Laboratories is an Illinois corporation, incorporated in 1900. Abbott's* principal business is the discovery, development, manufacture, and sale of a broad and diversified line of health care products.

NARRATIVE DESCRIPTION OF BUSINESS

Abbott has four reportable segments: Established Pharmaceutical Products, Diagnostic Products, Nutritional Products, and Medical Devices.

Established Pharmaceutical Products

These products include a broad line of branded generic pharmaceuticals manufactured worldwide and marketed and sold outside the United States in emerging markets. These products are generally sold directly to wholesalers, distributors, government agencies, health care facilities, pharmacies, and independent retailers from Abbott-owned distribution centers and public warehouses, depending on the market served. Certain products are co-marketed or co-promoted with, or licensed from, other companies.

The principal products included in the broad therapeutic area portfolios of the Established Pharmaceutical Products segment are:

- gastroenterology products, including Creon™, for the treatment of pancreatic exocrine insufficiency associated with several underlying conditions, including cystic fibrosis and chronic pancreatitis; Duspatal™ and Dicetel™, for the treatment of irritable bowel syndrome or biliary spasm; Heptral™, Transmetil™, and Samyr™, for the treatment of intrahepatic cholestasis (associated with liver disease) or depressive symptoms; and Duphalac™, for regulation of the physiological rhythm of the colon;
- women's health products, including Duphaston™, for the treatment of many different gynecological disorders; and Femoston™, a hormone replacement therapy for postmenopausal women;
- cardiovascular and metabolic products, including Lipanthyl™ and TriCor™, for the treatment of dyslipidemia; Teveten™ and Teveten™ Plus, for the treatment of essential hypertension, and Physiotens™, for the treatment of hypertension; and Synthroid™, for the treatment of hypothyroidism;
- pain and central nervous system products, including Serc™, for the treatment of Ménière's disease and vestibular vertigo; Brufen™, for the treatment of pain, fever, and inflammation; and Sevedol™, for the treatment of severe migraines; and
- respiratory drugs and vaccines, including the anti-infective clarithromycin (sold under the trademarks Biaxin™, Klacid™, and Klaricid™); and Influvac™, an influenza vaccine.

The Established Pharmaceutical Products segment directs its primary marketing efforts toward building strong brands with key stakeholders, including consumers, pharmacists, physicians, and other healthcare providers. Government agencies are also important customers.

Competition in the Established Pharmaceutical Products segment is generally from other health care and pharmaceutical companies. In addition, the substitution of generic drugs for the brand prescribed and introduction of additional forms of already marketed established products by generic or branded competitors may increase competitive pressures.

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* As used throughout the text of this report on Form 10-K, the term "Abbott" refers to Abbott Laboratories, an Illinois corporation, or Abbott Laboratories and its consolidated subsidiaries, as the context requires.

Zachary A. Portin
Counsel, Healthcare Compliance
Legal Regulatory & Compliance

Abbott
100 Abbott Park Road
Abbott Park, IL 60064
T: +1 224 551 8782
zachary.portin@abbott.com

Abbott

RECEIVED FROM APPLICANT
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*Via Email (*bkandt@pharmacy.nv.gov*)*

April 18, 2022

Brett Kandt, General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway
Suite 206
Reno, NV 89521

Re: Supplemental Information Requested for 12 Abbott Laboratories Nevada Wholesaler License Applications

Dear Mr. Kandt,

I write to provide you with updated responses to the disciplinary questions in Section 2 of the twelve Nevada wholesaler applications for the wholesaler facilities listed below as we discussed during our conversation on or about March 14, 2021. (Those applications were submitted on or about August 27, 2021 and supplemented by a filing on or about October 14, 2021). The updated disciplinary responses are attached hereto as Exhibit A.

Wholesaler	Facility Location
1. Abbott Laboratories Inc. ("ALI")	3158 Martin Luther King Jr. Drive, North Chicago, IL 60064 ("North Chicago")
2. ALI	1921 Hurd Drive, Irving, TX 75038 ("Irving 1")
3. ALI	1915 Hurd drive, Irving, TX 75038 ("Irving 2")
4. ALI	15900 Valley View Court, Sylmar, CA 91342 ("Sylmar")
5. ALI	6901 Preston Road Plano, TX 75024 ("Plano")
6. ALI	2305 Walnut Street, Roseville, MN 55113 ("Roseville")
7. ALI	42301 Zevo Drive, Suite #F, Temecula, CA 92590 ("Temecula")
8. Abbott Molecular Inc. ("AMI")	1300 East Touhy Avenue, Des Plaines, IL 60018 ("Des Plaines")
9. AMI	1800 Brummel Avenue, Elk Grove Village, IL 60007 ("Elk Grove Village")
10. Abbott Rapid Dx North America, LLC ("ARDxNA")	569 Halls Mill Road, Freehold, NJ 07728 ("Freehold")
11. ARDxNA	5995 Pacific Center Blvd., Ste. 108, San Diego, CA 92121 ("San Diego")

12. Alere San Diego Inc. ("ASD")	829 Town Center Drive, Pomona, CA 91767 ("Pomona")

We respectfully request that the Nevada Board of Pharmacy consider this information along with the August 27th and October 14th submissions, at its earliest convenience, but not later than at its upcoming June 1-2, 2022 meeting.

Thank you for your cooperation in this matter. If you have any questions or require additional information, please do not hesitate to contact me.

Sincerely,

Zachary A. Portin

Enc.

Cc: Nevada Board of Pharmacy (*via email to pharmacy@pharmacy.nv.gov)*
Mark Sedar, Nevada Board of Pharmacy (*via email to marksedar@pharmacy.nv.gov)*
April Veoukas, Abbott *(via email to april.veoukas@abbott.com*)

SUPPLEMENTAL RESPONSES TO SECTION 2, QUESTIONS 1-5 OF NEVADA WHOLESALER APPLICATION
EXHIBIT A

ALI Applications

ALI supplements the responses set forth in the Wholesaler Application Addendum to Questions 1-5 of Section 2 of the Nevada Wholesaler Application for North Chicago, Irving 1, Irving 2, Sylmar, Plano, Roseville and Temecula facilities, each as follows:

Section 2 Questions	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	ALI Based on records available to it and to the best of its knowledge, ALI, the prospective licensee, has not been charged or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea) since 2004. Abbott In May 2012, Abbott, the parent company of the prospective licensee identified in Section 9 of the Wholesaler Application Addendum, pleaded guilty to one misdemeanor violation of the Food, Drug and Cosmetic Act for misbranding as part of a settlement with U.S. federal and 49 state authorities, plus the District of Columbia, to resolve all outstanding issues regarding an investigation of past sales and marketing practices relating to its neurologic medication Depakote. Abbott and the Department of Justice, as reflected in the plea agreement, agreed that the conduct that gave rise to the conviction relates solely to the research-based pharmaceutical business that later became part of Abbvie, and that, from the time of the separation of Abbvie, Abbott no longer had any obligations under the plea agreement, nor would the Department of Justice treat Abbott as having a conviction under the Food, Drug and Cosmetic Act. Effective January 2, 2013, Abbott separated that research-based pharmaceutical business, including its U.S. pharmaceutical business, the business responsible for Depakote, into a new, independent publicly traded company, Abbvie.

Section 2 Questions	Response
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	Based on records available to them and to the best of their knowledge, ALI and Abbott have not been denied a license, permit or certificate of registration material to Abbott's operations since 2004.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	ALI Based on records available to it and to the best of its knowledge, and excluding the research-based pharmaceutical business that separated into a new, independent publicly traded company in 2013 (Abbvie), ALI has not been the subject of an administrative action or proceeding relating to the pharmaceutical industry since 2004. Abbott *See* Abbott's response to Question 1 above.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	ALI/Abbott Based on records available to them and to the best of their knowledge, ALI and Abbott have not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since 2004.
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	ALI/Abbott Based on records available to them and to the best of their knowledge, ALI and Abbott have not surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) material to Abbott's operations since 2004.

AMI Applications

AMI supplements the responses set forth in the Wholesaler Application Addendum to Questions 1-5 of Section 2 of the Nevada Wholesaler Application for its Des Plaines and Elk Grove facilities, each as follows:

Section 2 Questions	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	AMI Based on records available to it and to the best of its knowledge, AMI, the prospective licensee, has not been charged or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea) since 2004. Abbott In May 2012, Abbott, the parent company of the prospective licensee identified in Section 9 of the Wholesaler Application Addendum, pleaded guilty to one misdemeanor violation of the Food, Drug and Cosmetic Act for misbranding as part of a settlement with U.S. federal and 49 state authorities, plus the District of Columbia, to resolve all outstanding issues regarding an investigation of past sales and marketing practices relating to its neurologic medication Depakote. Abbott and the Department of Justice, as reflected in the plea agreement, agreed that the conduct that gave rise to the conviction relates solely to the research-based pharmaceutical business that later became part of Abbvie, and that, from the time of the separation of Abbvie, Abbott no longer had any obligations under the plea agreement, nor would the Department of Justice treat Abbott as having a conviction under the Food, Drug and Cosmetic Act. Effective January 2, 2013, Abbott separated that research-based pharmaceutical business, including its U.S. pharmaceutical business, the business responsible for Depakote, into a new, independent publicly traded company, Abbvie.
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest,	AMI/Abbott

Section 2 Questions	Response
ever been denied a license, permit or certificate of registration?	Based on records available to them and to the best of their knowledge, AMI and Abbott have not been denied a license, permit or certificate of registration material to Abbott's operations since 2004.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	AMI Based on records available to it and to the best of its knowledge, and excluding the research-based pharmaceutical business that separated into a new, independent publicly traded company in 2013 (Abbvie), AMI has not been the subject of an administrative action or proceeding relating to the pharmaceutical industry since 2004. Abbott *See* Abbott's response to Question 1 above.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	AMI/Abbott Based on records available to them and to the best of their knowledge, AMI and Abbott have not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since 2004.
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	AMI/Abbott Based on records available to them and to the best of their knowledge, AMI and Abbott have not surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) material to Abbott's operations since 2004.

ARDxNA Applications

ARDxNA supplements the responses set forth in the Wholesaler Application Addendum to Questions 1-5 of Section 2 of the Nevada Wholesaler Application for its Freehold and San Diego facilities, each as follows:

Section 2 Questions	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least	ARDxNA/AUH/Alere

Section 2 Questions	Response
10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	Based on records available to them and to the best of their knowledge, ARDxNA, the prospective licensee, Alere US Holdings, LLC ("AUH") and Alere, Inc. ("Alere"), the direct and indirect owners of the prospective licensee respectively identified in Section 9 of the Wholesaler Application Addendum, have not been charged or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea) since Abbott acquired those entities in October 2017. Abbott In May 2012, Abbott, the parent company of the prospective licensee, pleaded guilty to one misdemeanor violation of the Food, Drug and Cosmetic Act for misbranding as part of a settlement with U.S. federal and 49 state authorities, plus the District of Columbia, to resolve all outstanding issues regarding an investigation of past sales and marketing practices relating to its neurologic medication Depakote. Abbott and the Department of Justice, as reflected in the plea agreement, agreed that the conduct that gave rise to the conviction relates solely to the research-based pharmaceutical business that later became part of Abbvie, and that, from the time of the separation of Abbvie, Abbott no longer had any obligations under the plea agreement, nor would the Department of Justice treat Abbott as having a conviction under the Food, Drug and Cosmetic Act. Effective January 2, 2013, Abbott separated that research-based pharmaceutical business, including its U.S. pharmaceutical business, the business responsible for Depakote, into a new, independent publicly traded company, Abbvie.
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	ARDxNA/AUH/Alere Based on records available to them and to the best of their knowledge, ARDxNA, AUH and Alere have not been denied a license, permit or certificate of registration material to Abbott's operations since Abbott acquired those entities in October 2017. Abbott

Section 2 Questions	Response
	Based on records available to it and to the best of its knowledge, Abbott has not been denied a license, permit or certificate of registration material to Abbott's operations since 2004.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	ARDxNA/AUH/Alere Based on records available to them and to the best of their knowledge, ARDxNA, AUH and Alere have not been the subject of an administrative action or proceeding relating to the pharmaceutical industry since Abbott acquired those entities in October 2017. Abbott *See* Abbott's response to Question 1 above.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	ARDxNA/AUH/Alere Based on records available to them and to the best of their knowledge, ARDxNA, AUH and Alere have not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since Abbott acquired those entities in October 2017. Abbott Based on records available to it and to the best of its knowledge, Abbott has not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since 2004.
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	ARDxNA/AUH/Alere Based on records available to them and to the best of their knowledge, ARDxNA, AUH and Alere have not surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) since Abbott acquired those entities in material to Abbott's operations October 2017. Abbott Based on records available to it and to the best of its knowledge, Abbott has not surrendered a license, permit or certificate of registration voluntarily or otherwise (other

Section 2 Questions	Response
	than upon voluntary close of a facility) material to Abbott's operations since 2004.

ASD Application

ASD supplements the response set forth in the Wholesaler Application Addendum to Questions 1-5 of Section 2 of the Nevada Wholesaler Application for its Pomona facility as follows:

Section 2 Questions	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	ASD/AUH/Alere Based on records available to them and to the best of their knowledge, ASD, the prospective licensee, AUH, and Alere, the direct and indirect owners of the prospective licensee respectively identified in Section 9 of the Wholesaler Application Addendum, have not been charged or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea) since Abbott acquired those entities in October 2017. Abbott In May 2012, Abbott, the parent company of the prospective licensee, pleaded guilty to one misdemeanor violation of the Food, Drug and Cosmetic Act for misbranding as part of a settlement with U.S. federal and 49 state authorities, plus the District of Columbia, to resolve all outstanding issues regarding an investigation of past sales and marketing practices relating to its neurologic medication Depakote. Abbott and the Department of Justice, as reflected in the plea agreement, agreed that the conduct that gave rise to the conviction relates solely to the research-based pharmaceutical business that later became part of Abbvie, and that, from the time of the separation of Abbvie, Abbott no longer had any obligations under the plea agreement, nor would the Department of Justice treat Abbott as having a conviction under the Food, Drug and Cosmetic Act. Effective January 2, 2013, Abbott separated that research-based pharmaceutical business, including its U.S. pharmaceutical business, the business responsible

Section 2 Questions	Response
	for Depakote, into a new, independent publicly traded company, Abbvie.
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	ASD/AUH/Alere Based on records available to them and to the best of their knowledge, ASD, AUH and Alere have not been denied a license, permit or certificate of registration material to Abbott's operations since Abbott acquired those entities in October 2017. Abbott Based on records available to it and to the best of its knowledge, Abbott has not been denied a license, permit or certificate of registration material to Abbott's operations since 2004.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	ASD/AUH/Alere Based on records available to them and to the best of their knowledge, ASD, AUH and Alere have not been the subject of an administrative action or proceeding relating to the pharmaceutical industry since Abbott acquired those entities in October 2017. Abbott *See* Abbott's response to Question 1 above.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	ASD/AUH/Alere Based on records available to them and to the best of their knowledge, ASD, AUH and Alere have not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since Abbott acquired those entities in October 2017. Abbott Based on records available to it and to the best of its knowledge, Abbott has not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since 2004.

Section 2 Questions	Response
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	ASD/AUH/Alere Based on records available to them and to the best of their knowledge, ASD, AUH and Alere have not surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) since Abbott acquired those entities in material to Abbott's operations October 2017. Abbott Based on records available to it and to the best of its knowledge, Abbott has not surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) material to Abbott's operations since 2004.

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler		☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change	* If making a change, provide current license number:	☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ☒ No

Section 1: General Information

Facility Name: Abbott Laboratories Inc.

Physical Address: 42301 Zevo Drive Suite #F

City: Temecula State: CA Zip: 92590

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (951) 914-3325 Website: https://www.abbott.com/

Name of Designated Representative (DR): Not applicable per NAC 639.5935(1)(a)

Licensing Company Email: Sheryl.LaFond@Abbott.com DR Email: Not applicable per NAC 639.5935(1)(a)

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☒ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☒ Practitioners	☐ Controlled Substances
☒ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☒ Others:	☐ Others:

Section 2: History of Company — Refer to addendum for questions 1-5.	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	Refer to addendum for responses.	
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	Refer to addendum for responses.	
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	Refer to addendum for responses.	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	Refer to addendum for responses.	
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	Refer to addendum for responses.	

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

SUPPLEMENTAL RESPONSES TO SECTION 2, QUESTIONS 1-5 OF NEVADA WHOLESALER APPLICATION
EXHIBIT B

ALI Applications -7

ALI supplements the responses set forth in the Wholesaler Application Addendum to Questions 1-5 of Section 2 of the Nevada Wholesaler Application for North Chicago, Irving 1, Irving 2, Sylmar, Plano, Roseville and Temecula facilities, each as follows:

Section 2 Questions	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	To our knowledge, neither Abbott Laboratories, Inc. nor Abbott Laboratories – the entities identified in Section 9 of the Wholesaler Application Addendum – have been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea) within the last 5 years.
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	To our knowledge, neither Abbott Laboratories, Inc. nor Abbott Laboratories – the entities identified in Section 9 of the Wholesaler Application Addendum – have been denied a license, permit or certificate of registration within the last 5 years.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	To our knowledge, neither Abbott Laboratories, Inc. nor Abbott Laboratories – the entities identified in Section 9 of the Wholesaler Application Addendum – have been the subject of an administrative action or proceeding relating to the pharmaceutical industry within the last 5 years.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	To our knowledge, neither Abbott Laboratories, Inc. nor Abbott Laboratories – the entities identified in Section 9 of the Wholesaler Application Addendum – have been found guilty, pled guilty or entered a plea of nolo contendere to any offense, federal or state, related to controlled substances within the last 5 years.
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	To our knowledge, neither Abbott Laboratories, Inc. nor Abbott Laboratories – the entities identified in Section 9 of the Wholesaler Application Addendum – have surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) within the last 5 years.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Abbott West Distribution Center
Address: 42301 Zevo Drive City: Temecula State: CA Zip: 92590
Name: Lake Region Medical Limited
Address: Buttersland, New Ross City: Wexford Country, Ireland State: - Zip: -
Name: Coroventis Research AB
Address: Ulls Vag 29A City: Uppsala, Sweden 75651 State: Zip:
Name: Not applicable. Applicant distributes medical products and devices from the three above-referenced suppliers.
Address: - City: - State: - Zip:

Section 4: Publicly Traded Corporation

State of Incorporation: Illinois
Parent Company (if any): Abbott Laboratories
Corporation Name: Abbott Laboratories
Mailing Address: 100 Abbott Park Road
City: Abbott Park State: IL Zip: 60064
Telephone: (951) 914-3325 Email: Sheryl.Lafond@abbott.com
Contact Person Name: Sheryl LaFond

Date of SEC Registration: See Addendum | SEC Registration Number: 0000001800 | Stock Exchange Symbol: ABT

Section 5: Non-Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sheryl LaFond

Print Name of Authorized Person Submitting Application

Sheryl LaFond

Original signature of Authorized Person (copies or stamps not accepted)

August 26, 2021

Date

Board Use Only	Date Received: _____	Amount: 500 cc ✓ Processed 1/20/22

NEVADA WHOLESALER APPLICATION ADDENDUM
Abbott Laboratories Inc.

SECTION 2: HISTORY OF COMPANY

Question	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	Abbott Laboratories (Abbott), the parent company of the prospective licensee, is a publicly traded company. All material investigations, lawsuits, administrative proceedings, and other legal matters involving Abbott and its subsidiaries are disclosed in Abbott's Annual Report on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	All material registration and licensure information involving Abbott and its subsidiaries is disclosed in Abbott's Annual Report on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	All material administrative actions and proceedings involving Abbott and its subsidiaries is disclosed in Abbott's Annual Reports on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	All material investigations, lawsuits, administrative proceedings and other legal matters involving Abbott and its subsidiaries is disclosed in Abbott's Annual Reports on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least	All material registration and licensure information involving Abbott and its

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10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	subsidiaries is disclosed in Abbott's Annual Report on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.

SECTION 4: PUBLICLY TRADED CORPORATION

SEC REGISTRATION

Abbott Laboratories (Abbott) completed its initial public offering in 1929.

SECTION 9: APPLICABLE DOCUMENTS

LIST OF OFFICERS AND DIRECTORS

The officers and directors of Abbott Laboratories Inc. are listed below.

Directors

- Funck, Jr., Robert

Officers

- Ahlberg, Gregory
- Allen, Hubert
- Ambati, Venu
- Balthrop, Elizabeth
- Battaglia, Erica
- Boettiger, Keith
- Brotz, Melissa
- Burcky, P. Claude
- Calamari, Christopher
- Capek, John
- Chan, Tony
- Collins, Kathryn
- Dale, Michael D.
- Earnhardt, Lisa
- Evers, Thomas
- Ewing, Sabina
- Ford, Robert
- Frels, John
- Funck, Jr., Robert
- Gabay, Renaud
- Ginascol, John
- Haas, Jeffrey N.
- Halloran, Damian

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- House, J. Scott
- Huang, Gene
- Johnson, Gary
- Kaesebier, Tara
- Karam, Sammy
- Kowalski, Daman
- Kunkler, Robert
- Lane, Andrew
- Lehman, Brian
- Leinenweber, Scott
- Manning, Joseph
- Mark, David
- McCoy, John
- Millerick, Shawn
- Moreland, Mary K.
- Morrone, Louis
- Murphy, John
- Nordenstahl, Martin
- Novak, Joseph
- Oosterbaan, Benjamin
- Paik, Jessica
- Pederson, Michael J.
- Peterson, Karen
- Phillips, William
- Salvadori, Daniel
- Schneider, Ric
- Scoggins, Christopher
- Shroff, Eric
- Singh, Harvinder
- Tyler, Julie
- Wainer, Andrea
- Watkin, Jared
- Weitekamper, Frank
- Wellisch, Alejandro
- White, Miles
- Wilkins, Monica
- Woodgrift, Randel
- Yasger, Paul

LIST OF TOP FOUR CORPORATION SHAREHOLDERS

100% of the stock of Abbott Laboratories Inc. owned by Abbott. Abbott is a publicly traded company that is listed on the New York Stock Exchange.

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CERTIFICATE OF CORPORATE STATUS OR CERTIFICATE OF GOOD STANDING

See Exhibit A attached hereto.

DEA CERTIFICATE IF HANDLING CONTROLLED SUBSTANCES

Not applicable.

LIST OF EMPLOYEES, AGENTS, INDEPENDENT CONTRACTORS, CONSULTANTS, GUARDIANS, PERSONAL REPRESENTATIVES, LENDER OR HOLDER OF INDEBTNESS OF THE APPLICANT

All material information is disclosed in Abbott's Annual Reports on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.

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EXHIBIT A
CERTIFICATE OF GOOD STANDING

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STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

DEVICE MANUFACTURING LICENSE

Abbott Vascular
DBA: Abbott West Distribution Center
42301 Zevo Drive
Temecula, CA 92590

LICENSE NUMBER: 46072
EXPIRATION DATE: 1/19/2022

The person named herein is licensed to manufacture devices through the expiration date of this license. This license is issued in accordance with the provisions of Division 104, Chapter 6, Article 6 of the California Health and Safety Code and is not transferable to any other person or place. The licensee is required by law to immediately notify the California Department of Public Health of any change in the information reported in the application.

Food and Drug Branch, 1500 Capitol Avenue, MS 7602, PO Box 997435, Sacramento, CA 95899-7435 (916) 650-6500

Printed: 1/16/2020

OSP 07 102308

691

Attachment E
Abbot Laboratories Inc.
42301 Zevo Drive, Suite #F, Temecula, CA 92590

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ABBOTT LABORATORIES INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

2803432 8300

SR# 20213050688

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203983224

Date: 08-23-21

Kelsie Donaldson
Kent Lindquist
Kevin Lee
La La
Lakkia Carswell-Bey
Lay Dah
Lee Kou Moua
Louis Rowe
Lucky Choeung
Lucy Juma
Luis D Delangel
Lyle Cook
Mackenzie Osterdyk
Mandy Scott
Mark F Alpert
Massa G Kiazolu
Matt Barslou
Mauricio J Lopez
Maxwell Kangas
Melanie Yang
Melinda C Bakke Vandyne
Menhem X El Ashkar
Michael A Johnson
Michael Tereshko
Michael Van Ort
Mike O'Keefe
Minyi Hsieh
Mohamed Khadar
Muqing Li
Neal Mannel
Newton Xiong
Nicholas Huynh
Nimol Sok
Noel Christian Thingvall
Omar Ahmed Abdullahi
Pata Vang
Quintin Gossen
Rahshai Malik
Randy Burrows
Rich Smith
Richard C Cameron
Ross Olson
Ruth Cooke
Ryan Allen Heida
Ryan Baker
Ryan Behji
Samsam Abdi
Sarah V Feltault
Sharon Derhaag
Sheelah Vang
Tamara Growette
Terrence M Hogan
Theo Vue
Thomas Htoo
Thongwan Vang
Tina Dauphinais
Titus Sieh
Troy Perry
Tuyet T Nguyen
Ty Youngblood
William James Donlon Jr.
Xue Her
Yeleng Xiong
Yong Thao

ALI Temecula Facility

The workers at the ALI Temecula facility are as follows:

Lester, David B.
Adame, Elvia
Aguilar, Karen
Alkurdi, Sama S
Almaraz, Adriana R
Almiron, Charles F
Amy, Tyler
Anid, Dorian E
Arana, Maricela
Araujo, Janet
Arellano, Patricia
Avalos, Zulema Alejandra
Bannon, Donna L
Barragan, Carlos
Bennett, Tracey
Bergado, Alda Salarda
Bergado, Gregorio
Bergstein, Shalina A
Bigler, Carol
Blevins, Cynthia
Bright, Vicki Lynn

Brown, Hayley A
Brown, Jacqueline
Butto Roman, Luis A
Byler, Yolanda X
Carlisle, Ken
Castro, Maria Elena
Cavor, Ingrid J
Cicotte, Danielle
Clay, Laramie M
Corcoran, Tim
Craig, Crystal
Cunningham, Charles D
Davis, Christine G
Davis, Julie
De La Cruz, Marisela
De Leon-Hormuth, Maria Theresa X
Devore, Leah
Dimogiannis, Laura
Dodson, Jared C
East, Elaina Marie
Eknoian, Jacob
Espinoza, Gabriela
Evans, Gary
Evans, Kate
Evans, Raymond C
Flores, Kristine M
Fodor, David
Freeman, Nicole L
Galioto, Samuel
Garcia, David X
Garcia, Maricela
Garcia, Sonia
Garcia, Wesley X
Gonzalez, Jenny L
Gonzalez, Maria A
Gonzalez, Percilla
Gonzalez Castillo, Adelina
Goudswaard, Kyle
Groh, Linda
Guzman, Nicholas
Habib, Abdul-Raheem
Hafiz, Asida
Heredia Martinez, Ulises J
Hernandez, Alejandrina
Hernandez, Marvin O
Hock, Christine A
Hocson, Josefina S
Hurtado, Suzy
Inthilath, Lidta X
Jaqua, Marcy Anne
Johnson, Brittany
Johnson, Tawnee
Kearney-Johnson, Kelly A
Kelepouris, Daniel
King, Shannon
Lambert, Eugene
Lambert, Norma
Lance, Jerri Anne
Legaspi, Jeffrey S
Lewis, Debra L
Lewis, Rosa R
Lie-Perez, Greissy G
Lively, Cecilia
Lopez, Dora L
Loza, Adrian
Loza, Estela T
Loza, Selina A
Luna, Jennifer
Macias, Roselda
Madden, Deborah A
Magallanez, Gregorio R
Mahabadi, Sherri L
Mantaring, Amancio G
Martinez, Catherine L
Martinez, Michelle
Marzano, Kelley X
Maxfield, Mark R
May, Tracy
Mckay, Elizabeth Tran
Medina, Sandra K
Metchikoff, Trisha
Meyer, Cynthia D
Miller, Alexandria
Mok, Peter
Molina, Daniel J
Mora Ibarra, Rosa E
Moreno, Johanna
Morris, Deborah Ann
Moss, Michael A
Nguyen, Andrew T
Nguyen, Kenny V
Nieto, Armando
Njuguna, Maureen
Nuno, Susana I
Olalia, Yemmi S
Orellana, Amanda
Ortega, Yvette
Padilla, Philda J
Paragas, Tammy

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D. C. 20549

FORM 10-K

(MARK ONE)

☒ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934
OR

☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the fiscal year ended December 31, 2020

Commission file number 1-2189

Abbott Laboratories

An Illinois Corporation
100 Abbott Park Road
Abbott Park, Illinois 60064-6400

36-0698440
(I.R.S. employer identification number)
(224) 667-6100
(telephone number)

Securities Registered Pursuant to Section 12(b) of the Act:

Title of Each Class	Trading Symbol(s)	Name of Each Exchange on Which Registered
Common Shares, Without Par Value	ABT	New York Stock Exchange Chicago Stock Exchange, Inc.

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.

Yes ☒ No ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or 15(d) of the Act.

Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days.

Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files).

Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large Accelerated Filer ☒ Accelerated Filer ☐ Non-Accelerated Filer ☐ Smaller reporting company ☐
Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act).

Yes ☐ No ☒

The aggregate market value of the 1,727,625,764 shares of voting stock held by nonaffiliates of the registrant, computed by reference to the closing price as reported on the New York Stock Exchange, as of the last business day of Abbott Laboratories' most recently completed second fiscal quarter (June 30, 2020), was $157,956,823,602. Abbott has no non-voting common equity. Number of common shares outstanding as of January 31, 2021: 1,771,529,358

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the 2021 Abbott Laboratories Proxy Statement are incorporated by reference into Part III. The Definitive Proxy Statement will be filed on or about March 12, 2021.

PART I

ITEM 1. BUSINESS

GENERAL DEVELOPMENT OF BUSINESS

Abbott Laboratories is an Illinois corporation, incorporated in 1900. Abbott's* principal business is the discovery, development, manufacture, and sale of a broad and diversified line of health care products.

NARRATIVE DESCRIPTION OF BUSINESS

Abbott has four reportable segments: Established Pharmaceutical Products, Diagnostic Products, Nutritional Products, and Medical Devices.

Established Pharmaceutical Products

These products include a broad line of branded generic pharmaceuticals manufactured worldwide and marketed and sold outside the United States in emerging markets. These products are generally sold directly to wholesalers, distributors, government agencies, health care facilities, pharmacies, and independent retailers from Abbott-owned distribution centers and public warehouses, depending on the market served. Certain products are co-marketed or co-promoted with, or licensed from, other companies.

The principal products included in the broad therapeutic area portfolios of the Established Pharmaceutical Products segment are:

- gastroenterology products, including Creon™, for the treatment of pancreatic exocrine insufficiency associated with several underlying conditions, including cystic fibrosis and chronic pancreatitis; Duspatal™ and Dicetel™, for the treatment of irritable bowel syndrome or biliary spasm; Heptral™, Transmetil™, and Samyr™, for the treatment of intrahepatic cholestasis (associated with liver disease) or depressive symptoms; and Duphalac™, for regulation of the physiological rhythm of the colon;
- women's health products, including Duphaston™, for the treatment of many different gynecological disorders; and Femoston™, a hormone replacement therapy for postmenopausal women;
- cardiovascular and metabolic products, including Lipanthyl™ and TriCor™, for the treatment of dyslipidemia; Teveten™ and Teveten™ Plus, for the treatment of essential hypertension, and Physiotens™, for the treatment of hypertension; and Synthroid™, for the treatment of hypothyroidism;
- pain and central nervous system products, including Serc™, for the treatment of Ménière's disease and vestibular vertigo; Brufen™, for the treatment of pain, fever, and inflammation; and Sevedol™, for the treatment of severe migraines; and
- respiratory drugs and vaccines, including the anti-infective clarithromycin (sold under the trademarks Biaxin™, Klacid™, and Klaricid™); and Influvac™, an influenza vaccine.

The Established Pharmaceutical Products segment directs its primary marketing efforts toward building strong brands with key stakeholders, including consumers, pharmacists, physicians, and other healthcare providers. Government agencies are also important customers.

Competition in the Established Pharmaceutical Products segment is generally from other health care and pharmaceutical companies. In addition, the substitution of generic drugs for the brand prescribed and introduction of additional forms of already marketed established products by generic or branded competitors may increase competitive pressures.

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* As used throughout the text of this report on Form 10-K, the term "Abbott" refers to Abbott Laboratories, an Illinois corporation, or Abbott Laboratories and its consolidated subsidiaries, as the context requires.



Zachary A. Portin
Counsel, Healthcare Compliance
Legal Regulatory & Compliance

Abbott
100 Abbott Park Road
Abbott Park, IL 60064
T: +1 224 551 8782
zachary.portin@abbott.com

RECEIVED FROM APPLICANT
PUBLIC DOCUMENT

Confidential and Proprietary – Not for Public Disclosure

*Via Email (*bkandt@pharmacy.nv.gov*)*

April 18, 2022

Brett Kandt, General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway
Suite 206
Reno, NV 89521

Re: Supplemental Information Requested for 12 Abbott Laboratories Nevada Wholesaler License Applications

Dear Mr. Kandt,

I write to provide you with updated responses to the disciplinary questions in Section 2 of the twelve Nevada wholesaler applications for the wholesaler facilities listed below as we discussed during our conversation on or about March 14, 2021. (Those applications were submitted on or about August 27, 2021 and supplemented by a filing on or about October 14, 2021). The updated disciplinary responses are attached hereto as Exhibit A.

Wholesaler	Facility Location
1. Abbott Laboratories Inc. ("ALI")	3158 Martin Luther King Jr. Drive, North Chicago, IL 60064 ("North Chicago")
2. ALI	1921 Hurd Drive, Irving, TX 75038 ("Irving 1")
3. ALI	1915 Hurd drive, Irving, TX 75038 ("Irving 2")
4. ALI	15900 Valley View Court, Sylmar, CA 91342 ("Sylmar")
5. ALI	6901 Preston Road Plano, TX 75024 ("Plano")
6. ALI	2305 Walnut Street, Roseville, MN 55113 ("Roseville")
7. ALI	42301 Zevo Drive, Suite #F, Temecula, CA 92590 ("Temecula")
8. Abbott Molecular Inc. ("AMI")	1300 East Touhy Avenue, Des Plaines, IL 60018 ("Des Plaines")
9. AMI	1800 Brummel Avenue, Elk Grove Village, IL 60007 ("Elk Grove Village")
10. Abbott Rapid Dx North America, LLC ("ARDxNA")	569 Halls Mill Road, Freehold, NJ 07728 ("Freehold")
11. ARDxNA	5995 Pacific Center Blvd., Ste. 108, San Diego, CA 92121 ("San Diego")

12. Alere San Diego Inc. ("ASD")	829 Town Center Drive, Pomona, CA 91767 ("Pomona")

We respectfully request that the Nevada Board of Pharmacy consider this information along with the August 27th and October 14th submissions, at its earliest convenience, but not later than at its upcoming June 1-2, 2022 meeting.

Thank you for your cooperation in this matter. If you have any questions or require additional information, please do not hesitate to contact me.

Sincerely,

Zachary A. Portin

Enc.

Cc: Nevada Board of Pharmacy (*via email to pharmacy@pharmacy.nv.gov)*
Mark Sedar, Nevada Board of Pharmacy (*via email to marksedar@pharmacy.nv.gov)*
April Veoukas, Abbott *(via email to april.veoukas@abbott.com*)

SUPPLEMENTAL RESPONSES TO SECTION 2, QUESTIONS 1-5 OF NEVADA WHOLESALER APPLICATION
EXHIBIT A

ALI Applications

ALI supplements the responses set forth in the Wholesaler Application Addendum to Questions 1-5 of Section 2 of the Nevada Wholesaler Application for North Chicago, Irving 1, Irving 2, Sylmar, Plano, Roseville and Temecula facilities, each as follows:

Section 2 Questions	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	ALI Based on records available to it and to the best of its knowledge, ALI, the prospective licensee, has not been charged or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea) since 2004. Abbott In May 2012, Abbott, the parent company of the prospective licensee identified in Section 9 of the Wholesaler Application Addendum, pleaded guilty to one misdemeanor violation of the Food, Drug and Cosmetic Act for misbranding as part of a settlement with U.S. federal and 49 state authorities, plus the District of Columbia, to resolve all outstanding issues regarding an investigation of past sales and marketing practices relating to its neurologic medication Depakote. Abbott and the Department of Justice, as reflected in the plea agreement, agreed that the conduct that gave rise to the conviction relates solely to the research-based pharmaceutical business that later became part of Abbvie, and that, from the time of the separation of Abbvie, Abbott no longer had any obligations under the plea agreement, nor would the Department of Justice treat Abbott as having a conviction under the Food, Drug and Cosmetic Act. Effective January 2, 2013, Abbott separated that research-based pharmaceutical business, including its U.S. pharmaceutical business, the business responsible for Depakote, into a new, independent publicly traded company, Abbvie.

Section 2 Questions	Response
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	Based on records available to them and to the best of their knowledge, ALI and Abbott have not been denied a license, permit or certificate of registration material to Abbott's operations since 2004.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	ALI Based on records available to it and to the best of its knowledge, and excluding the research-based pharmaceutical business that separated into a new, independent publicly traded company in 2013 (Abbvie), ALI has not been the subject of an administrative action or proceeding relating to the pharmaceutical industry since 2004. Abbott *See* Abbott's response to Question 1 above.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	ALI/Abbott Based on records available to them and to the best of their knowledge, ALI and Abbott have not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since 2004.
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	ALI/Abbott Based on records available to them and to the best of their knowledge, ALI and Abbott have not surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) material to Abbott's operations since 2004.

AMI Applications

AMI supplements the responses set forth in the Wholesaler Application Addendum to Questions 1-5 of Section 2 of the Nevada Wholesaler Application for its Des Plaines and Elk Grove facilities, each as follows:

Section 2 Questions	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	AMI Based on records available to it and to the best of its knowledge, AMI, the prospective licensee, has not been charged or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea) since 2004. Abbott In May 2012, Abbott, the parent company of the prospective licensee identified in Section 9 of the Wholesaler Application Addendum, pleaded guilty to one misdemeanor violation of the Food, Drug and Cosmetic Act for misbranding as part of a settlement with U.S. federal and 49 state authorities, plus the District of Columbia, to resolve all outstanding issues regarding an investigation of past sales and marketing practices relating to its neurologic medication Depakote. Abbott and the Department of Justice, as reflected in the plea agreement, agreed that the conduct that gave rise to the conviction relates solely to the research-based pharmaceutical business that later became part of Abbvie, and that, from the time of the separation of Abbvie, Abbott no longer had any obligations under the plea agreement, nor would the Department of Justice treat Abbott as having a conviction under the Food, Drug and Cosmetic Act. Effective January 2, 2013, Abbott separated that research-based pharmaceutical business, including its U.S. pharmaceutical business, the business responsible for Depakote, into a new, independent publicly traded company, Abbvie.
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest,	AMI/Abbott

Section 2 Questions	Response
ever been denied a license, permit or certificate of registration?	Based on records available to them and to the best of their knowledge, AMI and Abbott have not been denied a license, permit or certificate of registration material to Abbott's operations since 2004.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	AMI Based on records available to it and to the best of its knowledge, and excluding the research-based pharmaceutical business that separated into a new, independent publicly traded company in 2013 (Abbvie), AMI has not been the subject of an administrative action or proceeding relating to the pharmaceutical industry since 2004. Abbott *See* Abbott's response to Question 1 above.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	AMI/Abbott Based on records available to them and to the best of their knowledge, AMI and Abbott have not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since 2004.
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	AMI/Abbott Based on records available to them and to the best of their knowledge, AMI and Abbott have not surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) material to Abbott's operations since 2004.

ARDxNA Applications

ARDxNA supplements the responses set forth in the Wholesaler Application Addendum to Questions 1-5 of Section 2 of the Nevada Wholesaler Application for its Freehold and San Diego facilities, each as follows:

Section 2 Questions	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least	ARDxNA/AUH/Alere

Section 2 Questions	Response
10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	Based on records available to them and to the best of their knowledge, ARDxNA, the prospective licensee, Alere US Holdings, LLC ("AUH") and Alere, Inc. ("Alere"), the direct and indirect owners of the prospective licensee respectively identified in Section 9 of the Wholesaler Application Addendum, have not been charged or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea) since Abbott acquired those entities in October 2017. Abbott In May 2012, Abbott, the parent company of the prospective licensee, pleaded guilty to one misdemeanor violation of the Food, Drug and Cosmetic Act for misbranding as part of a settlement with U.S. federal and 49 state authorities, plus the District of Columbia, to resolve all outstanding issues regarding an investigation of past sales and marketing practices relating to its neurologic medication Depakote. Abbott and the Department of Justice, as reflected in the plea agreement, agreed that the conduct that gave rise to the conviction relates solely to the research-based pharmaceutical business that later became part of Abbvie, and that, from the time of the separation of Abbvie, Abbott no longer had any obligations under the plea agreement, nor would the Department of Justice treat Abbott as having a conviction under the Food, Drug and Cosmetic Act. Effective January 2, 2013, Abbott separated that research-based pharmaceutical business, including its U.S. pharmaceutical business, the business responsible for Depakote, into a new, independent publicly traded company, Abbvie.
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	ARDxNA/AUH/Alere Based on records available to them and to the best of their knowledge, ARDxNA, AUH and Alere have not been denied a license, permit or certificate of registration material to Abbott's operations since Abbott acquired those entities in October 2017. Abbott

Section 2 Questions	Response
	Based on records available to it and to the best of its knowledge, Abbott has not been denied a license, permit or certificate of registration material to Abbott's operations since 2004.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	ARDxNA/AUH/Alere Based on records available to them and to the best of their knowledge, ARDxNA, AUH and Alere have not been the subject of an administrative action or proceeding relating to the pharmaceutical industry since Abbott acquired those entities in October 2017. Abbott *See* Abbott's response to Question 1 above.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	ARDxNA/AUH/Alere Based on records available to them and to the best of their knowledge, ARDxNA, AUH and Alere have not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since Abbott acquired those entities in October 2017. Abbott Based on records available to it and to the best of its knowledge, Abbott has not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since 2004.
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	ARDxNA/AUH/Alere Based on records available to them and to the best of their knowledge, ARDxNA, AUH and Alere have not surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) since Abbott acquired those entities in material to Abbott's operations October 2017. Abbott Based on records available to it and to the best of its knowledge, Abbott has not surrendered a license, permit or certificate of registration voluntarily or otherwise (other

Section 2 Questions	Response
	than upon voluntary close of a facility) material to Abbott's operations since 2004.

ASD Application

ASD supplements the response set forth in the Wholesaler Application Addendum to Questions 1-5 of Section 2 of the Nevada Wholesaler Application for its Pomona facility as follows:

Section 2 Questions	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	ASD/AUH/Alere Based on records available to them and to the best of their knowledge, ASD, the prospective licensee, AUH, and Alere, the direct and indirect owners of the prospective licensee respectively identified in Section 9 of the Wholesaler Application Addendum, have not been charged or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea) since Abbott acquired those entities in October 2017. Abbott In May 2012, Abbott, the parent company of the prospective licensee, pleaded guilty to one misdemeanor violation of the Food, Drug and Cosmetic Act for misbranding as part of a settlement with U.S. federal and 49 state authorities, plus the District of Columbia, to resolve all outstanding issues regarding an investigation of past sales and marketing practices relating to its neurologic medication Depakote. Abbott and the Department of Justice, as reflected in the plea agreement, agreed that the conduct that gave rise to the conviction relates solely to the research-based pharmaceutical business that later became part of Abbvie, and that, from the time of the separation of Abbvie, Abbott no longer had any obligations under the plea agreement, nor would the Department of Justice treat Abbott as having a conviction under the Food, Drug and Cosmetic Act. Effective January 2, 2013, Abbott separated that research-based pharmaceutical business, including its U.S. pharmaceutical business, the business responsible

Section 2 Questions	Response
	for Depakote, into a new, independent publicly traded company, Abbvie.
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	ASD/AUH/Alere Based on records available to them and to the best of their knowledge, ASD, AUH and Alere have not been denied a license, permit or certificate of registration material to Abbott's operations since Abbott acquired those entities in October 2017. Abbott Based on records available to it and to the best of its knowledge, Abbott has not been denied a license, permit or certificate of registration material to Abbott's operations since 2004.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	ASD/AUH/Alere Based on records available to them and to the best of their knowledge, ASD, AUH and Alere have not been the subject of an administrative action or proceeding relating to the pharmaceutical industry since Abbott acquired those entities in October 2017. Abbott *See* Abbott's response to Question 1 above.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	ASD/AUH/Alere Based on records available to them and to the best of their knowledge, ASD, AUH and Alere have not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since Abbott acquired those entities in October 2017. Abbott Based on records available to it and to the best of its knowledge, Abbott has not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since 2004.

Section 2 Questions	Response
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	ASD/AUH/Alere Based on records available to them and to the best of their knowledge, ASD, AUH and Alere have not surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) since Abbott acquired those entities in material to Abbott's operations October 2017. Abbott Based on records available to it and to the best of its knowledge, Abbott has not surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) material to Abbott's operations since 2004.

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler		☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change	* If making a change, provide current license number:	☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ■ No

Section 1: General Information

Facility Name: Abbott Rapid Dx North America, LLC

Physical Address: 569 Halls Mill Road

City: Freehold State: NJ Zip: 07728

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (224) 668-9106 Website: https://www.abbott.com/

Name of Designated Representative (DR): Not applicable per NAC 639.5935(1)(a)

Licensing Company Email: Maria.Vrabie@abbott.com DR Email: Not applicable per NAC 639.5935(1)(a)

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☒ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☒ Practitioners	☐ Controlled Substances
☒ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☒ Others:	☐ Others:

Section 2: History of Company — Refer to addendum for questions 1-5.	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	Refer to addendum for responses.	
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	Refer to addendum for responses.	
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	Refer to addendum for responses.	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	Refer to addendum for responses.	
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	Refer to addendum for responses.	

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Refer to addendum for responses.

Address: _____ City: _____ State: _____ Zip: _____

Name: Refer to addendum for responses.

Address: _____ City: _____ State: _____ Zip: _____

Name: Refer to addendum for responses.

Address: _____ City: _____ State: _____ Zip: _____

Name: Refer to addendum for responses.

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Illinois

Parent Company (if any): Abbott Laboratories

Corporation Name: Abbott Laboratories

Mailing Address: 100 Abbott Park Road

City: Abbott Park State: IL Zip: 60064

Telephone: (224) 668-9106 Email: Maria.Vrabie@abbott.com

Contact Person Name: Maria Vrabie

Date of SEC Registration: See Addendum	SEC Registration Number: 0000001800	Stock Exchange Symbol: ABT

Section 5: Non-Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

ARDxNA Applications - 2

ARDxNA supplements the responses set forth in the Wholesaler Application Addendum to Questions 1-5 of Section 2 of the Nevada Wholesaler Application for its Freehold and San Diego facilities, each as follows:

Section 2 Questions	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	To our knowledge, Abbott Rapid Dx North America, LLC, Alere US Holdings, LLC, Alere, Inc. and Abbott Laboratories – the entities identified in Section 9 of the Wholesaler Application Addendum – have not been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea) within the last 5 years.
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	To our knowledge, Abbott Rapid Dx North America, LLC, Alere US Holdings, LLC, Alere, Inc. and Abbott Laboratories – the entities identified in Section 9 of the Wholesaler Application Addendum – have not been denied a license, permit or certificate of registration within the last 5 years.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	To our knowledge, Abbott Rapid Dx North America, LLC, Alere US Holdings, LLC, Alere, Inc. and Abbott Laboratories – the entities identified in Section 9 of the Wholesaler Application Addendum – have not been the subject of an administrative action or proceeding relating to the pharmaceutical industry within the last 5 years.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	To our knowledge, Abbott Rapid Dx North America, LLC, Alere US Holdings, LLC, Alere, Inc. and Abbott Laboratories – the entities identified in Section 9 of the Wholesaler Application Addendum – have not been found guilty, pled guilty or entered a plea of nolo contendere to any offense, federal or state, related to controlled substances within the last 5 years.
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or	To our knowledge, Abbott Rapid Dx North America, LLC, Alere US Holdings, LLC, Alere, Inc. and Abbott Laboratories – the entities identified in Section 9 of the Wholesaler Application Addendum – have not surrendered a license, permit or certificate of

Section 2 Questions	Response
otherwise (other than upon voluntary close of a facility)?	registration voluntarily or otherwise (other than upon voluntary close of a facility) within the last 5 years.

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✔	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Maria Vrabie

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

08/26/2021

Date

Board Use Only	Date Received: _____	Amount: 500 cc ✓ Processed 1/20/22

NEVADA WHOLESALER APPLICATION ADDENDUM
Abbott Rapid Dx North America, LLC

SECTION 2: HISTORY OF COMPANY

Question	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	Abbott Laboratories (Abbott), the parent company of the prospective licensee, is a publicly traded company. All material investigations, lawsuits, administrative proceedings, and other legal matters involving Abbott and its subsidiaries are disclosed in Abbott's Annual Report on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	All material registration and licensure information involving Abbott and its subsidiaries is disclosed in Abbott's Annual Report on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	All material administrative actions and proceedings involving Abbott and its subsidiaries is disclosed in Abbott's Annual Reports on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	All material investigations, lawsuits, administrative proceedings and other legal matters involving Abbott and its subsidiaries is disclosed in Abbott's Annual Reports on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or	All material registration and licensure information involving Abbott and its subsidiaries is disclosed in Abbott's Annual Report on form 10-K, Quarterly Reports on

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certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.

SECTION 3: SUPPLIER INFORMATION

The applicant distributes medical products and devices manufactured by or for Abbott only. It does not distribute pharmaceuticals.

SECTION 4: PUBLICLY TRADED CORPORATION

SEC REGISTRATION

Abbott Laboratories (Abbott) completed its initial public offering in 1929.

SECTION 8: FDA REGISTRATION

See Exhibit A attached hereto. Please note that Abbott Rapid Dx North America, LLC does not distribute medical devices or otherwise engage in wholesaler activity at the manufacturing site identified in Exhibit A.

SECTION 9: APPLICABLE DOCUMENTS

LIST OF OFFICERS AND DIRECTORS

The officers and directors of Abbott Rapid Dx North America, LLC are listed below.

Directors

- None.

Officers

- Kaesebier, Tara
- McCoy, John
- Morrone, Louis
- Oosterbaan, Benjamin

LIST OF TOP FOUR CORPORATION SHAREHOLDERS

100% of the membership interest in Abbott Rapid Dx North America, LLC is owned by Alere US Holdings, LLC, a Delaware limited liability company. 100% of the membership interest of Alere US Holdings, LLC is owned by Alere, Inc., a Delaware corporation. 100% of the stock of Alere, Inc. is owned by Abbott. Abbott is a publicly traded company that is listed on the New York Stock Exchange.

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CERTIFICATE OF CORPORATE STATUS OR CERTIFICATE OF GOOD STANDING

See Exhibit B attached hereto.

DEA CERTIFICATE IF HANDLING CONTROLLED SUBSTANCES

Not applicable.

LIST OF EMPLOYEES, AGENTS, INDEPENDENT CONTRACTORS, CONSULTANTS, GUARDIANS, PERSONAL REPRESENTATIVES, LENDER OR HOLDER OF INDEBTNESS OF THE APPLICANT

All material information is disclosed in Abbott's Annual Reports on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.

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EXHIBIT A
FDA REGISTRATION

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FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search Back To Search Results

Establishment:
Abbott Rapid Dx North America, LLC
Business Trade Name:
Shared Services Center (SSC)

30 S. Keller Road, Suite 100
Orlando, FL 32810
Registration Number: 3006984151
FEI Number*: 3006984151
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types.
Please Review Listings For Further Information.
Date Of Registration Status: 2021

Owner/Operator:
Abbott[6]
100 Abbott Park
Building J49
Abbott Park, IL US 60064
Owner/Operator Number: 9006731[7]

Official Correspondent:
Sherly Jules-Fleury
30 S Keller Rd, Ste 100
Orlando, FL 32810
Phone: 1-904-4265406

* Firm Establishment Identifier (FEI) should be used for identification of entities within the Imports message set

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Page Last Updated: 08/23/2021

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FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

For Government For Press

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U.S. Department of Health & Human Services

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5. https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/medical-device-databases
6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9006731&OwnerOperator

7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?
start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9006731&OwnerOperator

ARDxNA Freehold Facility

The workers at the ARDxNA Freehold facility are as follows:

Acacia, Marie
Accardo, Donald
Adams Swaby, Laciann
Aime, Emenus
Alexander, David
Alvarado, Karen
Assuntino, Lorenzo
Ayala, Rolando
Banerjee, Shyamalima
Baron, Nancy
Bertman, Robert
Boice, Chris
Borish, Marc
Boros, Emanuel
Cano, Jesus
Carrera, Jose
Carrillo, Consorcia
Cassidy, Kevin
Castaneda, Cynthia
Castro, Jessica
Clark, Richard
Coleman, Thomas
Coley, Shericka
Collins, Erick
Colon, Melissa
Conte, Thomas
Cordero, Tameka
Cruz Valladares, Eva
D'Amore, Andrew
Darden, Jqwon
Diaz, Olga
Dinome, Christie
Doyle, Ana
Ellis, Jinnel
Fernandez, Edgar
Fernandez, Sergio
Fink, Ted
Gocmen, Ismail
Godoy, Jeniffer

Handley, Kimberly
Handley, Tyler
Hemmings, Marvin
Hyman, Wyatt
James Barnes, Nadine
Johnson, Josette
Jones, Barkiem
King, Davian
Lagreco, Stephanie
Llacma, Edgar
Llacma, Eleazar
Lopez, Jorge
Lopez Guerrero, Alexi
Lordi, Melissa
Lovero, Donovan
Lovero, Mitzi
Luna, Fany
Maldonado, Norma
Martin, Moises
Martin, Rayon
Mason, Christine
Merrick, Joseph
Miller, Jamear
Miller, Nyzir
Mitchell, Alfred
Monfleury, Daddy
Moreta Santos, Alexander
Moto, Dancaris
Nguyen, Lai Ying
Palillero, Ricardo
Paredes, Kevin
Penn, Vivian
Prince, Catherine
Pringle, Jeremy
Rios, Adriana
Rosario, Annfrank
Samms, Larry
Santana, Jessica
Santos, Rosalie
Santos, Ruel
Santos, Sheryl
Segoviano, Elidad
St.Germain, Roudy
Stalowski, Michael
Suarez, Rafael
Torres, Lorenzo
Tuozzolo, Michael
Vazquez, Jorge
Vrabie, Maria
Water, Annetta
Williams-Lawton, Kareem

EXHIBIT B
CERTIFICATE OF GOOD STANDING

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New Jersey Department of Health
P.O. Box 369, Trenton, New Jersey 08625-0369
Drug and Medical Device Certificate of Registration

Information recorded in the system as of 3/17/2021

Registration Number: 5003126 **Registered as:** Manufacturer and Wholesale

Parent Company Name: INVERNESS MEDICAL LLC

Trade Name:

Original Issue Date: 11/10/2004 **Expiration Date:** 01/31/2022

Current Issue Date: 12/16/2020

Disciplines: No

Attachment F
Abbott Rapid Dx North America, LLC
569 Halls Mill Road, Freehold, NJ 07728

Secretary of State
Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name:	ABBOTT RAPID DX NORTH AMERICA, LLC
California Name:	ABBOTT RAPID DX NORTH AMERICA, LLC
File Number:	201324210001
Registration Date:	08/28/2013
Entity Type:	FOREIGN LIMITED LIABILITY COMPANY
Jurisdiction:	DELAWARE
Status:	ACTIVE (GOOD STANDING)

As of September 19, 2021 (Certification Date), the entity is qualified to transact intrastate business in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of September 20, 2021.

SHIRLEY N. WEBER, Ph.D.
Secretary of State

Certificate Verification Number: RMA7X5R

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at *bebizfile.sos.ca.gov/certification/index*.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ABBOTT RAPID DX NORTH AMERICA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

4460813 8300

SR# 20213056307

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203987790

Date: 08-23-21

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D. C. 20549

FORM 10-K

(MARK ONE)

☒ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934
OR

☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the fiscal year ended December 31, 2020 — Commission file number 1-2189

Abbott Laboratories

An Illinois Corporation
100 Abbott Park Road
Abbott Park, Illinois 60064-6400

36-0698440
(I.R.S. employer identification number)
(224) 667-6100
(telephone number)

Securities Registered Pursuant to Section 12(b) of the Act:

Title of Each Class	Trading Symbol(s)	Name of Each Exchange on Which Registered
Common Shares, Without Par Value	ABT	New York Stock Exchange Chicago Stock Exchange, Inc.

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.

Yes ☒ No ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or 15(d) of the Act.

Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days.

Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files).

Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large Accelerated Filer ☒ | Accelerated Filer ☐ | Non-Accelerated Filer ☐ | Smaller reporting company ☐ | Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act).

Yes ☐ No ☒

The aggregate market value of the 1,727,625,764 shares of voting stock held by nonaffiliates of the registrant, computed by reference to the closing price as reported on the New York Stock Exchange, as of the last business day of Abbott Laboratories' most recently completed second fiscal quarter (June 30, 2020), was $157,956,823,602. Abbott has no non-voting common equity. Number of common shares outstanding as of January 31, 2021: 1,771,529,358

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the 2021 Abbott Laboratories Proxy Statement are incorporated by reference into Part III. The Definitive Proxy Statement will be filed on or about March 12, 2021.

PART I

ITEM 1. BUSINESS

GENERAL DEVELOPMENT OF BUSINESS

Abbott Laboratories is an Illinois corporation, incorporated in 1900. Abbott's* principal business is the discovery, development, manufacture, and sale of a broad and diversified line of health care products.

NARRATIVE DESCRIPTION OF BUSINESS

Abbott has four reportable segments: Established Pharmaceutical Products, Diagnostic Products, Nutritional Products, and Medical Devices.

Established Pharmaceutical Products

These products include a broad line of branded generic pharmaceuticals manufactured worldwide and marketed and sold outside the United States in emerging markets. These products are generally sold directly to wholesalers, distributors, government agencies, health care facilities, pharmacies, and independent retailers from Abbott-owned distribution centers and public warehouses, depending on the market served. Certain products are co-marketed or co-promoted with, or licensed from, other companies.

The principal products included in the broad therapeutic area portfolios of the Established Pharmaceutical Products segment are:

- gastroenterology products, including Creon™, for the treatment of pancreatic exocrine insufficiency associated with several underlying conditions, including cystic fibrosis and chronic pancreatitis; Duspatal™ and Dicetel™, for the treatment of irritable bowel syndrome or biliary spasm; Heptral™, Transmetil™, and Samyr™, for the treatment of intrahepatic cholestasis (associated with liver disease) or depressive symptoms; and Duphalac™, for regulation of the physiological rhythm of the colon;
- women's health products, including Duphaston™, for the treatment of many different gynecological disorders; and Femoston™, a hormone replacement therapy for postmenopausal women;
- cardiovascular and metabolic products, including Lipantbyl™ and TriCor™, for the treatment of dyslipidemia; Teveten™ and Teveten™ Plus, for the treatment of essential hypertension, and Physiotens™, for the treatment of hypertension; and Synthroid™, for the treatment of hypothyroidism;
- pain and central nervous system products, including Serc™, for the treatment of Ménière's disease and vestibular vertigo; Brufen™, for the treatment of pain, fever, and inflammation; and Sevedol™, for the treatment of severe migraines; and
- respiratory drugs and vaccines, including the anti-infective clarithromycin (sold under the trademarks Biaxin™, Klacid™, and Klaricid™); and Influvac™, an influenza vaccine.

The Established Pharmaceutical Products segment directs its primary marketing efforts toward building strong brands with key stakeholders, including consumers, pharmacists, physicians, and other healthcare providers. Government agencies are also important customers.

Competition in the Established Pharmaceutical Products segment is generally from other health care and pharmaceutical companies. In addition, the substitution of generic drugs for the brand prescribed and introduction of additional forms of already marketed established products by generic or branded competitors may increase competitive pressures.

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* As used throughout the text of this report on Form 10-K, the term "Abbott" refers to Abbott Laboratories, an Illinois corporation, or Abbott Laboratories and its consolidated subsidiaries, as the context requires.



Zachary A. Portin
Counsel, Healthcare Compliance
Legal Regulatory & Compliance

Abbott
100 Abbott Park Road
Abbott Park, IL 60064
T: +1 224 551 8782
zachary.portin@abbott.com

RECEIVED FROM APPLICANT
PUBLIC DOCUMENT

Confidential and Proprietary – Not for Public Disclosure

*Via Email (*bkandt@pharmacy.nv.gov*)*

April 18, 2022

Brett Kandt, General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway
Suite 206
Reno, NV 89521

Re: Supplemental Information Requested for 12 Abbott Laboratories Nevada Wholesaler License Applications

Dear Mr. Kandt,

I write to provide you with updated responses to the disciplinary questions in Section 2 of the twelve Nevada wholesaler applications for the wholesaler facilities listed below as we discussed during our conversation on or about March 14, 2021. (Those applications were submitted on or about August 27, 2021 and supplemented by a filing on or about October 14, 2021). The updated disciplinary responses are attached hereto as Exhibit A.

Wholesaler	Facility Location
1. Abbott Laboratories Inc. ("ALI")	3158 Martin Luther King Jr. Drive, North Chicago, IL 60064 ("North Chicago")
2. ALI	1921 Hurd Drive, Irving, TX 75038 ("Irving 1")
3. ALI	1915 Hurd drive, Irving, TX 75038 ("Irving 2")
4. ALI	15900 Valley View Court, Sylmar, CA 91342 ("Sylmar")
5. ALI	6901 Preston Road Plano, TX 75024 ("Plano")
6. ALI	2305 Walnut Street, Roseville, MN 55113 ("Roseville")
7. ALI	42301 Zevo Drive, Suite #F, Temecula, CA 92590 ("Temecula")
8. Abbott Molecular Inc. ("AMI")	1300 East Touhy Avenue, Des Plaines, IL 60018 ("Des Plaines")
9. AMI	1800 Brummel Avenue, Elk Grove Village, IL 60007 ("Elk Grove Village")
10. Abbott Rapid Dx North America, LLC ("ARDxNA")	569 Halls Mill Road, Freehold, NJ 07728 ("Freehold")
11. ARDxNA	5995 Pacific Center Blvd., Ste. 108, San Diego, CA 92121 ("San Diego")

12. Alere San Diego Inc. ("ASD")	829 Town Center Drive, Pomona, CA 91767 ("Pomona")

We respectfully request that the Nevada Board of Pharmacy consider this information along with the August 27th and October 14th submissions, at its earliest convenience, but not later than at its upcoming June 1-2, 2022 meeting.

Thank you for your cooperation in this matter. If you have any questions or require additional information, please do not hesitate to contact me.

Sincerely,

Zachary A. Portin

Enc.

Cc: Nevada Board of Pharmacy (*via email to pharmacy@pharmacy.nv.gov)*
Mark Sedar, Nevada Board of Pharmacy (*via email to marksedar@pharmacy.nv.gov)*
April Veoukas, Abbott *(via email to april.veoukas@abbott.com*)

SUPPLEMENTAL RESPONSES TO SECTION 2, QUESTIONS 1-5 OF NEVADA WHOLESALER APPLICATION
EXHIBIT A

ALI Applications

ALI supplements the responses set forth in the Wholesaler Application Addendum to Questions 1-5 of Section 2 of the Nevada Wholesaler Application for North Chicago, Irving 1, Irving 2, Sylmar, Plano, Roseville and Temecula facilities, each as follows:

Section 2 Questions	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	ALI Based on records available to it and to the best of its knowledge, ALI, the prospective licensee, has not been charged or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea) since 2004. Abbott In May 2012, Abbott, the parent company of the prospective licensee identified in Section 9 of the Wholesaler Application Addendum, pleaded guilty to one misdemeanor violation of the Food, Drug and Cosmetic Act for misbranding as part of a settlement with U.S. federal and 49 state authorities, plus the District of Columbia, to resolve all outstanding issues regarding an investigation of past sales and marketing practices relating to its neurologic medication Depakote. Abbott and the Department of Justice, as reflected in the plea agreement, agreed that the conduct that gave rise to the conviction relates solely to the research-based pharmaceutical business that later became part of Abbvie, and that, from the time of the separation of Abbvie, Abbott no longer had any obligations under the plea agreement, nor would the Department of Justice treat Abbott as having a conviction under the Food, Drug and Cosmetic Act. Effective January 2, 2013, Abbott separated that research-based pharmaceutical business, including its U.S. pharmaceutical business, the business responsible for Depakote, into a new, independent publicly traded company, Abbvie.

Section 2 Questions	Response
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	Based on records available to them and to the best of their knowledge, ALI and Abbott have not been denied a license, permit or certificate of registration material to Abbott's operations since 2004.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	ALI Based on records available to it and to the best of its knowledge, and excluding the research-based pharmaceutical business that separated into a new, independent publicly traded company in 2013 (Abbvie), ALI has not been the subject of an administrative action or proceeding relating to the pharmaceutical industry since 2004. Abbott *See* Abbott's response to Question 1 above.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	ALI/Abbott Based on records available to them and to the best of their knowledge, ALI and Abbott have not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since 2004.
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	ALI/Abbott Based on records available to them and to the best of their knowledge, ALI and Abbott have not surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) material to Abbott's operations since 2004.

AMI Applications

AMI supplements the responses set forth in the Wholesaler Application Addendum to Questions 1-5 of Section 2 of the Nevada Wholesaler Application for its Des Plaines and Elk Grove facilities, each as follows:

Section 2 Questions	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	AMI Based on records available to it and to the best of its knowledge, AMI, the prospective licensee, has not been charged or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea) since 2004. Abbott In May 2012, Abbott, the parent company of the prospective licensee identified in Section 9 of the Wholesaler Application Addendum, pleaded guilty to one misdemeanor violation of the Food, Drug and Cosmetic Act for misbranding as part of a settlement with U.S. federal and 49 state authorities, plus the District of Columbia, to resolve all outstanding issues regarding an investigation of past sales and marketing practices relating to its neurologic medication Depakote. Abbott and the Department of Justice, as reflected in the plea agreement, agreed that the conduct that gave rise to the conviction relates solely to the research-based pharmaceutical business that later became part of Abbvie, and that, from the time of the separation of Abbvie, Abbott no longer had any obligations under the plea agreement, nor would the Department of Justice treat Abbott as having a conviction under the Food, Drug and Cosmetic Act. Effective January 2, 2013, Abbott separated that research-based pharmaceutical business, including its U.S. pharmaceutical business, the business responsible for Depakote, into a new, independent publicly traded company, Abbvie.
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest,	AMI/Abbott

Section 2 Questions	Response
ever been denied a license, permit or certificate of registration?	Based on records available to them and to the best of their knowledge, AMI and Abbott have not been denied a license, permit or certificate of registration material to Abbott's operations since 2004.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	AMI Based on records available to it and to the best of its knowledge, and excluding the research-based pharmaceutical business that separated into a new, independent publicly traded company in 2013 (Abbvie), AMI has not been the subject of an administrative action or proceeding relating to the pharmaceutical industry since 2004. Abbott *See* Abbott's response to Question 1 above.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	AMI/Abbott Based on records available to them and to the best of their knowledge, AMI and Abbott have not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since 2004.
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	AMI/Abbott Based on records available to them and to the best of their knowledge, AMI and Abbott have not surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) material to Abbott's operations since 2004.

ARDxNA Applications

ARDxNA supplements the responses set forth in the Wholesaler Application Addendum to Questions 1-5 of Section 2 of the Nevada Wholesaler Application for its Freehold and San Diego facilities, each as follows:

Section 2 Questions	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least	ARDxNA/AUH/Alere

Section 2 Questions	Response
10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	Based on records available to them and to the best of their knowledge, ARDxNA, the prospective licensee, Alere US Holdings, LLC ("AUH") and Alere, Inc. ("Alere"), the direct and indirect owners of the prospective licensee respectively identified in Section 9 of the Wholesaler Application Addendum, have not been charged or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea) since Abbott acquired those entities in October 2017. Abbott In May 2012, Abbott, the parent company of the prospective licensee, pleaded guilty to one misdemeanor violation of the Food, Drug and Cosmetic Act for misbranding as part of a settlement with U.S. federal and 49 state authorities, plus the District of Columbia, to resolve all outstanding issues regarding an investigation of past sales and marketing practices relating to its neurologic medication Depakote. Abbott and the Department of Justice, as reflected in the plea agreement, agreed that the conduct that gave rise to the conviction relates solely to the research-based pharmaceutical business that later became part of Abbvie, and that, from the time of the separation of Abbvie, Abbott no longer had any obligations under the plea agreement, nor would the Department of Justice treat Abbott as having a conviction under the Food, Drug and Cosmetic Act. Effective January 2, 2013, Abbott separated that research-based pharmaceutical business, including its U.S. pharmaceutical business, the business responsible for Depakote, into a new, independent publicly traded company, Abbvie.
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	ARDxNA/AUH/Alere Based on records available to them and to the best of their knowledge, ARDxNA, AUH and Alere have not been denied a license, permit or certificate of registration material to Abbott's operations since Abbott acquired those entities in October 2017. Abbott

Section 2 Questions	Response
	Based on records available to it and to the best of its knowledge, Abbott has not been denied a license, permit or certificate of registration material to Abbott's operations since 2004.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	ARDxNA/AUH/Alere Based on records available to them and to the best of their knowledge, ARDxNA, AUH and Alere have not been the subject of an administrative action or proceeding relating to the pharmaceutical industry since Abbott acquired those entities in October 2017. Abbott *See* Abbott's response to Question 1 above.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	ARDxNA/AUH/Alere Based on records available to them and to the best of their knowledge, ARDxNA, AUH and Alere have not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since Abbott acquired those entities in October 2017. Abbott Based on records available to it and to the best of its knowledge, Abbott has not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since 2004.
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	ARDxNA/AUH/Alere Based on records available to them and to the best of their knowledge, ARDxNA, AUH and Alere have not surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) since Abbott acquired those entities in material to Abbott's operations October 2017. Abbott Based on records available to it and to the best of its knowledge, Abbott has not surrendered a license, permit or certificate of registration voluntarily or otherwise (other

Section 2 Questions	Response
	than upon voluntary close of a facility) material to Abbott's operations since 2004.

ASD Application

ASD supplements the response set forth in the Wholesaler Application Addendum to Questions 1-5 of Section 2 of the Nevada Wholesaler Application for its Pomona facility as follows:

Section 2 Questions	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	ASD/AUH/Alere Based on records available to them and to the best of their knowledge, ASD, the prospective licensee, AUH, and Alere, the direct and indirect owners of the prospective licensee respectively identified in Section 9 of the Wholesaler Application Addendum, have not been charged or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea) since Abbott acquired those entities in October 2017. Abbott In May 2012, Abbott, the parent company of the prospective licensee, pleaded guilty to one misdemeanor violation of the Food, Drug and Cosmetic Act for misbranding as part of a settlement with U.S. federal and 49 state authorities, plus the District of Columbia, to resolve all outstanding issues regarding an investigation of past sales and marketing practices relating to its neurologic medication Depakote. Abbott and the Department of Justice, as reflected in the plea agreement, agreed that the conduct that gave rise to the conviction relates solely to the research-based pharmaceutical business that later became part of Abbvie, and that, from the time of the separation of Abbvie, Abbott no longer had any obligations under the plea agreement, nor would the Department of Justice treat Abbott as having a conviction under the Food, Drug and Cosmetic Act. Effective January 2, 2013, Abbott separated that research-based pharmaceutical business, including its U.S. pharmaceutical business, the business responsible

Section 2 Questions	Response
	for Depakote, into a new, independent publicly traded company, Abbvie.
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	ASD/AUH/Alere Based on records available to them and to the best of their knowledge, ASD, AUH and Alere have not been denied a license, permit or certificate of registration material to Abbott's operations since Abbott acquired those entities in October 2017. Abbott Based on records available to it and to the best of its knowledge, Abbott has not been denied a license, permit or certificate of registration material to Abbott's operations since 2004.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	ASD/AUH/Alere Based on records available to them and to the best of their knowledge, ASD, AUH and Alere have not been the subject of an administrative action or proceeding relating to the pharmaceutical industry since Abbott acquired those entities in October 2017. Abbott *See* Abbott's response to Question 1 above.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	ASD/AUH/Alere Based on records available to them and to the best of their knowledge, ASD, AUH and Alere have not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since Abbott acquired those entities in October 2017. Abbott Based on records available to it and to the best of its knowledge, Abbott has not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since 2004.

Section 2 Questions	Response
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	ASD/AUH/Alere Based on records available to them and to the best of their knowledge, ASD, AUH and Alere have not surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) since Abbott acquired those entities in material to Abbott's operations October 2017. Abbott Based on records available to it and to the best of its knowledge, Abbott has not surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) material to Abbott's operations since 2004.

4U

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler		☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change	* If making a change, provide current license number:	☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ☒ No

Section 1: General Information

Facility Name: Abbott Rapid Dx North America, LLC

Physical Address: 5995 Pacific Center Blvd., Ste. 108

City: San Diego State: CA Zip: 92121

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (224) 668-9106 Website: https://www.abbott.com/

Name of Designated Representative (DR): Not applicable per NAC 639.5935(1)(a)

Licensing Company Email: Maria.Vrabie@abbott.com DR Email: Not applicable per NAC 639.5935(1)(a)

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☒ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☒ Practitioners	☐ Controlled Substances
☒ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☒ Others:	☐ Others:

Section 2: History of Company — Refer to addendum for questions 1-5.	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	Refer to addendum for responses.	
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	Refer to addendum for responses.	
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	Refer to addendum for responses.	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	Refer to addendum for responses.	
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	Refer to addendum for responses.	

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Refer to addendum for responses.

Address: _____ City: _____ State: _____ Zip: _____

Name: Refer to addendum for responses.

Address: _____ City: _____ State: _____ Zip: _____

Name: Refer to addendum for responses.

Address: _____ City: _____ State: _____ Zip: _____

Name: Refer to addendum for responses.

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Illinois

Parent Company (if any): Abbott Laboratories

Corporation Name: Abbott Laboratories

Mailing Address: 100 Abbott Park Road

City: Abbott Park State: IL Zip: 60064

Telephone: (224) 668-9106 Email: Maria.Vrabie@abbott.com

Contact Person Name: Maria Vrabie

Date of SEC Registration: See Addendum | SEC Registration Number: 0000001800 | Stock Exchange Symbol: ABT

Section 5: Non-Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

ARDxNA Applications -2

ARDxNA supplements the responses set forth in the Wholesaler Application Addendum to Questions 1-5 of Section 2 of the Nevada Wholesaler Application for its Freehold and San Diego facilities, each as follows:

Section 2 Questions	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	To our knowledge, Abbott Rapid Dx North America, LLC, Alere US Holdings, LLC, Alere, Inc. and Abbott Laboratories – the entities identified in Section 9 of the Wholesaler Application Addendum – have not been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea) within the last 5 years.
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	To our knowledge, Abbott Rapid Dx North America, LLC, Alere US Holdings, LLC, Alere, Inc. and Abbott Laboratories – the entities identified in Section 9 of the Wholesaler Application Addendum – have not been denied a license, permit or certificate of registration within the last 5 years.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	To our knowledge, Abbott Rapid Dx North America, LLC, Alere US Holdings, LLC, Alere, Inc. and Abbott Laboratories – the entities identified in Section 9 of the Wholesaler Application Addendum – have not been the subject of an administrative action or proceeding relating to the pharmaceutical industry within the last 5 years.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	To our knowledge, Abbott Rapid Dx North America, LLC, Alere US Holdings, LLC, Alere, Inc. and Abbott Laboratories – the entities identified in Section 9 of the Wholesaler Application Addendum – have not been found guilty, pled guilty or entered a plea of nolo contendere to any offense, federal or state, related to controlled substances within the last 5 years.
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or	To our knowledge, Abbott Rapid Dx North America, LLC, Alere US Holdings, LLC, Alere, Inc. and Abbott Laboratories – the entities identified in Section 9 of the Wholesaler Application Addendum – have not surrendered a license, permit or certificate of

Section 2 Questions	Response
otherwise (other than upon voluntary close of a facility)?	registration voluntarily or otherwise (other than upon voluntary close of a facility) within the last 5 years.

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✔	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Maria Vrabie

Print Name of Authorized Person Submitting Application

Maria Vrabie

Original signature of Authorized Person (copies or stamps not accepted)

08/26/2021

Date

Board Use Only	Date Received: _____	Amount: 500 CC

NEVADA WHOLESALER APPLICATION ADDENDUM
Abbott Rapid Dx North America, LLC

SECTION 2: HISTORY OF COMPANY

Question	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	Abbott Laboratories (Abbott), the parent company of the prospective licensee, is a publicly traded company. All material investigations, lawsuits, administrative proceedings, and other legal matters involving Abbott and its subsidiaries are disclosed in Abbott's Annual Report on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	All material registration and licensure information involving Abbott and its subsidiaries is disclosed in Abbott's Annual Report on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	All material administrative actions and proceedings involving Abbott and its subsidiaries is disclosed in Abbott's Annual Reports on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	All material investigations, lawsuits, administrative proceedings and other legal matters involving Abbott and its subsidiaries is disclosed in Abbott's Annual Reports on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or	All material registration and licensure information involving Abbott and its subsidiaries is disclosed in Abbott's Annual Report on form 10-K, Quarterly Reports on

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certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.

SECTION 3: SUPPLIER INFORMATION

The applicant distributes medical products and devices manufactured by or for Abbott only. It does not distribute pharmaceuticals.

SECTION 4: PUBLICLY TRADED CORPORATION

SEC REGISTRATION

Abbott Laboratories (Abbott) completed its initial public offering in 1929.

SECTION 8: FDA REGISTRATION

See Exhibit A attached hereto. Please note that Abbott Rapid Dx North America, LLC does not distribute medical devices or otherwise engage in wholesaler activity at the manufacturing site identified in Exhibit A.

SECTION 9: APPLICABLE DOCUMENTS

LIST OF OFFICERS AND DIRECTORS

The officers and directors of Abbott Rapid Dx North America, LLC are listed below.

Directors

- None.

Officers

- Kaesebier, Tara
- McCoy, John
- Morrone, Louis
- Oosterbaan, Benjamin

LIST OF TOP FOUR CORPORATION SHAREHOLDERS

100% of the membership interest in Abbott Rapid Dx North America, LLC is owned by Alere US Holdings, LLC, a Delaware limited liability company. 100% of the membership interest of Alere US Holdings, LLC is owned by Alere, Inc., a Delaware corporation. 100% of the stock of Alere, Inc. is owned by Abbott. Abbott is a publicly traded company that is listed on the New York Stock Exchange.

CERTIFICATE OF CORPORATE STATUS OR CERTIFICATE OF GOOD STANDING

See Exhibit B attached hereto.

DEA CERTIFICATE IF HANDLING CONTROLLED SUBSTANCES

Not applicable.

LIST OF EMPLOYEES, AGENTS, INDEPENDENT CONTRACTORS, CONSULTANTS, GUARDIANS, PERSONAL REPRESENTATIVES, LENDER OR HOLDER OF INDEBTNESS OF THE APPLICANT

All material information is disclosed in Abbott's Annual Reports on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.

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EXHIBIT A
FDA REGISTRATION

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BOARD OF PHARMACY

ISSUANCE DATE
MAY 19, 2021
EXPIRATION DATE
MAY 1, 2022
CURRENT DATE / TIME
NOVEMBER 10, 2021
12:12:55 PM

LICENSING DETAILS FOR: WLS 7290

NAME: ABBOTT RAPID DX NORTH AMERICA LLC
LICENSE TYPE: WHOLESALER
LICENSE STATUS: CLEAR

ADDRESS
5995 PACIFIC CENTER BLVD STE 100
SAN DIEGO CA 92121
SAN DIEGO COUNTY

LICENSE RELATIONSHIPS

NAME: SADIG, HALEH
LICENSE/REGISTRATION TYPE: REGISTERED PHARMACIST
LICENSE NUMBER: 56682 **PRIMARY STATUS:** CLEAR

ADDRESS NOT DISCLOSED

Attachment G
Abbott Rapid Dx North America, LLC
5995 Pacific Center Blvd., Ste. 108, San Diego, CA 92121

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

ABBOTT RAPID DX NORTH AMERICA, LLC
0600402374

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named Delaware Foreign Limited Liability Company was registered by this office on August 15, 2013.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey. Annual Reports are outstanding for the following year(s): 2021

I further certify that the registered agent and office are:

C T CORPORATION SYSTEM
820 BEAR TAVERN ROAD
WEST TRENTON, NJ 08628

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 20th day of September, 2021

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6123261777

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ABBOTT RAPID DX NORTH AMERICA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

4460813 8300

SR# 20213056307

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203987790

Date: 08-23-21

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search

Back To Search Results

Establishment:
Abbott Rapid Dx North America, LLC
Business Trade Name:
Shared Services Center (SSC)

30 S. Keller Road, Suite 100
Orlando, FL 32810
Registration Number: 3006984151
FEI Number*: 3006984151
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types.
Please Review Listings For Further Information.
Date Of Registration Status: 2021

Owner/Operator:
Abbott[6]
100 Abbott Park
Building J49
Abbott Park, IL US 60064
Owner/Operator Number: 9006731[7]

Official Correspondent:
Sherly Jules-Fleury
30 S Keller Rd, Ste 100
Orlando, FL 32810
Phone: 1-904-4265406

Verified M.H 1/27/2022

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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Page Last Updated: 08/23/2021

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FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

For Government For Press

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6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9006731&OwnerOperator

7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?
start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9006731&OwnerOperator

ARDxNA San Diego Facility

The workers at the ARDxNA San Diego facility are as follows:

Bryce Adams
John Adams
Emmanuel Alcaraz
Carmen Alicea
Maria Alvarez
Jose Mancillas Araiza
Cesar Baltazar
Diego Cervantes
Martin Cervantes
Brian Davis
Miguel Diaz De Leon
Darius Fangon
Christopher Fortin
Kyle Fortner
Jonathan Hendricks
Lonny Hendrickson
Angel Huerta
Elnaz Jokar
Michael Kendrick
Manisha Khatri
Michael Ladao
Susan Littrel
Bianca Lopez
Ian Macdiarmid
Dania Major
Christian Marin
Jason Marritt
Maurice Mason
Cielo Michel
Michael Joseph Morin
David Nguyen
Brandon Nielson
Michael Oberle
Manuel Palma
Joseph Pendarvis
Elise Proctor

EXHIBIT B
CERTIFICATE OF GOOD STANDING

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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D. C. 20549

FORM 10-K

(MARK ONE)

☒ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

OR

☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the fiscal year ended December 31, 2020 — Commission file number 1-2189

Abbott Laboratories

An Illinois Corporation
100 Abbott Park Road
Abbott Park, Illinois 60064-6400

36-0698440
(I.R.S. employer identification number)
(224) 667-6100
(telephone number)

Securities Registered Pursuant to Section 12(b) of the Act:

Title of Each Class	Trading Symbol(s)	Name of Each Exchange on Which Registered
Common Shares, Without Par Value	ABT	New York Stock Exchange Chicago Stock Exchange, Inc.

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.

Yes ☒ No ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or 15(d) of the Act.

Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days.

Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files).

Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large Accelerated Filer ☒ Accelerated Filer ☐ Non-Accelerated Filer ☐ Smaller reporting company ☐
Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act).

Yes ☐ No ☒

The aggregate market value of the 1,727,625,764 shares of voting stock held by nonaffiliates of the registrant, computed by reference to the closing price as reported on the New York Stock Exchange, as of the last business day of Abbott Laboratories' most recently completed second fiscal quarter (June 30, 2020), was $157,956,823,602. Abbott has no non-voting common equity. Number of common shares outstanding as of January 31, 2021: 1,771,529,358

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the 2021 Abbott Laboratories Proxy Statement are incorporated by reference into Part III. The Definitive Proxy Statement will be filed on or about March 12, 2021.

PART I

ITEM 1. BUSINESS

GENERAL DEVELOPMENT OF BUSINESS

Abbott Laboratories is an Illinois corporation, incorporated in 1900. Abbott's* principal business is the discovery, development, manufacture, and sale of a broad and diversified line of health care products.

NARRATIVE DESCRIPTION OF BUSINESS

Abbott has four reportable segments: Established Pharmaceutical Products, Diagnostic Products, Nutritional Products, and Medical Devices.

Established Pharmaceutical Products

These products include a broad line of branded generic pharmaceuticals manufactured worldwide and marketed and sold outside the United States in emerging markets. These products are generally sold directly to wholesalers, distributors, government agencies, health care facilities, pharmacies, and independent retailers from Abbott-owned distribution centers and public warehouses, depending on the market served. Certain products are co-marketed or co-promoted with, or licensed from, other companies.

The principal products included in the broad therapeutic area portfolios of the Established Pharmaceutical Products segment are:

- gastroenterology products, including Creon™, for the treatment of pancreatic exocrine insufficiency associated with several underlying conditions, including cystic fibrosis and chronic pancreatitis; Duspatal™ and Dicetel™, for the treatment of irritable bowel syndrome or biliary spasm; Heptral™, Transmetil™, and Samyr™, for the treatment of intrahepatic cholestasis (associated with liver disease) or depressive symptoms; and Duphalac™, for regulation of the physiological rhythm of the colon;
- women's health products, including Duphaston™, for the treatment of many different gynecological disorders; and Femoston™, a hormone replacement therapy for postmenopausal women;
- cardiovascular and metabolic products, including Lipanthyl™ and TriCor™, for the treatment of dyslipidemia; Teveten™ and Teveten™ Plus, for the treatment of essential hypertension, and Physiotens™, for the treatment of hypertension; and Synthroid™, for the treatment of hypothyroidism;
- pain and central nervous system products, including Serc™, for the treatment of Ménière's disease and vestibular vertigo; Brufen™, for the treatment of pain, fever, and inflammation; and Sevedol™, for the treatment of severe migraines; and
- respiratory drugs and vaccines, including the anti-infective clarithromycin (sold under the trademarks Biaxin™, Klacid™, and Klaricid™); and Influvac™, an influenza vaccine.

The Established Pharmaceutical Products segment directs its primary marketing efforts toward building strong brands with key stakeholders, including consumers, pharmacists, physicians, and other healthcare providers. Government agencies are also important customers.

Competition in the Established Pharmaceutical Products segment is generally from other health care and pharmaceutical companies. In addition, the substitution of generic drugs for the brand prescribed and introduction of additional forms of already marketed established products by generic or branded competitors may increase competitive pressures.

---

* As used throughout the text of this report on Form 10-K, the term "Abbott" refers to Abbott Laboratories, an Illinois corporation, or Abbott Laboratories and its consolidated subsidiaries, as the context requires.



Zachary A. Portin
Counsel, Healthcare Compliance
Legal Regulatory & Compliance

Abbott
100 Abbott Park Road
Abbott Park, IL 60064
T: +1 224 551 8782
zachary.portin@abbott.com

RECEIVED FROM APPLICANT
PUBLIC DOCUMENT

Confidential and Proprietary – Not for Public Disclosure

*Via Email (*bkandt@pharmacy.nv.gov*)*

April 18, 2022

Brett Kandt, General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway
Suite 206
Reno, NV 89521

Re: Supplemental Information Requested for 12 Abbott Laboratories Nevada Wholesaler License Applications

Dear Mr. Kandt,

I write to provide you with updated responses to the disciplinary questions in Section 2 of the twelve Nevada wholesaler applications for the wholesaler facilities listed below as we discussed during our conversation on or about March 14, 2021. (Those applications were submitted on or about August 27, 2021 and supplemented by a filing on or about October 14, 2021). The updated disciplinary responses are attached hereto as Exhibit A.

Wholesaler	Facility Location
1. Abbott Laboratories Inc. ("ALI")	3158 Martin Luther King Jr. Drive, North Chicago, IL 60064 ("North Chicago")
2. ALI	1921 Hurd Drive, Irving, TX 75038 ("Irving 1")
3. ALI	1915 Hurd drive, Irving, TX 75038 ("Irving 2")
4. ALI	15900 Valley View Court, Sylmar, CA 91342 ("Sylmar")
5. ALI	6901 Preston Road Plano, TX 75024 ("Plano")
6. ALI	2305 Walnut Street, Roseville, MN 55113 ("Roseville")
7. ALI	42301 Zevo Drive, Suite #F, Temecula, CA 92590 ("Temecula")
8. Abbott Molecular Inc. ("AMI")	1300 East Touhy Avenue, Des Plaines, IL 60018 ("Des Plaines")
9. AMI	1800 Brummel Avenue, Elk Grove Village, IL 60007 ("Elk Grove Village")
10. Abbott Rapid Dx North America, LLC ("ARDxNA")	569 Halls Mill Road, Freehold, NJ 07728 ("Freehold")
11. ARDxNA	5995 Pacific Center Blvd., Ste. 108, San Diego, CA 92121 ("San Diego")

12. Alere San Diego Inc. ("ASD")	829 Town Center Drive, Pomona, CA 91767 ("Pomona")

We respectfully request that the Nevada Board of Pharmacy consider this information along with the August 27th and October 14th submissions, at its earliest convenience, but not later than at its upcoming June 1-2, 2022 meeting.

Thank you for your cooperation in this matter. If you have any questions or require additional information, please do not hesitate to contact me.

Sincerely,

Zachary A. Portin

Enc.

Cc: Nevada Board of Pharmacy (*via email to pharmacy@pharmacy.nv.gov)*
Mark Sedar, Nevada Board of Pharmacy (*via email to marksedar@pharmacy.nv.gov)*
April Veoukas, Abbott *(via email to april.veoukas@abbott.com*)

SUPPLEMENTAL RESPONSES TO SECTION 2, QUESTIONS 1-5 OF NEVADA WHOLESALER APPLICATION
EXHIBIT A

ALI Applications

ALI supplements the responses set forth in the Wholesaler Application Addendum to Questions 1-5 of Section 2 of the Nevada Wholesaler Application for North Chicago, Irving 1, Irving 2, Sylmar, Plano, Roseville and Temecula facilities, each as follows:

Section 2 Questions	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	ALI Based on records available to it and to the best of its knowledge, ALI, the prospective licensee, has not been charged or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea) since 2004. Abbott In May 2012, Abbott, the parent company of the prospective licensee identified in Section 9 of the Wholesaler Application Addendum, pleaded guilty to one misdemeanor violation of the Food, Drug and Cosmetic Act for misbranding as part of a settlement with U.S. federal and 49 state authorities, plus the District of Columbia, to resolve all outstanding issues regarding an investigation of past sales and marketing practices relating to its neurologic medication Depakote. Abbott and the Department of Justice, as reflected in the plea agreement, agreed that the conduct that gave rise to the conviction relates solely to the research-based pharmaceutical business that later became part of Abbvie, and that, from the time of the separation of Abbvie, Abbott no longer had any obligations under the plea agreement, nor would the Department of Justice treat Abbott as having a conviction under the Food, Drug and Cosmetic Act. Effective January 2, 2013, Abbott separated that research-based pharmaceutical business, including its U.S. pharmaceutical business, the business responsible for Depakote, into a new, independent publicly traded company, Abbvie.

Section 2 Questions	Response
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	Based on records available to them and to the best of their knowledge, ALI and Abbott have not been denied a license, permit or certificate of registration material to Abbott's operations since 2004.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	ALI Based on records available to it and to the best of its knowledge, and excluding the research-based pharmaceutical business that separated into a new, independent publicly traded company in 2013 (Abbvie), ALI has not been the subject of an administrative action or proceeding relating to the pharmaceutical industry since 2004. Abbott *See* Abbott's response to Question 1 above.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	ALI/Abbott Based on records available to them and to the best of their knowledge, ALI and Abbott have not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since 2004.
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	ALI/Abbott Based on records available to them and to the best of their knowledge, ALI and Abbott have not surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) material to Abbott's operations since 2004.

AMI Applications

AMI supplements the responses set forth in the Wholesaler Application Addendum to Questions 1-5 of Section 2 of the Nevada Wholesaler Application for its Des Plaines and Elk Grove facilities, each as follows:

Section 2 Questions	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	AMI Based on records available to it and to the best of its knowledge, AMI, the prospective licensee, has not been charged or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea) since 2004. Abbott In May 2012, Abbott, the parent company of the prospective licensee identified in Section 9 of the Wholesaler Application Addendum, pleaded guilty to one misdemeanor violation of the Food, Drug and Cosmetic Act for misbranding as part of a settlement with U.S. federal and 49 state authorities, plus the District of Columbia, to resolve all outstanding issues regarding an investigation of past sales and marketing practices relating to its neurologic medication Depakote. Abbott and the Department of Justice, as reflected in the plea agreement, agreed that the conduct that gave rise to the conviction relates solely to the research-based pharmaceutical business that later became part of Abbvie, and that, from the time of the separation of Abbvie, Abbott no longer had any obligations under the plea agreement, nor would the Department of Justice treat Abbott as having a conviction under the Food, Drug and Cosmetic Act. Effective January 2, 2013, Abbott separated that research-based pharmaceutical business, including its U.S. pharmaceutical business, the business responsible for Depakote, into a new, independent publicly traded company, Abbvie.
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest,	AMI/Abbott

Section 2 Questions	Response
ever been denied a license, permit or certificate of registration?	Based on records available to them and to the best of their knowledge, AMI and Abbott have not been denied a license, permit or certificate of registration material to Abbott's operations since 2004.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	AMI Based on records available to it and to the best of its knowledge, and excluding the research-based pharmaceutical business that separated into a new, independent publicly traded company in 2013 (Abbvie), AMI has not been the subject of an administrative action or proceeding relating to the pharmaceutical industry since 2004. Abbott *See* Abbott's response to Question 1 above.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	AMI/Abbott Based on records available to them and to the best of their knowledge, AMI and Abbott have not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since 2004.
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	AMI/Abbott Based on records available to them and to the best of their knowledge, AMI and Abbott have not surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) material to Abbott's operations since 2004.

ARDxNA Applications

ARDxNA supplements the responses set forth in the Wholesaler Application Addendum to Questions 1-5 of Section 2 of the Nevada Wholesaler Application for its Freehold and San Diego facilities, each as follows:

Section 2 Questions	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least	ARDxNA/AUH/Alere

Section 2 Questions	Response
10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	Based on records available to them and to the best of their knowledge, ARDxNA, the prospective licensee, Alere US Holdings, LLC ("AUH") and Alere, Inc. ("Alere"), the direct and indirect owners of the prospective licensee respectively identified in Section 9 of the Wholesaler Application Addendum, have not been charged or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea) since Abbott acquired those entities in October 2017. Abbott In May 2012, Abbott, the parent company of the prospective licensee, pleaded guilty to one misdemeanor violation of the Food, Drug and Cosmetic Act for misbranding as part of a settlement with U.S. federal and 49 state authorities, plus the District of Columbia, to resolve all outstanding issues regarding an investigation of past sales and marketing practices relating to its neurologic medication Depakote. Abbott and the Department of Justice, as reflected in the plea agreement, agreed that the conduct that gave rise to the conviction relates solely to the research-based pharmaceutical business that later became part of Abbvie, and that, from the time of the separation of Abbvie, Abbott no longer had any obligations under the plea agreement, nor would the Department of Justice treat Abbott as having a conviction under the Food, Drug and Cosmetic Act. Effective January 2, 2013, Abbott separated that research-based pharmaceutical business, including its U.S. pharmaceutical business, the business responsible for Depakote, into a new, independent publicly traded company, Abbvie.
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	ARDxNA/AUH/Alere Based on records available to them and to the best of their knowledge, ARDxNA, AUH and Alere have not been denied a license, permit or certificate of registration material to Abbott's operations since Abbott acquired those entities in October 2017. Abbott

Section 2 Questions	Response
	Based on records available to it and to the best of its knowledge, Abbott has not been denied a license, permit or certificate of registration material to Abbott's operations since 2004.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	ARDxNA/AUH/Alere Based on records available to them and to the best of their knowledge, ARDxNA, AUH and Alere have not been the subject of an administrative action or proceeding relating to the pharmaceutical industry since Abbott acquired those entities in October 2017. Abbott *See* Abbott's response to Question 1 above.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	ARDxNA/AUH/Alere Based on records available to them and to the best of their knowledge, ARDxNA, AUH and Alere have not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since Abbott acquired those entities in October 2017. Abbott Based on records available to it and to the best of its knowledge, Abbott has not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since 2004.
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	ARDxNA/AUH/Alere Based on records available to them and to the best of their knowledge, ARDxNA, AUH and Alere have not surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) since Abbott acquired those entities in material to Abbott's operations October 2017. Abbott Based on records available to it and to the best of its knowledge, Abbott has not surrendered a license, permit or certificate of registration voluntarily or otherwise (other

Section 2 Questions	Response
	than upon voluntary close of a facility) material to Abbott's operations since 2004.

ASD Application

ASD supplements the response set forth in the Wholesaler Application Addendum to Questions 1-5 of Section 2 of the Nevada Wholesaler Application for its Pomona facility as follows:

Section 2 Questions	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	ASD/AUH/Alere Based on records available to them and to the best of their knowledge, ASD, the prospective licensee, AUH, and Alere, the direct and indirect owners of the prospective licensee respectively identified in Section 9 of the Wholesaler Application Addendum, have not been charged or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea) since Abbott acquired those entities in October 2017. Abbott In May 2012, Abbott, the parent company of the prospective licensee, pleaded guilty to one misdemeanor violation of the Food, Drug and Cosmetic Act for misbranding as part of a settlement with U.S. federal and 49 state authorities, plus the District of Columbia, to resolve all outstanding issues regarding an investigation of past sales and marketing practices relating to its neurologic medication Depakote. Abbott and the Department of Justice, as reflected in the plea agreement, agreed that the conduct that gave rise to the conviction relates solely to the research-based pharmaceutical business that later became part of Abbvie, and that, from the time of the separation of Abbvie, Abbott no longer had any obligations under the plea agreement, nor would the Department of Justice treat Abbott as having a conviction under the Food, Drug and Cosmetic Act. Effective January 2, 2013, Abbott separated that research-based pharmaceutical business, including its U.S. pharmaceutical business, the business responsible

Section 2 Questions	Response
	for Depakote, into a new, independent publicly traded company, Abbvie.
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	ASD/AUH/Alere Based on records available to them and to the best of their knowledge, ASD, AUH and Alere have not been denied a license, permit or certificate of registration material to Abbott's operations since Abbott acquired those entities in October 2017. Abbott Based on records available to it and to the best of its knowledge, Abbott has not been denied a license, permit or certificate of registration material to Abbott's operations since 2004.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	ASD/AUH/Alere Based on records available to them and to the best of their knowledge, ASD, AUH and Alere have not been the subject of an administrative action or proceeding relating to the pharmaceutical industry since Abbott acquired those entities in October 2017. Abbott *See* Abbott's response to Question 1 above.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	ASD/AUH/Alere Based on records available to them and to the best of their knowledge, ASD, AUH and Alere have not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since Abbott acquired those entities in October 2017. Abbott Based on records available to it and to the best of its knowledge, Abbott has not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since 2004.

Section 2 Questions	Response
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	ASD/AUH/Alere Based on records available to them and to the best of their knowledge, ASD, AUH and Alere have not surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) since Abbott acquired those entities in material to Abbott's operations October 2017. Abbott Based on records available to it and to the best of its knowledge, Abbott has not surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) material to Abbott's operations since 2004.

4V

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (08/12/2021)

Where is the facility located?	☐ Nevada ☑ Out-of-State
Is your facility a reverse distributor?	☐ Yes ☑ No

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☑ New Wholesaler	* If making a change, provide current license number:	☑ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change* (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Amylyx Pharmaceuticals, Inc.

Physical Address: 43 Thorndike Street

City: Cambridge State: MA Zip: 02141

Mailing Address (if different from physical address): (same)

City: _____ State: _____ Zip: _____

Telephone: 857-320-6200 Website: www.amylyx.com

Name of Designated Representative (DR): David F. MacLeod

Licensing Company Email: statelicensing@amylyx.com DR Email: statelicensing@amylyx.com

Entities the Wholesaler will Serve	**Products to be Handled or Wholesaled**
☐ Pharmacies	☑ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☐ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
☐ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☑ Others: specialty pharmacies and distributors	☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Amylyx has not sold nor distributed product within the last year.

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): (None)

Corporation Name: Amylyx Pharmaceuticals, Inc.

Mailing Address: 43 Thorndike Street

City: Cambridge State: MA Zip: 02141

Telephone: 857-320-6200 Email: statelicensing@amylyx.com

Contact Person Name: David F. MacLeod

Date of SEC Registration: 2022 | SEC Registration Number: CIK 0001658551 | Stock Exchange Symbol: AMLX

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

David F. MacLeod, Head, Patient Services and Specialty Pharmacy Operations

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

4/7/22

Date

Board Use Only	Date Received: _____	Amount: 500 cc

processed 4/26/22

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM
250 WASHINGTON STREET BOSTON, MA 02108

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0000606	03/30/2022	03/30/2023	Virtual Drug Manufacturers

ISSUED TO

AMYLYX PHARMACEUTICALS, INC.
43 THORNDIKE STREET
CAMBRIDGE, MA 02141
ATTN: DAVID MACLEOD HEAD, PATIENT SERVICES AND SPECIALTY PHARMACY

Margret R Cooke

COMMISSIONER OF PUBLIC HEALTH

RECIPIENT'S COPY

RENEWAL

846923

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0000606	03/30/2022	03/30/2023	Virtual Drug Manufacturers

ISSUED TO

AMYLYX PHARMACEUTICALS, INC.
43 THORNDIKE STREET
CAMBRIDGE, MA 02141
ATTN: DAVID MACLEOD HEAD, PATIENT SERVICES AND SPECIALTY PHARMACY

Margret R Cooke

RENEWAL

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMYLYX PHARMACEUTICALS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

5463474 8300

SR# 20220087089

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202366204

Date: 01-11-22

Attachment to Amylyx Pharmaceuticals, Inc.'s Out-of-State Wholesaler Application (Nevada Board of Pharmacy)

Description of Operations

Amylyx Pharmaceuticals, Inc. ("Amylyx") is a virtual manufacturer selling non-controlled prescription drugs. Amylyx is not required to hold a DEA license. Amylyx's drugs are shipped to their 3PL, Integrated Commercialization Systems ("ICS"), for storage and distribution. ICS will take title and distribute on behalf of Amylyx to contracted specialty pharmacies and distributors.

The Cambridge, Massachusetts, facility is Amylyx's corporate headquarters.

Corporate Officers

Name, Title	Residence Address	% Ownership
Joshua Cohen, Chief Executive Officer	[redacted] Cross St #[redacted] Somerville, MA 02145	5.86%
Justin Klee, President	[redacted] Spring Street Cambridge, MA 02141	5.86%

Shareholders % as of 2/2022

Amylyx Pharmaceuticals, Inc. ("Amylyx") is a publicly traded corporation (NASDAQ: AMLX). As a result, shares are bought and sold each trading day with little visibility to Amylyx, making it difficult to list all stockholders with accuracy. Below is an estimated breakdown of Amylyx's shareholders as of February 2022

Top Shareholders as of 2/2022

Name	Percentage Ownership
Morningside Venture Investments, Ltd 2d floor, LePrince de Galles, 3-5 Avenue des Citronniers Monaco 9800 (related entity, MVIL, LLC owns 3.04%)	16.51% [Combined Total = 19.55%]
ALS Invest 1 B.V. Trusmoore Yanouk Bierens Amsterdam, The Netherlands	11.18%
Viking Global Opportunities Investments Sub-Master LP c/o Morgan Stanley Services (Cayman) Cricket Sq., Hutchins Dr., P.O. Box 2681 Grand Cayman E9 KY1-1111	9.14%
Cohen, Joshua B. [redacted] Water Street, Apt. [redacted] Cambridge, MA 02141	5.86%
Klee, Justin [redacted] Spring Street Cambridge, MA 02141	5.86%
** Approximately Eighty other Stockholders **Note: About eighty other stockholders each hold less than 5% of the outstanding stock, making up the remaining percentage	48.41%

Facility Employee List

Please see attached.

First Name	Last Name	Job Title
Nathan	Abraha	Key Account Manager
Christopher	Aiello	Head, General Manager - Canada
Zahra	Akifi	Medical Director, Patient Safety & Pharma
Lindsey	Allen	Head, Investor Relations & Communications
Kaila	Amirault	Lead, Talent Acquisition
Irene	Aquino	Head, Global Patient & Professional Advocacy
Christine	Ardito	Regional Business Director
Shannan	Aschmann	Head, GMP Quality
Shide	Badri	Head, Global Safety and Pharmacovigilance
Jeff	Bailey	Key Account Manager
Katarina	Bartle	Head of Quality
Nagesh	Bhide	Head, Patient Services Business Operations
Kevin	Blauth	Field Medical Lead, Neurology
Denise	Bluhm-Heise	Head, Medical Operations
David	Bohman	Key Account Manager
Derek	Bowen	Head, Global Business Development
Neil	Buchleitner	Head, Revenue Accounting
Julia	Buczynski	Lead, IT Application Support Services
Lana	Bueno	Care Coordinator
Matthew	Burlingame	Key Account Manager
Steven	Burnette	Regional Business Director
Sara	Cahalane	Coordinator, Sales & Training
Debra	Canner	Global Head HR, CHRO
Courtney	Canniff	Senior Clinical Trial Associate
Shelley	Capurso	Head, Global Medical Information
Katrina	Carey	Lead, Patient Marketing & Engagement
Camille	Carmichael	Key Account Manager
Lynette	Cavanaugh	Key Account Manager
Junliang	Chen	Head of Biometrics
Johanna	Cheney	Care Coordinator
Nicole	Church	Senior Clinical Systems Specialist
Vaun	Clayburne	Key Account Manager
Patrick	Cogan	Head, Global Financial Planning and Analysis
Joshua	Cohen	Co-CEO, Chairman, Co-Founder
Paul	Collazzo	Lead, Cost Accounting
Joseph	Collins	Key Account Manager
Eric	Cooksey	Head, Quality Audit Management
Robin	Cruz	Executive Assistant
Isabella	D'Alfonso	Lead, GMP Quality
Julia	D'Avignon	Head, Global Market Insights
Susan	D'Entremont	Head, Global Digital Strategy
Jerri	Denton	Regional Access Manager
James	Deslauriers	Key Account Manager
Thomas	Devine	Key Account Manager
Steven	de Vos	Lead, Logistics and Trade Compliance
Michael	DiRuzza	Sr. Accountant

Danna	Dickson	Regional Access Manager
Susanna	Dyer	Head, Global Compliance and Legal
Beth	Earle	Key Account Manager
Cynthia	Edwards	Head, Total Rewards and HR Systems
Laura	Elliott	Care Coordinator
Emily	Engel	Clinical Trial Manager
Erika	Escartin	Head, Global ALS Marketing
Aaron	Felix	Regional Business Director
Ouriel	Filho	Care Coordinator
Kevin	Fils	Care Support Specialist
Mark	Foley	Lead, IT Operations & Infrastructure
Kelly	Fox	Lead, US Market Insights
Katie	Fradette	Executive Assistant
James	Frates	Chief Financial Officer
Maryellen	Garrett	Head, Global Accounting and Finance Ops
Amy	Gauger	Lead, Clinical Operations
Jeremiah	Genest	Head, Quality Management Systems
Taylor	Gibson	Care Support Specialist
Zachary	Gilroy	Head, Finance Business Partner
Brett	Goldberg	Lead, US ALS HCP Marketing
Cindy	Goodman	Operations Manager
Nicole	Gowdy	Sr. QC Specialist
Kirstyn	Grant	Lead, US Patient Services
Stephanie	Grant	US Patient Services Lead West
Gregory	Greene	Lead, Doc & Training Mgmt, Quality Mgmt Sys
Leanne	Grev	Thought Leader Liaison - Great Lakes
Megan	Grosso	Head, Global Field Medical Affairs
Christopher	Gugliotta	Lead, IT Patient Services
Marcelo	Gutierrez	Head, Clinical Pharmacology
Anjelia	Harris	Care Coordinator
Taylor	Harris	Marketing Coordinator
Wade	Harwick	Head, Global Business Systems Applications
Kiyomi	Hashizume	Head, Finance Business Partner
Elise	Hayden	Key Account Manager
Kristine	Hoek	Head, Global Thought Leadership
Ange	Holm	Care Coordinator
Thomas	Holmes	Head of Supply Chain
Shauna	Horvath	Head, Global Marketing
Carolyn	Houle	Care Coordinator
Kelley	Houston	Key Account Manager
Randy	Howard	Regional Access Manager
Tina	Howard	Key Account Manager
Courtney	Hricik	Head, Commercial Operations & Data Management
Edward	Hrubiec	Regional Access Manager
John	Hurley	Key Account Manager
Sean	Hurley	Head, Strategic Payer Accounts
Omkar	Inamdar	Head, Global Information Delivery

Laura	Jamieson	Head, Global Commercial Training & Dev
Difei	Jiang	Lead, GMP Quality
Jennifer	Joiner	Care Coordinator
Elisha	Joseph	Key Account Manager
Jorgji	Kerthi	Lead, Scientific Communications
Elizabeth	Kinsella	Regional Business Director
Justin	Klee	Co-CEO, President, Co-Founder
Christine	Kozlowski	Key Account Manager
Nicole	Labossiere	Lead, Global Artwork
John	Landry	Head of Commercial Operations
Jill	Langer	Key Account Manager
Frank	Lartey	Lead, Supply Chain Planning
Seth	Laskarzewski	Head, Global Business Applications
Timothy	Lee	Head of National Sales
Jacky	Lei	Lead, Quality Control/Quality Assurance
Mathias	Leinders	Head, Clinical Development
Rose	Lewis	HR Operations Specialist
Wendy	Lippman	Lead, CRM & Data Management
Jonathon	Lopez-Pitts	Lead, Total Rewards & HR Systems
Patricia	Loughlin	National Accounts Manager (Central)
Jaclyn	Lufkin	Lead, MLR Review & Marketing Operations
Allison	Luss-Lusis	Lead, Regulatory Affairs Strategy
David	MacLeod	Head, Global Patient Serv. & Comm. Dist.
Sonia	Manuel	Global Head, Medical Affairs
Lisa	Marcello	Key Account Manager
Ryan	Mateja	Lead, Pharmacovigilance Scientist
Eric	Mazanek	National Accounts Manager
Gina	Mazzariello	Chief Legal Officer
Dayna	McAdams	Regional Business Director
Mollie	McCloskey	Care Coordinator
Natalie	McCluggage	Head, Clinical Compliance
Lahar	Mehta	Head, Global Clinical Development
Bineesh	Mekalampatta	Head Clinical Data Management
Jacqueline	Meyer	Key Account Manager
Robert	Miles	Key Account Manager
Tammy	Moss	Key Account Manager
Susan	Nardone	Key Account Manager
Doreen	Nichols	Head, Talent and HR Business Partnering
Jennifer	Nichols	Key Account Manager
Eric	Oleson	Head, Access Strategy & Marketing
Margaret	Olinger	Chief Commercial Officer
Jillian	Peterson	Head of Supply Planning
Mark	Petter	Head, Global IT Operations
Robert	Pollard	Key Account Manager
Marie	Pytlak	Patient Care Educator
Heather	Rezendes	Head, US Patient Servies
Brett	Rice	Lead, Inventory Management and Planning

Priscilla	Robertson	Care Coordinator
J	Roe	National Accounts Manager
Kris	Rothleutner	Head, US Marketing ALS
Shafique	Saigol	Key Account Manager
Tammy	Sarnelli	Global Head, Regulatory Affairs
Richa	Sastry	Key Account Manager
Shonna	Scalfani	Head of CMC Asset Management
Christina	Schad	Medical Lead, Neurology
Janelle	Schafer	Field Medical Lead, Neurology
Vineet	Sharma	Head of Statistical Programming
Evelyn	Silva	Key Account Manager
Dan	Sitte	Head, Global Information Technology
Keith	Skrzypiec	Key Account Manager
Maria	St. Pierre	Clinical Trial Manager
Jay	Stad	Lead, Quality Management Systems
Anne	Stage Jones	Key Account Manager
Douglas	Staruk	Head, External Supply
Kerri	Stewart	Head of Talent
Krista	Story Newgent	Regional Access Manager
Alina	Switaj	Key Account Manager
Jenny	Tavares	HR Generalist
Nicholas	Themeles	Head, Regulatory Affairs CMC
Jamie	Timmons	Head, Scientific Communications
Irene	Toropin	Head, Clinical (GCP) Quality Assurance
Annabel	Urdaneta	Care Coordinator
Lia	Uttaro	Executive Assistant
Anthony	Vassa	Head, National Market Access
Holly	Walsh	Key Account Manager
Carolyn	Wambach	Key Account Manager
Deanna	Wampler	Lead, Accounting and Finance
Arthur	Watson	Key Account Manager
Melanie	Weetman	Care Coordinator
Gina	Welch	Key Account Manager
Roberto	West	Key Account Manager
Hunter	Westcott	Care Support Specialist
Christopher	Westphal	Head, Commercial Insights and Operations
Keith	White	Head, Global Market Access
Gregory	Whiting	Head, Medical Writing
Erin	Whitney	Global Head, Clinical Operations
Kaci	Williams	Care Coordinator
Robert	Willmington	Key Account Manager
Joseph	Wong	Lead, Safety & Pharmacovigilance Operations
Krista	Woodworth	National Account Manager
Yuehui	Wu	Head of Biostatistics
Sunshine	Wylie	Patient Care Educator
Christa	Wynalek	Key Account Manager
Leslie	Yendro	Head, US Commercial Distribution

Patrick	Yeramian	Chief Medical Officer
Jennifer	Yu	Lead, Field Operations & Incentive Comp
Kim	Zacharias	Lead, Payroll

Corporations Division

Business Entity Summary

ID Number: 001128231

Request certificate | New search

Summary for: AMYLYX PHARMACEUTICALS, INC.

The exact name of the Foreign Corporation: AMYLYX PHARMACEUTICALS, INC.

Entity type: Foreign Corporation

Identification Number: 001128231

Date of Registration in Massachusetts: 02-12-2014

Last date certain:

Organized under the laws of: State: DE **Country:** USA **on:** 01-10-2014

Current Fiscal Month/Day: 12/31

The location of the Principal Office:

Address: 43 THORNDIKE STREET

City or town, State, Zip code, Country: CAMBRIDGE, MA 02141 USA

The location of the Massachusetts office, if any:

Address:

City or town, State, Zip code, Country:

The name and address of the Registered Agent:

Name: JOSHUA COHEN

Address: 43 THORNDIKE STREET

City or town, State, Zip code, Country: CAMBRIDGE, MA 02141 USA

The Officers and Directors of the Corporation:

Title	Individual Name	Address
PRESIDENT	JUSTIN KLEE	43 THORNDIKE STREET CAMBRIDGE, MA 02141 USA
TREASURER	J0SHUA COHEN	43 THORNDIKE STREET CAMBRIDGE, MA 02141 USA
SECRETARY	PETER B. FINN	53 STATE STREET BOSTON, MA 02109 USA
CEO	J0SHUA COHEN	43 THORNDIKE STREET CAMBRIDGE, MA 02141 USA
DIRECTOR	J0SHUA COHEN	43 THORNDIKE STREET CAMBRIDGE, MA 02141 USA
DIRECTOR	JUSTIN KLEE	43 THORNDIKE STREET CAMBRIDGE, MA 02141 USA
DIRECTOR	WALTER GILBERT	43 THORNDIKE STREET CAMBRIDGE, MA 02141 USA

Amylyx Pharmaceuticals, Inc., p. 12

		02140 USA
DIRECTOR	ISAAC CHENG MD	43 THORNDIKE STREET CAMBRIDGE, MA 02141 USA
DIRECTOR	STEPHEN D. CHUBB	43 THORNDIKE STREET CAMBRIDGE, MA 02141 USA
DIRECTOR	FELIX VON COEPER	43 THORNDIKE STREET CAMBRIDGE, MA 02141 USA

Business entity stock is publicly traded: ☐

The total number of shares and the par value, if any, of each class of stock which this business entity is authorized to issue:

Class of Stock	Par value per share	Total Authorized		Total issued and outstanding
		No. of shares	Total par value	No. of shares

☐ **Consent** ☐ **Confidential Data** ☐ **Merger Allowed** ☐ **Manufacturing**

View filings for this business entity:

ALL FILINGS
Amended Foreign Corporations Certificate
Annual Report
Annual Report - Professional
Application for Reinstatement

View filings

Comments or notes associated with this business entity:

New search

RECEIVED
APR 14 2022
NEVADA STATE BOARD OF PHARMACY

8-K 1 d273128d8k.htm 8-K

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d)
of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): January 11, 2022

AMYLYX PHARMACEUTICALS, INC.
(Exact name of registrant as specified in its charter)

Delaware	001-41199	46-4600503
(State or other jurisdiction of incorporation)	(Commission File Number)	(I.R.S. Employer Identification No.)

Amylyx Pharmaceuticals, Inc.
43 Thorndike St.
Cambridge, Massachusetts 02141
(Address of principal executive offices, including zip code)

(617) 682-0917
(Registrant's telephone number, including area code)

Not Applicable
(Former Name or Former Address, if Changed Since Last Report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trade Symbol(s)	Name of each exchange on which registered
Common Stock, $0.0001 par value per share	**AMLX**	**Nasdaq Global Select Market**

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§ 230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§ 240.12b-2 of this chapter).

Emerging growth company ☒

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 5.03. Amendments to Articles of Incorporation or Bylaws

As previously disclosed in the Registration Statement on Form S-1 (File No. 333-261703) (the "Registration Statement") of Amylyx Pharmaceuticals, Inc. (the "Company"), on January 11, 2022 and in connection with the consummation of the initial public offering of the Company's common stock (the "IPO"), the Company filed a fourth amended and restated certificate of incorporation (the "Restated Certificate") with the Secretary of State of the State of Delaware. The Board and the Company's stockholders previously approved the Restated Certificate to be filed in connection with, and to be effective upon, the consummation of the IPO. The Restated Certificate amends and restates the Company's existing amended and restated certificate of incorporation in its entirety to, among other things: (i) authorize 300,000,000 shares of common stock; (ii) eliminate all references to the previously-existing series of preferred stock; and (iii) authorize 10,000,000 shares of undesignated preferred stock that may be issued from time to time by the Board in one or more series.

The foregoing description of the Restated Certificate is qualified by reference to the Restated Certificate, a copy of which is attached hereto as Exhibit 3.1 and is incorporated herein by reference.

In addition, as previously disclosed in the Registration Statement, on January 11, 2022 and in connection with the consummation of the IPO, the second amended and restated bylaws of the Company (the "Amended and Restated Bylaws"), previously approved by the Board and the Company's stockholders to become effective immediately upon effectiveness of the Registration Statement, became effective. The Amended and Restated Bylaws amend and restate the Company's bylaws in their entirety to, among other things: (i) eliminate the ability of the Company's stockholders to take action by written consent in lieu of a meeting and call special meetings of stockholders; (ii) establish procedures relating to the presentation of stockholder proposals at stockholder meetings; (iii) establish procedures relating to the nomination of directors; and (iv) conform to the amended provisions of the Restated Certificate.

The foregoing description of the Amended and Restated Bylaws is qualified by reference to the Amended and Restated Bylaws, a copy of which is attached hereto as Exhibit 3.2 and is incorporated herein by reference.

Item 9.01. Financial Statements and Exhibits.

(d) Exhibits

3.1	Fourth Amended and Restated Certificate of Incorporation of Amylyx Pharmaceuticals, Inc.
3.2	Second Amended and Restated Bylaws of Amylyx Pharmaceuticals, Inc.

SIGNATURE

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Amylyx Pharmaceuticals, Inc.

Date: January 11, 2022

By: /s/ Joshua B. Cohen
Joshua B. Cohen
Co-Chief Executive Officer

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM

250 WASHINGTON STREET BOSTON, MA 02108

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0000606	03/30/2022	03/30/2023	Virtual Drug Manufacturers

ISSUED TO

AMYLYX PHARMACEUTICALS, INC.
43 THORNDIKE STREET
CAMBRIDGE, MA 02141
ATTN: DAVID MACLEOD HEAD, PATIENT SERVICES AND SPECIALTY PHARMACY

COMMISSIONER OF PUBLIC HEALTH

RECIPIENT'S COPY

RENEWAL

846923

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0000606	03/30/2022	03/30/2023	Virtual Drug Manufacturers

ISSUED TO

AMYLYX PHARMACEUTICALS, INC.
43 THORNDIKE STREET
CAMBRIDGE, MA 02141
ATTN: DAVID MACLEOD HEAD, PATIENT SERVICES AND SPECIALTY PHARMACY

RENEWAL

Amylyx Pharmaceuticals, Inc., p. 17

4W

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (08/12/2021)

Where is the facility located? ☐ Nevada ■ Out-of-State

Is your facility a reverse distributor? ☐ Yes ■ No

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change* (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: VALMED PHARMACEUTICAL, INC DBA ANDA #28

Physical Address: 3000 ALT BLVD

City: GRAND ISLAND State: NY Zip: 14072

Mailing Address (if different from physical address): 2915 WESTON ROAD

City: WESTON State: FL Zip: 33331

Telephone: 716-773-0926 Website: WWW.ANDANET.COM

Name of Designated Representative (DR): JAMES GATTO

Licensing Company Email: EMILY.HALL@ANDANET.COM DR Email: JAMES.GATTO@ANDANET.COM

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
■ Pharmacies	■ Legend Pharmaceuticals, Supplies or Devices
■ Practitioners	■ Controlled Substances
■ Hospitals	■ Hypodermic Devices
■ Wholesalers	■ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

PLEASE NOTE: Valmed Pharmaceutical, Inc DBA: Anda #28 is a sales facility only. No pharmaceutical products are stored or distributed from this location

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: ALLERGAN USA, INC
Address: 1800 WATERS RIDGE DR SUITE 100 City: LEWISVILLE State: TX Zip: 75057

Name: JOM PHARMACEUTICAL SERVICES
Address: 925 CONESTOGA PKWY City: SHEPHERDSVILLE State: KY Zip: 40165

Name: NOVO NORDISK INC
Address: 800 SCUDDERS MILL ROAD City: PLAINSBORO State: NJ Zip: 08536

Name: HORIZON MEDICINES LLC
Address: 1 HORIZON WAY, N. 1026 City: DEERFIELD State: IL Zip: 60015

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any): TEVA PHARMACEUTICAL INDUSTRIES LTD
Corporation Name:
Mailing Address: 400 INTERPACE PARKWAY
City: PARSIPPANY State: NJ Zip: 07054
Telephone: 888-838-2872 Email: EMILY.HALL@ANDANET.COM
Contact Person Name: EMILY HALL

Date of SEC Registration: 01/16/2001 | SEC Registration Number: 0000818686 | Stock Exchange Symbol: TEVA

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization:
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

JAY SPELLMAN
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

3/11/2022
Date

Board Use Only	Date Received: _____	Amount: $500 CC ✓ Processed 4/6/22

ANDA INCORPORATED

Corporate Officers

Ernest Richardsen- President- Anda, Inc
2915 Weston Road
Weston, FL 33331
Ernest.Richardsen@andanet.com

Tricia Hew Chen- Vice President, Finance
2915 Weston Road
Weston, FL 33331
TriciaHew.Chen@andanet.com

Patrick Cochrane- Vice President, Logistics & Operations
2915 Weston Road
Weston, FL 33331
Patrick.Cochrane@andanet.com

Anthony Mihelich- Vice President, Purchasing
2915 Weston Road
Weston, FL 33331
Anthony.Mihelich@andanet.com

List the top four corporation shareholders and their percent ownership.

Stockholder	Stake	Shares owned
Capital Research & Management Co....	12.00%	132,350,750
BlackRock Fund Advisors	2.89%	31,843,771
Abrams Capital Management LP	2.18%	24,046,356
Menora Mivtachim Insurance Ltd.	2.09%	23,002,282

Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department of State, at the City of Albany, on March 07, 2022 at 04:00 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State

Authentication Number: 100001187584 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	VALMED PHARMACEUTICAL, INC.
DOS ID Number:	2473137
Entity Type:	DOMESTIC BUSINESS CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	02/11/2000
Statement Status:	CURRENT
Statement Due Date:	02/29/2024

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type:	CERTIFICATE OF INCORPORATION
Date of Filing:	02/11/2000
Entity Name:	ANDRX ACQUISITION CORP.

Document Type:	CERTIFICATE OF AMENDMENT
Date of Filing:	03/20/2000
Name Changed To:	VALMED PHARMACEUTICAL, INC.

Document Type:	BIENNIAL STATEMENT
Date of Filing:	05/02/2002
Effective Date:	02/01/2002

Document Type:	CERTIFICATE OF CHANGE
Date of Filing:	07/12/2002

Document Type:	CERTIFICATE OF CHANGE
Date of Filing:	10/09/2002

Document Type:	BIENNIAL STATEMENT
Date of Filing:	02/24/2004
Effective Date:	02/01/2004

Document Type:	BIENNIAL STATEMENT
Date of Filing:	02/14/2006
Effective Date:	02/01/2006

Document Type:	CERTIFICATE OF CHANGE
Date of Filing:	03/13/2007

Document Type:	BIENNIAL STATEMENT
Date of Filing:	06/25/2008
Effective Date:	02/01/2008

Document Type:	BIENNIAL STATEMENT
Date of Filing:	01/29/2010
Effective Date:	02/01/2010

Document Type:	BIENNIAL STATEMENT
Date of Filing:	02/07/2012
Effective Date:	02/01/2012

Document Type:	BIENNIAL STATEMENT
Date of Filing:	03/06/2014
Effective Date:	02/01/2014

Document Type:	BIENNIAL STATEMENT
Date of Filing:	02/01/2016

Document Type:	CERTIFICATE OF MERGER
Date of Filing:	10/03/2016

Document Type:	CERTIFICATE OF CHANGE
Date of Filing:	10/27/2016

Document Type:	AMENDMENT TO BIENNIAL STATEMENT
Date of Filing:	04/06/2017
Effective Date:	02/01/2016

Document Type:	CERTIFICATE OF AMENDMENT
Date of Filing:	04/18/2017

Document Type:	BIENNIAL STATEMENT
Date of Filing:	02/01/2018

Document Type:	BIENNIAL STATEMENT
Date of Filing:	02/03/2020
Effective Date:	02/01/2020

Document Type:	BIENNIAL STATEMENT
Date of Filing:	02/01/2022

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RA0180733	06-30-2022	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	05-03-2021

ANDA, INC
2915 WESTON RD
WESTON, FL 333313627

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RA0180733	06-30-2022	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	05-03-2021

ANDA, INC
2915 WESTON RD
WESTON, FL 333313627

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RA0481894	06-30-2022	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	05-03-2021

ANDA PHARMACEUTICALS, INC
8644 POLK LN
OLIVE BRANCH, MS 386547813

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RA0481894	06-30-2022	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	05-03-2021

ANDA PHARMACEUTICALS, INC
8644 POLK LN
OLIVE BRANCH, MS 386547813

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

THE UNIVERSITY OF THE STATE OF NEW YORK
EDUCATION DEPARTMENT

NEW YORK STATE BOARD OF PHARMACY

2019-22

NAME OF SUPERVISOR
JAMES C. GATTO

THIS IS TO CERTIFY

VALMED PHARMACEUTICAL, INC.
3000 ALT BLVD.
GRAND ISLAND, NY 14072

is duly recorded as a

REGISTERED WHOLESALER OF DRUGS AND/OR DEVICES

in conformity with the provisions of section 6808 of the Education Law

THIS CERTIFICATE IS EFFECTIVE ON THE FIRST DAY OF SEPTEMBER, 2019.
THIS CERTIFICATE EXPIRES ON THE THIRTY-FIRST DAY OF AUGUST, 2022.

This certificate must be displayed conspicuously in the registered premises at all times. Authorization to operate a registered establishment is limited to the person and the premises indicated on the certificate. The regulations require the registrant to notify the Board of Pharmacy of any contemplated change in ownership, address or supervisor.

REGISTRATION NUMBER
024706

Kimberly A. Leonard
EXECUTIVE SECRETARY
STATE BOARD OF PHARMACY

802

ANDA™
INCORPORATED

EMPLOYEE LIST

ERNEST RICHARDSEN	PRESIDENT, ANDA INC.
TRICIA HEW CHEN	VICE PRESIDENT, FINANCE
PATRICK COCHRANE	VICE PRESIDENT, LOGISTICS, OPERATIONS
ANTHONY MIHELICH	VICE PRESIDENT, PURCHASING
JAMES GATTO	DESIGNATED REPRESENTATIVE
JAY SPELLMAN	EXC DIR, DISTRIBUTION & COMPLIANCE
SABRINA SOLIS	MGR, DEA COMPLIANCE

Table of Contents

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

(Mark One)

☒ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the fiscal year ended December 31, 2021

☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the transition period from ____ to ____

Commission file number 001-16174

TEVA PHARMACEUTICAL INDUSTRIES LIMITED

(Exact name of registrant as specified in its charter)

Israel	Not Applicable
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification No.)

124 Dvora HaNevi'a St., Tel Aviv, ISRAEL, 6944020
(Address of principal executive offices and Zip Code)

+972 (3) 914-8213
(Registrant's telephone number, including area code)

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
American Depositary Shares, each representing one Ordinary Share	TEVA	New York Stock Exchange

Securities registered pursuant to Section 12(g) of the Act:

None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☒ No ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232-405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files.) Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company" and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☒	Accelerated filer	☐
Non-accelerated filer	☐	Smaller reporting company	☐
		Emerging growth company	☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☒

The aggregate market value of the voting common equity held by non-affiliates of the registrant, computed by reference to the closing price at which the American Depositary Shares were last sold on the New York Stock Exchange, as of the last business day of the registrant's most recently completed second fiscal quarter (June 30, 2021), was approximately $9.55 billion. Teva Pharmaceutical Industries Limited has no non-voting common equity. For purpose of this calculation only, this amount excludes ordinary shares and American Depositary Shares held by directors and executive officers and by each person who owns or may be deemed to own 10% or more of the registrant's common equity at June 30, 2021.

As of December 31, 2021, the registrant had 1,103,329,696 ordinary shares outstanding.

Portions of the registrant's definitive proxy statement for its annual meeting of shareholders to be filed within 120 days after the close of the registrant's fiscal year are incorporated by reference into Part III of this Annual Report on Form 10-K.

4X

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ☒ Ownership Change ☒ Name Change ☐ Location Change (in-state only)	* If making a change, provide current license number: WH 01773	☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ■ No

Section 1: General Information

Facility Name: RGH Enterprises, LLC DBA: Cardinal Health at Home

Physical Address: 2854 NE 181st Ave

City: Portland State: OR Zip: 97230

Mailing Address (if different from physical address): 7000 Cardinal Place

City: Dublin State: OH Zip: 43017

Telephone: 503-465-2570 Website: www.edgepark.com

Name of Designated Representative (DR): Andrew West

Licensing Company Email: licensure@cardinalhealth.com DR Email: andrew.west01@cardinalhealth.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☒ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☒ Practitioners	☐ Controlled Substances
☒ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Dexcom
Address: 6290 Sequence Dr. City: San Diego State: CA Zip: 92121

Name: Coloplast
Address: 1601 West River Road North City: Minneapolis State: MN Zip: 55411

Name: Convatec
Address: CenterPoint II – 1160 Route 22 East City: Bridgewater State: NJ Zip: 08807

Name: Hollister
Address: 2000 Hollister Dr City: Libertyville State: IL Zip: 60048

Section 4: Publicly Traded Corporation

State of Incorporation: Ohio
Parent Company (if any): Allegiance Corporation
Corporation Name: Allegiance Corporation
Mailing Address: 7000 Cardinal Place
City: Dublin State: OH Zip: 43017
Telephone: 508-422-9027 Email: licensure@cardinalhealth.com
Contact Person Name: Cynthia Rhodes
Date of SEC Registration: 2/25/22 SEC Registration Number: 721371 Stock Exchange Symbol: CAH

Section 5: Non-Publicly Traded Corporation

State of Incorporation: N/A
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name: N/A
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name: N/A
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Keegan Chamberlain

Print Name of Authorized Person Submitting Application

K Chamberlain

Original signature of Authorized Person (copies or stamps not accepted)

2/2/22

Date

Board Use Only	Date Received: _____	Amount: $500 check 10796071

CardinalHealth

February 2, 2022

Dave Wuest, Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Ste. 206
Reno, NV 89521

RE: Explanation of Disciplinary History
RGH Enterprises, LLC

Dear Mr. Wuest:

This letter is provided in conjunction with our affirmative response to question 3 on our application for our Out-of-State license. We have a few matters with corresponding derivative action to disclose.

In March 2015, the RGH pharmacy located in Twinsburg, OH, was issued a citation and fined $500 by the Maine Board of Pharmacy, for failure to timely report a change in the facility's pharmacist-in-charge. This failure to report within the seven-day time frame was due to the unavailability of the corporate official authorized to sign the application. RGH paid the fine to the Maine State Board of Pharmacy; additionally, RGH has undertaken a process to ensure regulatory notifications occur in a timely manner.

In April 2016, the Hawaii Board of Pharmacy took derivative action against the Twinsburg, OH, facility based on the action described above. RGH entered a Settlement Agreement with Hawaii and agreed to pay a $250 fine; the matter was closed on May 6, 2016.

Furthermore, Cardinal Health's distribution center in Valencia, California, entered into a settlement agreement with the California Board of Pharmacy. As a condition of that settlement, effective April 3, 2019, the California Wholesale license for our Valencia, CA distribution center will be on probation for a period of two years (through April 2, 2021). This probation in no way affects the continued ability of our Valencia distribution center to service our customers in a timely and efficient manner.

Probation was a result of a settlement agreement between our Valencia distribution center and the California Board of Pharmacy regarding sales that distribution center made to a customer between 2012 and 2014 and the failure to receive a pharmacist's signature on several deliveries in that same time frame.

Additionally, on March 11, 2019, Cardinal Health's Wheeling, West Virginia, distribution center entered into a settlement agreement with the Ohio Board of Pharmacy regarding the security and storage of drugs while those drugs were being distributed to the customer. This issue involved Ohio Board of Pharmacy inspectors manipulating our totes in such a way as to be able to retrieve a bottle out of a strapped/sealed tote. This occurred on several occasions all while the totes were in the custody of our delivery drivers or pharmacies. An inspector also witnessed a delivery

vehicle door that was not locked and secured appropriately. Cardinal Health agreed to pay a monetary penalty of $5,000.

As previously reported, on May 15, 2012, Cardinal Health entered into a settlement agreement with the U.S. Drug Enforcement Administration ("DEA") regarding Cardinal Health's registration to distribute controlled substances from our Lakeland, Florida facility. On February 3, 2012, DEA served an Order to Show Cause and Immediate Suspension of Registration (the "Order") on Cardinal Health's Lakeland, Florida distribution center. In the Order, DEA alleged that the Lakeland facility "failed to maintain effective controls against the diversion of controlled substances" and "failed to detect and report suspicious orders of oxycodone by its pharmacy customers." In particular, DEA identified four retail pharmacies located in Florida that were serviced by the Lakeland facility and alleged that "[n]otwithstanding the large quantities of controlled substances ordered by Cardinal's top retail pharmacy customers Cardinal failed to conduct meaningful due diligence to ensure that the controlled substances were not diverted...." Importantly, these allegations did not involve any diversion of controlled substances from Cardinal's facility.

Under the settlement agreement, the Lakeland facility's DEA registration was suspended for two years from the date of the settlement agreement. On May 21, 2014, the suspension was lifted and the DEA reinstated Lakeland's registration. On December 23, 2016, Cardinal Health reached a nationwide settlement with the federal government, resolving the outstanding civil penalty portion of this May 15, 2012 administrative settlement with the DEA. Under this civil settlement, Cardinal Health has agreed to pay $44 million to the Department of Justice (DOJ) to resolve this matter. The DOJ, including the DEA and the United States Attorneys' Offices for the Middle District of Florida, the Southern District of New York, the District of Maryland, and the Western District of Washington and all other districts across the country have also agreed to take no further administrative or civil action on these and related matters. In addition, Cardinal Health has reached an agreement with the State of West Virginia regarding the company's distribution of controlled substances in that state between 2007 and 2012. While Cardinal Health denies the allegations, it agreed to pay West Virginia $20 million to resolve issues and release the company from further actions.

In 2014, the Boards of Pharmacy in both California and Georgia took derivative action based upon the DEA settlement. The Georgia Board fined the Lakeland facility $500 in administrative fees, and the California Board fined the facility $1,505 in investigative fees. Both fees were paid to the respective Boards.

We make every effort to meet our customers' legitimate demands for controlled substances. However, we have also demonstrated a deep commitment to helping fight prescription drug abuse. If you have any questions about this issue, please contact Martha Russell, Assistant General Counsel, Regulatory, at 614-757-6654.

Sincerely,

Keegan Chamberlain
Director, Global Logistics Quality Management

CardinalHealth

Officer Name	Title	Business Address	Email Address
Scott B. Zimmerman	Vice President and Treasurer	7000 Cardinal Place, Dublin, OH 43017	scott.zimmerman@cardinalhealth.com
Keegan David Chamberlain	Director, Quality Management	7200 Cardinal Place, Dublin, OH 43017	Keegan.Chamberlain@cardinalhealth.com
John Joseph Tufano, Jr.	Senior Legal Counsel	7000 Cardinal Place, Dublin OH 43017	john.tufano@cardinalhealth.com
John Henry Martin Jr.	SVP, Tax	7000 Cardinal Place, Dublin OH 43017 (2B0060)	john.martin03@cardinalhealth.com

Copyright © 2021 Cardinal Health. All Rights Reserved.
The above information is confidential and to be used for licensing purposes only. Any other use is strictly prohibited without prior consent of Cardinal Health.

List the top four corporation shareholders and their percent ownership.

Stockholder	Stake
The Vanguard Group, Inc.	12.65%
SSgA Funds Management, Inc.	6.75%
BlackRock Fund Advisors	5.38%
T. Rowe Price Associates, Inc. (I...	5.12%
Macquarie Investment Management B...	2.67%

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show RGH ENTERPRISES, LLC, an Ohio For Profit Limited Liability Company, Registration Number 770802, was organized within the State of Ohio on April 9, 1990, is currently in FULL FORCE AND EFFECT upon the records of this office.

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 21st day of January, A.D. 2022.

Ohio Secretary of State

Validation Number: 202202102108

OREGON BOARD OF PHARMACY

WHOLESALER WITH PRESCRIPTION REGISTRATION

LICENSE NUMBER: W1-0004059

This license is valid until **09/30/2022**

ISSUED TO: RGH ENTERPRISES LLC
CARDINAL HEALTH AT HOME
2854 NE 181ST AVE
PORTLAND OR 97230

Executive Director

Issuing Authority: **ORS 475 & 689**

DO NOT COPY - Request certified copies in writing

MUST BE POSTED IN A CONSPICUOUS PLACE - **NOT TRANSFERABLE**

RGH ENTERPRISES LLC
CARDINAL HEALTH AT HOME
ATTN: QRA
7000 CARDINAL PLACE
DUBLIN OH 43017

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, DC 20549

FORM 8-K

CURRENT REPORT

Pursuant to Section 13 or 15(d) of the
Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): January 10, 2022

Cardinal Health, Inc.

(Exact Name of Registrant as Specified in Charter)

Ohio	1-11373	31-0958666
(State or Other Jurisdiction of Incorporation)	(Commission File Number)	(IRS Employer Identification No.)

7000 Cardinal Place, Dublin, Ohio 43017
(Address of Principal Executive Offices) (Zip Code)

(614) 757-5000
(Registrant's telephone number, including area code)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (*see* General Instruction A.2. below):

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common shares (without par value)	CAH	New York Stock Exchange

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 7.01 Regulation FD Disclosure

On January 10, 2022, Cardinal Health, Inc. (the "Company") issued a press release announcing an update to its previously issued fiscal year 2022 Medical segment profit expectations and the related expected impact to fiscal year 2022 non-GAAP earnings per share. The release also contained information about the Company's upcoming appearance at the 40th Annual J.P. Morgan Healthcare Conference. A copy of the release is attached to this Form 8-K as Exhibit 99.1.

Item 9.01 Financial Statements and Exhibits

(d) Exhibits

Exhibit

99.1 Press Release issued January 10, 2022

104 Cover Page Interactive Data File – the cover page iXBRL tags are embedded within the Inline XBRL document

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the Registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Cardinal Health, Inc.
(Registrant)

Date: January 10, 2022

By: /s/ JASON M. HOLLAR
Jason M. Hollar
Chief Financial Officer

Signatures

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Cardinal Health, Inc.
(Registrant)

Date: January 10, 2022

By: /s/ JASON M. HOLLAR
Jason M. Hollar
Chief Financial Officer

Employee List – Portland, OR site:

Rebecca Garcia

Bryan Lowe

Marianella Madriz

John Wagner

Patrick Wright

Shaun Freeman

Nhi Bickham

Cindy Guerrero

Pamela Callina

Gladys Rojas Lopez

Tamela Lopez

Sandra Lopez Elia

Troy Allison

Julio Avila Nunez

Tyler Gresham

Amanada Littrell

Jeffery Timmons

John Kniser

Dila Gian

Lael Larger

Shawn Tomas

Heather Goff

Robert Marshall

Zelylah Hasel

Jewelene Fritts

Theodore Collins

Ryan Adams

Andrew West

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
09/22/2021	202126502216	Conversion Within SOS Records (CVS)	99.00	200.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

CT CORPORATION SYSTEM
ATTN: ZACH CAIN
4400 EASTON COMMONS WAY, STE 125
COLUMBUS, OH 43219

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose

770802

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

RGH ENTERPRISES, LLC

and, that said business records show the filing and recording of:

Document(s)	Document No(s):
Conversion Within SOS Records	**202126502216**

Effective Date: 10/01/2021

CHANGE BUSINESS TYPE DOM. PROFIT LIM. LIAB. CO.

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 22nd day of September, A.D. 2021.

Ohio Secretary of State

Form 700 Prescribed by:

Frank LaRose
Ohio Secretary of State

Toll Free: 877.767.3453
Central Ohio: 614.466.3910
OhioSoS.gov
business@OhioSoS.gov
File online or for more information: OhioBusinessCentral.gov

For screen readers, follow instructions located at this path.

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 1329
Columbus, OH 43216

Expedite Filing (Two business day processing time. Requires an additional $100.00)
P.O. Box 1390
Columbus, OH 43216

2021 SEP 22 AM 11:35

Certificate for Conversion for Entities Converting Within or Off the Records of the Ohio Secretary of State

Filing Fee: $99
Form Must Be Typed

(CHECK ONLY ONE (1) BOX)

(1) ☒ **Converting Within The Records of the Ohio Secretary of State**

(2) ☐ **Converting Off The Records of the Ohio Secretary of State** (187-VXX)

Name of the converting entity: RGH Enterprises, Inc.

Jurisdiction of Formation: Ohio

Charter/Registration Number: 770802

The converting entity is a:
(Check Only (1) One Box)

- ☐ Domestic Nonprofit Corporation
- ☒ Domestic For-Profit Corporation
- ☐ Foreign Nonprofit Corporation
- ☐ Foreign For-Profit Corporation
- ☐ Domestic Nonprofit Limited Liability Company
- ☐ Foreign Nonprofit Limited Liability Company
- ☐ Domestic For-Profit Limited Liability Company
- ☐ Foreign For-Profit Limited Liability Company
- ☐ Partnership
- ☐ Domestic Limited Partnership
- ☐ Foreign Limited Partnership
- ☐ Domestic Limited Liability Partnership
- ☐ Foreign Limited Liability Partnership

The converting entity hereby states that it has complied with all laws in the jurisdiction under which it exists and that those laws permit the conversion.

Name of the converted entity: RGH Enterprises, LLC.

Jurisdiction of Formation: Ohio

The converted entity is a:
(Check Only (1) One Box)

- ☐ Domestic For-Profit Corporation
- ☐ Domestic Professional Association
- ☐ Foreign Nonprofit Corporation
- ☐ Foreign For-Profit Corporation
- ☐ Domestic Nonprofit Limited Liability Company
- ☐ Foreign Nonprofit Limited Liability Company
- ☒ Domestic For-Profit Limited Liability Company
- ☐ Foreign For-Profit Limited Liability Company
- ☐ Partnership
- ☐ Domestic Limited Partnership
- ☐ Foreign Limited Partnership
- ☐ Domestic Limited Liability Partnership
- ☐ Foreign Limited Liability Partnership

Effective Date (MM/DD/YYYY) **(Optional)**: 10/01/2021 **(The conversion is effective upon the filing of this certificate or on a later date specified in the certificate)**

Name and address of the person or entity that will provide a copy of the declaration of conversion upon written request.

Samantha Bourdette
Name

7000 Cardinal Place
Mailing Address

Dublin | Ohio | 43017
City | State | Zip Code

Required information that must accompany conversion certificate if box 2 is checked

If the converting entity is a domestic or foreign entity that will not be licensed in Ohio, provide the name and address of the statutory agent upon whom any process, notice or demand may be served.

Name of Statutory Agent

Mailing Address

City | OH | ZIP Code
State

See instructions for additional filing requirements if
(1) the conversion creates a new domestic entity,
(2) the converted entity is a foreign entity that desires to transact business in Ohio; or
(3) if a domestic corporation or foreign corporation licensed in Ohio is the converting entity.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required
Must be signed by an authorized representative.

Signature

By (if applicable)

John Tufano - Secretary

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Complete the information in this section.

AFFIDAVIT

In lieu of dissolution releases from various governmental authorities.

RGH Enterprises, Inc.

Name of Corporation

The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governmental agencies was advised IN WRITING of the scheduled date of filing of the Certificate and was advised IN WRITING of the acknowledgement by the corporation of the applicability of the provisions of section 1701.95 of the ORC.

Agency

Ohio Bureau of Workers' Compensation
30 W. Spring Street
Columbus, Ohio 43215

* Only required for domestic for-profit corporations

Date Notified (MM/DD/YYYY)
07/31/2021

Agency

Ohio Job & Family Services
Status and Liability Section
Data Correspondence Control
Fax: 614-752-4811
Phone: 614-466-2319

Overnight Address:
P.O. Box 182413
Columbus, OH 43218-2413

Regular Address:
P.O. Box 182413
Columbus, OH 43218-2413

Date Notified (MM/DD/YYYY)
7/31/2021

Agency

Ohio Department of Taxation
Taxpayer Services/Tax Release Unit
P.O. Box 182382
Columbus, OH 43218-2382
Dissolution@tax.state.oh.us

* Complete this date notified field only if the corporation is a domestic non-profit corporation or foreign corporation.
* **Note**: Domestic for-profit corporations must submit with this filing a Certificate of Tax Clearance issued by the Ohio Department of Taxation.

Date Notified (MM/DD/YYYY)
07/07/2021

☐ The corporation is not required to pay or the department of taxation has not assessed any personal property tax.

Note: This affidavit must be signed by one or more persons executing the certificate or by an officer of the corporation.

Signature [signature] Title Secretary

John Tufano
Name

7000 Cardinal Place
Mailing Address

Dublin | Ohio | 43017
City | State | ZIP Code

Seal

Sworn to and subscribed in my presence on this date (MM/DD/YYYY) 9/15/2021

SAMANTHA J BOURDETTE
Notary Public
State of Ohio
My Comm. Expires
December 12, 2021

[signature]
Notary Public

Date Commission Expires (MM/DD/YYYY) 12/12/2021

AFFIDAVIT OF PERSONAL PROPERTY

State of: Ohio

County of: Franklin

John Tufano
Name of Officer

Secretary
Title of Officer

of

RGH Enterprises, Inc.
Name of Corporation

and that this affidavit is made in compliance with Ohio Revised Code Section 1701.86

That above-named corporation: (Check one (1) of the following)

- ☐ Has no personal property in any county in Ohio
- ☐ Is the type required to pay personal property taxes to state authorities only
- ☑ Has personal property in the following county (ies)

Summit		
County	County	County

Signature: John Tufano Sep 15, 2021 18:35 EDT

Title: Secretary

Sworn to and subscribed in my presence on this date (MM/DD/YYYY): 9/15/2021

Seal

NOTARY PUBLIC STATE OF OHIO
SAMANTHA J BOURDETTE
Notary Public
State of Ohio
My Comm. Expires
December 12, 2021

Notary Public

Date Commission Expires (MM/DD/YYYY): 12/12/2021

Ohio | Department of Taxation

PO Box 182382
Columbus, OH 43218-2382
tax.ohio.gov

ANDREW MUHN
7000 CARDINAL PL
DUBLIN, OH 43017
USA

August 24, 2021
Contact ID: 9873000272

RE: Certificate of Tax Clearance
Entity Name: Rgh Enterprises, Inc.
Ohio Charter # 00770802
Certificate Issue Date: 08/24/2021

This certificate confirms the above-referenced entity filed all tax returns and paid in full all taxes and fees administered by the Tax Commissioner through the certificate issue date referred to above.

This certificate does not preclude the Department from issuing a bill and/or assessment against the entity for any tax returns and/or tax liabilities and fees that become due after the certificate issue date. Also, this certificate does not preclude the Department from conducting an examination or audit for any period ending prior to the date this certificate is filed with the Ohio Secretary of State.

This Certificate of Tax Clearance is valid for thirty (30) days from the certificate issue date and must be filed along with all forms prescribed by the Ohio Secretary of State.

Jeffrey A. McClain
Tax Commissioner

If you have any questions, please contact us.

Tax Release Unit
Phone: 1-888-896-4422
Fax: 1-208-964-0378
TTY/TDD: 1-800-750-0750

Form 533A Prescribed by:

Frank LaRose
Ohio Secretary of State

Toll Free: 877.767.3453
Central Ohio: 614.466.3910
OhioSoS.gov
business@OhioSoS.gov
File online or for more information: OhioBusinessCentral.gov

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 670
Columbus, OH 43216

Expedite Filing (Two business day processing time. Requires an additional $100.00)
P.O. Box 1390
Columbus, OH 43216

For screen readers, follow instructions located at this path.

Articles of Organization for a Domestic Limited Liability Company

Filing Fee: $99

Form Must Be Typed

2021 SEP 22 AM 11:35

CHECK ONLY ONE (1) BOX

(1) ☒ Articles of Organization for Domestic For-Profit Limited Liability Company (115-LCA)

(2) ☐ Articles of Organization for Domestic Nonprofit Limited Liability Company (115-LCA)

Name of Limited Liability Company: RGH Enterprises, LLC

(Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd.," or "ltd".)

Optional: Effective Date (MM/DD/YYYY): 10/01/2021 (The legal existence of the corporation begins upon the filing of the articles or on a later date specified that is not more than ninety days after filing.)

Optional: This limited liability company shall exist for: perpetual
Period of Existence

Optional: Purpose

** **Note for Nonprofit LLCs**
The Secretary of State does not grant tax exempt status. Filing with our office is not sufficient to obtain state or federal tax exemptions. Contact the Ohio Department of Taxation and the Internal Revenue Service to ensure that the nonprofit limited liability company secures the proper state and federal tax exemptions. These agencies may require that a purpose clause be provided. **

Original Appointment of Statutory Agent

The undersigned authorized member(s), manager(s) or representative(s) of

RGH Enterprises, LLC

(Name of Limited Liability Company)

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the corporation may be served. The complete address of the agent is:

C T Corporation System

(Name of Statutory Agent)

4400 Easton Commons Way, Suite 125

(Mailing Address)

Columbus	OH	43219
(Mailing City)	(Mailing State)	(Mailing ZIP Code)

Acceptance of Appointment

The Undersigned, C T Corporation System, named herein as the

(Name of Statutory Agent)

Statutory agent for RGH Enterprises, LLC

(Name of Limited Liability Company)

hereby acknowledges and accepts the appointment of statutory agent for said limited liability company.

Statutory Agent Signature /s/ Tracy Kellner - Assistant Secretary

(Individual Agent's Signature / Signature on Behalf of Business Serving as Agent)

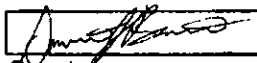
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Articles and original appointment of agent must be signed by a member, manager or other representative.

If the authorized representative is an individual, then they must sign in the "signature" box and print his/her name in the "Print Name" box.

If the authorized representative is a business entity, not an individual, then please print the entity name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print his/her name and title/authority in the "Print Name" box.



Signature

Allegiance Corporation, Sole Member

By (if applicable)

Samantha Bourdette, Assistant Secretary

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF MERGER, WHICH MERGES:

"ASSURAMED GROUP, INC.", A DELAWARE CORPORATION,

WITH AND INTO "ALLEGIANCE CORPORATION" UNDER THE NAME OF "ALLEGIANCE CORPORATION", A CORPORATION ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF DELAWARE, AS RECEIVED AND FILED IN THIS OFFICE ON THE THIRTIETH DAY OF JULY, A.D. 2021, AT 1:11 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF MERGER IS THE FIRST DAY OF AUGUST, A.D. 2021 AT 12:20 O'CLOCK A.M.

Jeffrey W. Bullock Secretary of State

2627291 8100M
SR# 20212849024

Authentication: 203837533
Date: 08-04-21

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Delaware
Secretary of State
Division of Corporations
Delivered 01:07 PM 07/30/2021
FILED 01:11 PM 07/30/2021
SR 20212849024 - File Number 2627291

STATE OF DELAWARE
CERTIFICATE OF MERGER O_
DOMESTIC CORPORATIONS

Pursuant to Title 8, Section 251(c) of the Delaware General Corporation Law, the undersigned corporation executed the following Certificate of Merger:

FIRST: The name of the surviving corporation is Allegiance Corporation, and the name of the corporation being merged into this surviving corporation is AssuraMed Group, Inc.

SECOND: The Agreement of Merger has been approved, adopted, certified, executed and acknowledged by each of the constituent corporations.

THIRD: The name of the surviving corporation is Allegiance Corporation a Delaware corporation.

FOURTH: The Certificate of Incorporation of the surviving corporation shall be its Certificate of Incorporation.

FIFTH: The merger is to become effective on August 1, 2021 at 12:20am EST.

SIXTH: The Agreement of Merger is on file at 7000 Cardinal Place, Dublin, OH 43017, the place of business of the surviving corporation.

SEVENTH: A copy of the Agreement of Merger will be furnished by the surviving corporation on request, without cost, to any stockholder of the constituent corporations.

IN WITNESS WHEREOF, said surviving corporation has caused this certificate to be signed by an authorized officer, the 28th day of July, A.D., 2021.

By: [signature] Scott P. Zimmerman, Jul 25, 2021 12:29 EDT
Authorized Officer

Name: Scott Zimmerman
Print or Type

Title: Vice President & Treasurer

Oregon Board of Pharmacy
Non-Traditional Inspection

800 NE Oregon St, STE 150, Portland OR 97232
FAX (971) 673-0002

Inspection Date:	September 24, 2019 at 8:52 AM
Inspector/Please respond to:	Joe Ball - Joseph.Ball@state.or.us
Facility Name:	Edgepark Medical Supplies/Independence Medical
Outlet Number - RP:	NPC-3554/NPC-3604
Outlet Number - IP:	
Street Address:	2854 NE 181st Ave
City:	Portland
State:	OR
Zip:	97230
Location Phone:	

Facility Contact

Please enter all contact information below. Reports from inspections resulting in a DEFICIENCY NOTIFICATION or NON-COMPLIANCE NOTIFICATION will be sent via the fax or email address provided.

R.Ph. Name:	
R.Ph. License Number:	
Fax Number:	
Email:	

21 CFR 1304.04

☐ CII annual inventory not filed separately from CIII - CV.

☐ FYI Only. Pharmacist-in-Charge response not required.

Other:

OAR 855-019-0230(1)(c)

☐ Missing documentation of counseling for prescriptions.

☐ FYI Only. Pharmacist-in-Charge response not required.

Other:

OAR 855-041-1025, OAR 855-041-1036(1)(d)

☐ Outdated medications in stock.

☐ FYI Only. Pharmacist-in-Charge response not required.

Other:

OAR 855-041-1036

☐ (1) Proper storage of drugs not maintained.

☐ (2)(a)(A) Proper temperature range not maintained in refrigerator (35 to 46 F) or freezer (-13 to 14 F)

☐ (2)(a)(D) Twice daily documentation of continuous monitoring of temperatures not available.

☐ (2)(b)(A) Documentation of training of all personnel not available.

☐ (2)(b)(D) Inadequate documentation for temperature excursions.

☐ (2)(b)(F) Written emergency action plan for temperature deviation not available.

☐ (3)(a)(C) Ext. door to freezer compartment & independent thermostat control not used with vaccine storage

☐ (3)(a)(D) No documentation for quarterly validations.

☐ (3)(a)(D) Vaccine temperature monitoring not logged continuously (every 15 minutes or less).

☐ FYI Only: Pharmacist-in-Charge response not required.

Other:

OAR 855-041-6200(3)

☐ (d) Drug storage areas not inspected every 2 months.

☐ FYI Only: Pharmacist-in-Charge response not required.

Other:

OAR 855-041-6270(6)

☐ Pharmacist must verify & document the accuracy of new bar coding/electronic label prior to distribution.

☐ FYI Only: Pharmacist-in-Charge response not required.

Other:

OAR 855-041-6410(1)

☐ (f) Prescription or record of the distribution not completed by the practitioner or nurse.

☐ (h) Not reviewed/documented by RPh for accuracy & completeness within 24 hrs (72 hrs if pharmacy is closed.

☐ FYI Only: Pharmacist-in-Charge response not required.

Other:

OAR 855-041-6610(1)(a)

☐ CII perpetual inventory not reconciled with actual inventory at least monthly & results & discrepancies noted.

☐ FYI Only: Pharmacist-in-Charge response not required.

Other:

OAR 855-080-0070, OAR 855-019-0300(5)(d) & (h)

☐ Annual controlled substance inventory was not readily available at the time of inspection, or was beyond 365 days.

☐ FYI Only: Pharmacist-in-Charge response not required.

Other:

OAR 855-045-0220(2) & (4)

☐ Need written policies for initial & ongoing training for non-sterile & sterile compounding (and documentation)

☐ FYI Only: Pharmacist-in-Charge response not required.

Other:

OAR 855-045-0230(2)

☐ Policies and procedures for sterile compounding (e- gown and garb is correct, no makeup, jewelry etc).

☐ FYI Only: Pharmacist-in-Charge response not required.

Other:

OAR 855-045-0260(7)

☐ Cleaning records and hood certification not performed or documented as required.

☐ FYI Only: Pharmacist-in-Charge response not required.

Other:

OAR 855-045-0270(2)

☐ Compounding formula worksheets missing minimum information.

☐ FYI Only: Pharmacist-in-Charge response not required.

Other:

OAR 855-045-0250(7)

☐ Multi-dose vials not being dated, or outside the best use date parameters.

☐ FYI Only: Pharmacist-in-Charge response not required.

Other:

NOTES:

RGH (Owned by Cardinal Health) is parent company, ship under two company names. Edgepark is in-house , Independence Medical drop ships to customers.
Edgepark bills Medicare through prescription billing cycle - pick, pack and ship
Independence Medical - does fulfillment for other business billing

Catheters, Ensure, osteomyelitis, diabetic, enteral nutrition, incontinence
No oxygen, oxygen supplies,
No drug

FIFO, FEFO

Pull out dates 90 days ahead

Recall area
Outdate area

Pest control monthly

Security - badge access, visitor sign in, interior/exterior cameras

Location does not have access to prescriptions,

Ohio location - NPC - 0003383

W1 registration, self inspection report completed

Inspection Results

☐ Passed

☐ Passed with notes, NO response required. Report forwarded to PIC upon request.

☐ DEFICIENCY NOTIFICATION: WITHIN 30 DAYS of receipt of this report, PIC is to return a typed response to the inspector listed above, either by email or fax. Response must identify what corrective actions were taken for each violation and reference case number at the top of this report. You response(s) may be used in determining what disciplinary action, if any, will be taken. Deficiency Notifications are reviewed by the Board. Failure to respond to this Board request within 30

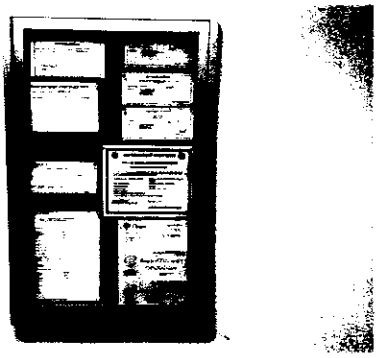
☐ NON-COMPLIANCE NOTIFICATION: WITHIN 15 DAYS of receipt of this report, PIC is to return a typed response to the inspector listed above, either by email or fax. Response must identify what corrective actions were taken for each violation and reference the case number at the top of this report. Your response(s) may be used in determining what disciplinary action, if any, will be taken. Failure to respond to this Board request within 15 days may result in disciplinary action.

OAR 855-001-0035 states that every licensee and registrant of the Board shall respond fully and truthfully to inquiries from the Board and comply with any requests from the Board.

PIC is to attach a copy of this report, and any required responses, to the current self-inspection report so it will be readily available to Board inspectors. PIC is responsible to ensure this document is available at future inspections.

PIC / R.Ph signature: 

Please type name here: Andy west



4Y

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)	Wholesaler Business Type (check applicable box)
☐ New Wholesaler ☒ Ownership Change ☒ Name Change ☐ Location Change (in-state only) * If making a change, provide current license number: WH 01924	☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ☒ No

Section 1: General Information

Facility Name: RGH Enterprises, LLC dba Edgepark Medical Supplies; Cardinal Health at Home

Physical Address: 1265 South River Road, Suite 200

City: Cranbury State: NJ Zip: 08512-3607

Mailing Address (if different from physical address): 7000 Cardinal Place

City: Dublin State: OH Zip: 43017

Telephone: 508-422-9027 Website: www.edgepark.com

Name of Designated Representative (DR): Thomas Reeves

Licensing Company Email: licensure@cardinalhealth.com DR Email: Thomas.L.Reeves@cardinalhealth.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☒ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☒ Practitioners	☐ Controlled Substances
☒ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Dexcom
Address: 6290 Sequence Dr. City: San Diego State: CA Zip: 92121

Name: Coloplast
Address: 1601 West River Road North City: Minneapolis State: MN Zip: 55411

Name: Convatec
Address: CenterPoint II – 1160 Route 22 East City: Bridgewater State: NJ Zip: 08807

Name: Hollister
Address: 2000 Hollister Dr City: Libertyville State: IL Zip: 60048

Section 4: Publicly Traded Corporation

State of Incorporation: Ohio
Parent Company (if any): Allegiance Corporation
Corporation Name: Allegiance Corporation
Mailing Address: 7000 Cardinal Place
City: Dublin State: OH Zip: 43017
Telephone: 508-422-9027 Email: licensure@cardinalhealth.com
Contact Person Name: Cynthia Rhodes
Date of SEC Registration: 2/25/22 SEC Registration Number: 721371 Stock Exchange Symbol: CAH

Section 5: Non-Publicly Traded Corporation

State of Incorporation: N/A
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name: N/A
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name: N/A
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Keegan Chamberlain
Print Name of Authorized Person Submitting Application

K Chamberlain
Original signature of Authorized Person (copies or stamps not accepted)

2/2/22
Date

Board Use Only	Date Received: _____	Amount: $500 Check 10796082

CardinalHealth

February 2, 2022

Dave Wuest, Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Ste. 206
Reno, NV 89521

RE: Explanation of Disciplinary History
RGH Enterprises, LLC

Dear Mr. Wuest:

This letter is provided in conjunction with our affirmative response to question 3 on our application for our Out-of-State license. We have a few matters with corresponding derivative action to disclose.

In March 2015, the RGH pharmacy located in Twinsburg, OH, was issued a citation and fined $500 by the Maine Board of Pharmacy, for failure to timely report a change in the facility's pharmacist-in-charge. This failure to report within the seven-day time frame was due to the unavailability of the corporate official authorized to sign the application. RGH paid the fine to the Maine State Board of Pharmacy; additionally, RGH has undertaken a process to ensure regulatory notifications occur in a timely manner.

In April 2016, the Hawaii Board of Pharmacy took derivative action against the Twinsburg, OH, facility based on the action described above. RGH entered a Settlement Agreement with Hawaii and agreed to pay a $250 fine; the matter was closed on May 6, 2016.

Furthermore, Cardinal Health's distribution center in Valencia, California, entered into a settlement agreement with the California Board of Pharmacy. As a condition of that settlement, effective April 3, 2019, the California Wholesale license for our Valencia, CA distribution center will be on probation for a period of two years (through April 2, 2021). This probation in no way affects the continued ability of our Valencia distribution center to service our customers in a timely and efficient manner.

Probation was a result of a settlement agreement between our Valencia distribution center and the California Board of Pharmacy regarding sales that distribution center made to a customer between 2012 and 2014 and the failure to receive a pharmacist's signature on several deliveries in that same time frame.

Additionally, on March 11, 2019, Cardinal Health's Wheeling, West Virginia, distribution center entered into a settlement agreement with the Ohio Board of Pharmacy regarding the security and storage of drugs while those drugs were being distributed to the customer. This issue involved Ohio Board of Pharmacy inspectors manipulating our totes in such a way as to be able to retrieve a bottle out of a strapped/sealed tote. This occurred on several occasions all while the totes were in the custody of our delivery drivers or pharmacies. An inspector also witnessed a delivery

vehicle door that was not locked and secured appropriately. Cardinal Health agreed to pay a monetary penalty of $5,000.

As previously reported, on May 15, 2012, Cardinal Health entered into a settlement agreement with the U.S. Drug Enforcement Administration ("DEA") regarding Cardinal Health's registration to distribute controlled substances from our Lakeland, Florida facility. On February 3, 2012, DEA served an Order to Show Cause and Immediate Suspension of Registration (the "Order") on Cardinal Health's Lakeland, Florida distribution center. In the Order, DEA alleged that the Lakeland facility "failed to maintain effective controls against the diversion of controlled substances" and "failed to detect and report suspicious orders of oxycodone by its pharmacy customers." In particular, DEA identified four retail pharmacies located in Florida that were serviced by the Lakeland facility and alleged that "[n]otwithstanding the large quantities of controlled substances ordered by Cardinal's top retail pharmacy customers Cardinal failed to conduct meaningful due diligence to ensure that the controlled substances were not diverted...." Importantly, these allegations did not involve any diversion of controlled substances from Cardinal's facility.

Under the settlement agreement, the Lakeland facility's DEA registration was suspended for two years from the date of the settlement agreement. On May 21, 2014, the suspension was lifted and the DEA reinstated Lakeland's registration. On December 23, 2016, Cardinal Health reached a nationwide settlement with the federal government, resolving the outstanding civil penalty portion of this May 15, 2012 administrative settlement with the DEA. Under this civil settlement, Cardinal Health has agreed to pay $44 million to the Department of Justice (DOJ) to resolve this matter. The DOJ, including the DEA and the United States Attorneys' Offices for the Middle District of Florida, the Southern District of New York, the District of Maryland, and the Western District of Washington and all other districts across the country have also agreed to take no further administrative or civil action on these and related matters. In addition, Cardinal Health has reached an agreement with the State of West Virginia regarding the company's distribution of controlled substances in that state between 2007 and 2012. While Cardinal Health denies the allegations, it agreed to pay West Virginia $20 million to resolve issues and release the company from further actions.

In 2014, the Boards of Pharmacy in both California and Georgia took derivative action based upon the DEA settlement. The Georgia Board fined the Lakeland facility $500 in administrative fees, and the California Board fined the facility $1,505 in investigative fees. Both fees were paid to the respective Boards.

We make every effort to meet our customers' legitimate demands for controlled substances. However, we have also demonstrated a deep commitment to helping fight prescription drug abuse. If you have any questions about this issue, please contact Martha Russell, Assistant General Counsel, Regulatory, at 614-757-6654.

Sincerely,

Keegan Chamberlain
Director, Global Logistics Quality Management

CardinalHealth

Officer Name	Title	Business Address	Email Address
Scott B. Zimmerman	Vice President and Treasurer	7000 Cardinal Place, Dublin, OH 43017	scott.zimmerman@cardinalhealth.com
Keegan David Chamberlain	Director, Quality Management	7200 Cardinal Place, Dublin, OH 43017	Keegan.Chamberlain@cardinalhealth.com
John Joseph Tufano, Jr.	Senior Legal Counsel	7000 Cardinal Place, Dublin OH 43017	john.tufano@cardinalhealth.com
John Henry Martin Jr.	SVP, Tax	7000 Cardinal Place, Dublin OH 43017 (2B0060)	john.martin03@cardinalhealth.com

Copyright © 2021 Cardinal Health. All Rights Reserved.
The above information is confidential and to be used for licensing purposes only. Any other use is strictly prohibited without prior consent of Cardinal Health.

List the top four corporation shareholders and their percent ownership.

Stockholder	Stake
The Vanguard Group, Inc.	12.65%
SSgA Funds Management, Inc.	6.75%
BlackRock Fund Advisors	5.38%
T. Rowe Price Associates, Inc. (I...	5.12%
Macquarie Investment Management B...	2.67%

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show RGH ENTERPRISES, LLC, an Ohio For Profit Limited Liability Company, Registration Number 770802, was organized within the State of Ohio on April 9, 1990, is currently in FULL FORCE AND EFFECT upon the records of this office.

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 21st day of January, A.D. 2022.

Ohio Secretary of State

Validation Number: 202202102108

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0746016

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: ☐ manufacturer ☒ wholesaler which conducts business at the following locations in this State:

1810 SUMMIT COMERCE PARK TWINSBURG, OH 44087-
1265 S RIVER RD, STE 200 CRANBURY,NJ 08512-
1360 MADELINE LANE - STE 500 ELGIN, IL 60124-
5400 SANDSHELL DR - STE 160 FORT WORTH, TX 76137-
2584 NE 181ST AVE PORTLAND, OR 97230-
3980 EARLSTONE ST ONTARIO, CA 91761-
4234 SURLES CT - STE 100 DURHAM, NC 27703-
12600 NE 40TH ST, STE 100 KANSAS CITY, MO 64141-

Reg. No.
5003981

RGH ENTERPRISES, LLC
C/O CARDINAL HEALTH
ATTN: CYNTHIA RHODES, SUP
7000 CARDINAL PLACE, OCLC-QRA
DUBLIN, OH 43017-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2023

Establishment Copy

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, DC 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): January 10, 2022

Cardinal Health, Inc.
(Exact Name of Registrant as Specified in Charter)

Ohio	1-11373	31-0958666
(State or Other Jurisdiction of Incorporation)	(Commission File Number)	(IRS Employer Identification No.)

7000 Cardinal Place, Dublin, Ohio 43017
(Address of Principal Executive Offices) (Zip Code)

(614) 757-5000
(Registrant's telephone number, including area code)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (*see* General Instruction A.2. below):

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common shares (without par value)	CAH	New York Stock Exchange

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 7.01 Regulation FD Disclosure

On January 10, 2022, Cardinal Health, Inc. (the "Company") issued a press release announcing an update to its previously issued fiscal year 2022 Medical segment profit expectations and the related expected impact to fiscal year 2022 non-GAAP earnings per share. The release also contained information about the Company's upcoming appearance at the 40th Annual J.P. Morgan Healthcare Conference. A copy of the release is attached to this Form 8-K as Exhibit 99.1.

Item 9.01 Financial Statements and Exhibits

(d) Exhibits

Exhibit

99.1 Press Release issued January 10, 2022

104 Cover Page Interactive Data File – the cover page iXBRL tags are embedded within the Inline XBRL document

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the Registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Cardinal Health, Inc.
(Registrant)

Date: January 10, 2022

By: /s/ JASON M. HOLLAR
Jason M. Hollar
Chief Financial Officer

Signatures

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Cardinal Health, Inc.
(Registrant)

Date: January 10, 2022

By: /s/ JASON M. HOLLAR
Jason M. Hollar
Chief Financial Officer

RGH Enterprises- Cranbury

Fulltime/Temp	Employee Name
X	Thomas L. Reeves III
O	Operations Manager
F	Maryann Diaz-Fernandez - Adm Assistant
C	Edwin Diaz- JLL Maintenance
S	Hamilton Marks - Trainer
S	Lilian Urquiza-Sanz - Trainer
X	**Rico Davis - Inbound Supervisor**
F	Alvaro Diaz De La Rosa - Inbound Team Lead
F	Anyelo Baquero
F	Basha Musa
F	Benito Luna Garcia
T	Christopher Velez (Express)
F	Clamene Lormejuste
F	Francisca Reyes Santana
F	Fredy Loja (Express)
F	Grace Arthur
F	Ivan Roman
F	Jaime Plasencia
F	Jean Clodoric
T	Joan Aponte
F	Jose Neitzel
PT	Joseph Kargbo
F	Luis Santiago Camilo
F	Magda Villeda Licona
F	Meena Mithu
F	Melanie Sibaja
F	Ralf Peterson Boniface
T	Tia Brooks (Aerotek)
T	Yamilet Villanueva (Aerotek)
X	**Fernando Loaiza - Supervisor**
F	Jazmin Perez - Inventory Team Lead
F	Alpha Bah
F	Andreina Panigua Diaz
F	Arthur O'Connor IV
F	Daniel Diflorio
F	Elvis Vargas
F	Genesis Urena Rodriguez

F	Gerardo Juarez Monzon
F	Jeff Brooks
F	Jhilmar Perez
F	Jose Rodriguez Abreu
F	Juan Antonio Becerra
F	Karon Edwards
F	Kendy Boniface
F	Michael Detcher
F	Michel Nogueira Credmann
F	Mohammad Javed
F	Peter Ampomah
F	Shakila Subbiah
F	Sumera Malik
X	**Ramella Mithu - Outbound Supervisor Day**
F	Dany M Rincon - Arias- Outbound Team Lead Day
F	Elizabeth Paulino
F	Floriberta Morales
F	Keshwar Ram (Randstad)
F	Lilian Abebe
F	Liliana Cantor
F	Michelle Printemps
F	Mireya Jimenez
F	Mohamed Kamara
F	Nirmala Singh
F	Nora Villeda Molina (On Leave)
F	Onesima Narvaez Prudente
F	Zonia Gonzalez
X	**Dane Johns - Outbound Supervisor Night**
F	Olusegun Olajide - Team Lead Night
F	Tashna Gabbidon - Team Lead Night
F	Alexandra Dimopoulos
F	Angel Rios (Express)
F	Chukwuma Okoh
PT	Eduardo Guzman
F	Edward Howarth (Aerotek Melissa)
F	Elizabeth Andoh (Dane)
T	Evelyn Lopez (Express)
F	Getty Nicolas
F	Gisselle B Garcia de Sosa
F	Hector Alonso Bermudez

F	Jorge Cruz (Dane)
F	Joshua Soto (Dane)
F	Juan Manual Pena (Dane)
T	Juana Gonzalez Guzman (Express)
F	Kalu Kalu (Dane)
F	Lenin Alberto Casilla Tejada
F	Melvin Polanco Nunez (Dane)
F	Michael Galeano
F	Navin Tamesar (DJ)
F	Olawale Olonade
F	Saltanat Tynaeva (Prologistix) Dane
F	Sammy Florimon
F	Taweh Barclay (Dane)
F	Yri Graterol (Express)
F	Zoraida Hernandez (DJ)
X	Alex Glasgow - Outbound Supervisor Sunday
F	Davion McDonald - Outbound Team Lead Sunday
F	Abukari Alhassan (Alex)
F	Ambiorix Veras Nunez
F	Andrews Darbo
F	Antoinette Davis (Express) Thurs-Mon
F	Berniece Vasquez
F	Blanca Guaman
T	Carolina Dominguez (Aerotek)
F	Edwin Mayta Oroncoy
F	Earl Sangalang
T	Eduardo Otero (Express)
F	Edward Drozario
F	Fanny Castillo
F	Francheska Delgado
F	Hansel Montero
F	Jaspal Singh
T	Jiffter Martinez (Express)
PT	Kathy Ortega
F	Kenia Oseguera
T	KoKo Wessel (Express)
F	Leslie Henry
F	Mariandry Aquino
T	Martha Revilla (Express)
F	Martha Rodriguez

F	Mohamed Fofanah
F	Nora Kiss
F	Onome Erherhe
F	Rosmery Gomez Jiminez
F	Steven Everette
F	Wilton Diaz
F	Yamaris Delgado
F	Yasmin De Jesus Uceta Tejada
F	Yeiny Hernandez De Trotta
X	Agnew Aseidu - 3rd Shift Supervisor
F	Solomon Agyemang - 3rd Shift Team Lead
F	Adedeji Ladega
F	Alfredo Navarez-Flores
F	Baffour Acheanfour
F	Edgar Crisanto
F	Eric Weinstein (Agnew)
F	Romario Treasure
F	Samuel Ayisi
F	Victor Marquez

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
09/22/2021	202126502216	Conversion Within SOS Records (CVS)	99.00	200.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

CT CORPORATION SYSTEM
ATTN: ZACH CAIN
4400 EASTON COMMONS WAY, STE 125
COLUMBUS, OH 43219

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose

770802

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

RGH ENTERPRISES, LLC

and, that said business records show the filing and recording of:

Document(s)	Document No(s):
Conversion Within SOS Records	**202126502216**

Effective Date: 10/01/2021

CHANGE BUSINESS TYPE DOM. PROFIT LIM. LIAB. CO.

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 22nd day of September, A.D. 2021.

Ohio Secretary of State

Form 700 Prescribed by:

Frank LaRose
Ohio Secretary of State

Toll Free: 877.767.3453
Central Ohio: 614.466.3910
OhioSoS.gov
business@OhioSoS.gov
File online or for more information: OhioBusinessCentral.gov

For screen readers, follow instructions located at this path.

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 1329
Columbus, OH 43216

Expedite Filing (Two business day processing time. Requires an additional $100.00)
P.O. Box 1390
Columbus, OH 43216

2021 SEP 22 AM 11:35

Certificate for Conversion for Entities Converting Within or Off the Records of the Ohio Secretary of State

Filing Fee: $99
Form Must Be Typed

(CHECK ONLY ONE (1) BOX)

(1) ☒ **Converting Within The Records of the Ohio Secretary of State**

(2) ☐ **Converting Off The Records of the Ohio Secretary of State** (187-VXX)

Name of the converting entity: RGH Enterprises, Inc.

Jurisdiction of Formation: Ohio

Charter/Registration Number: 770802

The converting entity is a:
(Check Only (1) One Box)

- ☐ Domestic Nonprofit Corporation
- ☒ Domestic For-Profit Corporation
- ☐ Foreign Nonprofit Corporation
- ☐ Foreign For-Profit Corporation
- ☐ Domestic Nonprofit Limited Liability Company
- ☐ Foreign Nonprofit Limited Liability Company
- ☐ Domestic For-Profit Limited Liability Company
- ☐ Foreign For-Profit Limited Liability Company
- ☐ Partnership
- ☐ Domestic Limited Partnership
- ☐ Foreign Limited Partnership
- ☐ Domestic Limited Liability Partnership
- ☐ Foreign Limited Liability Partnership

The converting entity hereby states that it has complied with all laws in the jurisdiction under which it exists and that those laws permit the conversion.

Name of the converted entity: RGH Enterprises, LLC.

Jurisdiction of Formation: Ohio

The converted entity is a:
(Check Only (1) One Box)

- ☐ Domestic For-Profit Corporation
- ☐ Domestic Professional Association
- ☐ Foreign Nonprofit Corporation
- ☐ Foreign For-Profit Corporation
- ☐ Domestic Nonprofit Limited Liability Company
- ☐ Foreign Nonprofit Limited Liability Company
- ☒ Domestic For-Profit Limited Liability Company
- ☐ Foreign For-Profit Limited Liability Company
- ☐ Partnership
- ☐ Domestic Limited Partnership
- ☐ Foreign Limited Partnership
- ☐ Domestic Limited Liability Partnership
- ☐ Foreign Limited Liability Partnership

Effective Date (MM/DD/YYYY) **(Optional)**: 10/01/2021 **(The conversion is effective upon the filing of this certificate or on a later date specified in the certificate)**

Name and address of the person or entity that will provide a copy of the declaration of conversion upon written request.

Samantha Bourdette
Name

7000 Cardinal Place
Mailing Address

Dublin | Ohio | 43017
City | State | Zip Code

Required information that must accompany conversion certificate if box 2 is checked

If the converting entity is a domestic or foreign entity that will not be licensed in Ohio, provide the name and address of the statutory agent upon whom any process, notice or demand may be served.

Name of Statutory Agent

Mailing Address

City | OH | ZIP Code
State

See instructions for additional filing requirements if
(1) the conversion creates a new domestic entity,
(2) the converted entity is a foreign entity that desires to transact business in Ohio; or
(3) if a domestic corporation or foreign corporation licensed in Ohio is the converting entity.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required
Must be signed by an authorized representative.

Signature

By (if applicable)

John Tufano - Secretary
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Complete the information in this section.

AFFIDAVIT

In lieu of dissolution releases from various governmental authorities.

RGH Enterprises, Inc.

Name of Corporation

The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governmental agencies was advised IN WRITING of the scheduled date of filing of the Certificate and was advised IN WRITING of the acknowledgement by the corporation of the applicability of the provisions of section 1701.95 of the ORC.

Agency

Ohio Bureau of Workers' Compensation
30 W. Spring Street
Columbus, Ohio 43215

Date Notified (MM/DD/YYYY): 07/31/2021

* Only required for domestic for-profit corporations

Agency

Ohio Job & Family Services
Status and Liability Section
Data Correspondence Control
Fax: 614-752-4611
Phone: 614-466-2319

Overnight Address:
P.O. Box 182413
Columbus, OH 43218-2413

Regular Address:
P.O. Box 182413
Columbus, OH 43218-2413

Date Notified (MM/DD/YYYY): 7/31/2021

Agency

Ohio Department of Taxation
Taxpayer Services/Tax Release Unit
P.O. Box 182382
Columbus, OH 43218-2382
Dissolution@tax.state.oh.us

Date Notified (MM/DD/YYYY): 07/07/2021

* Complete this date notified field only if the corporation is a domestic non-profit corporation or foreign corporation.
* **Note**: Domestic for-profit corporations must submit with this filing a Certificate of Tax Clearance issued by the Ohio Department of Taxation.

☐ The corporation is not required to pay or the department of taxation has not assessed any personal property tax.

Note: This affidavit must be signed by one or more persons executing the certificate or by an officer of the corporation.

Signature [signature] Title: Secretary

John Tufano
Name

7000 Cardinal Place
Mailing Address

Dublin | Ohio | 43017
City | State | ZIP Code

Seal

Sworn to and subscribed in my presence on this date (MM/DD/YYYY): 9/15/2021

SAMANTHA J BOURDETTE
Notary Public
State of Ohio
My Comm. Expires
December 12, 2021

[signature]
Notary Public

Date Commission Expires (MM/DD/YYYY): 12/12/2021

AFFIDAVIT OF PERSONAL PROPERTY

State of: Ohio

County of: Franklin

John Tufano
Name of Officer

Secretary
Title of Officer

of

RGH Enterprises, Inc.
Name of Corporation

and that this affidavit is made in compliance with Ohio Revised Code Section 1701.86

That above-named corporation: (Check one (1) of the following)

☐ Has no personal property in any county in Ohio

☐ Is the type required to pay personal property taxes to state authorities only

☑ Has personal property in the following county (ies)

Summit		
County	County	County

Signature [signature] (John Tufano Sep 15, 2021 18:25 EDT)

Title: Secretary

Sworn to and subscribed in my presence on this date (MM/DD/YYYY): 9/15/2021

Seal

NOTARY PUBLIC STATE OF OHIO

SAMANTHA J BOURDETTE
Notary Public
State of Ohio
My Comm. Expires
December 12, 2021

[signature]
Notary Public

Date Commission Expires (MM/DD/YYYY): 12/12/2021

Ohio | Department of Taxation

PO Box 182382
Columbus, OH 43218-2382
tax.ohio.gov

ANDREW MUHN
7000 CARDINAL PL
DUBLIN, OH 43017
USA

August 24, 2021
Contact ID: 9873000272

RE: Certificate of Tax Clearance
Entity Name: Rgh Enterprises, Inc.
Ohio Charter # 00770802
Certificate Issue Date: 08/24/2021

This certificate confirms the above-referenced entity filed all tax returns and paid in full all taxes and fees administered by the Tax Commissioner through the certificate issue date referred to above.

This certificate does not preclude the Department from issuing a bill and/or assessment against the entity for any tax returns and/or tax liabilities and fees that become due after the certificate issue date. Also, this certificate does not preclude the Department from conducting an examination or audit for any period ending prior to the date this certificate is filed with the Ohio Secretary of State.

This Certificate of Tax Clearance is valid for thirty (30) days from the certificate issue date and must be filed along with all forms prescribed by the Ohio Secretary of State.

Jeffrey A. McClain
Tax Commissioner

If you have any questions, please contact us.

Tax Release Unit
Phone: 1-855-996-4422
Fax: 1-208-964-0378
TTY/TDD: 1-800-750-0750

Form 533A Prescribed by:

Frank LaRose
Ohio Secretary of State

Toll Free: 877.767.3453
Central Ohio: 614.466.3910
OhioSoS.gov
business@OhioSoS.gov
File online or for more information: OhioBusinessCentral.gov

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 670
Columbus, OH 43216

Expedite Filing (Two business day processing time. Requires an additional $100.00)
P.O. Box 1390
Columbus, OH 43216

For screen readers, follow instructions located at this path.

2021 SEP 22 AM 11:35

Articles of Organization for a Domestic Limited Liability Company

Filing Fee: $99

Form Must Be Typed

CHECK ONLY ONE (1) BOX

(1) ☒ Articles of Organization for Domestic For-Profit Limited Liability Company (115-LCA)

(2) ☐ Articles of Organization for Domestic Nonprofit Limited Liability Company (115-LCA)

Name of Limited Liability Company: RGH Enterprises, LLC

(Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd.," or "ltd".)

Optional: Effective Date (MM/DD/YYYY): 10/01/2021

(The legal existence of the corporation begins upon the filing of the articles or on a later date specified that is not more than ninety days after filing.)

Optional: This limited liability company shall exist for: perpetual

Period of Existence

Optional: Purpose

**** Note for Nonprofit LLCs**
The Secretary of State does not grant tax exempt status. Filing with our office is not sufficient to obtain state or federal tax exemptions. Contact the Ohio Department of Taxation and the Internal Revenue Service to ensure that the nonprofit limited liability company secures the proper state and federal tax exemptions. These agencies may require that a purpose clause be provided. **

Original Appointment of Statutory Agent

The undersigned authorized member(s), manager(s) or representative(s) of

RGH Enterprises, LLC

(Name of Limited Liability Company)

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the corporation may be served. The complete address of the agent is:

C T Corporation System

(Name of Statutory Agent)

4400 Easton Commons Way, Suite 125

(Mailing Address)

Columbus	OH	43219
(Mailing City)	(Mailing State)	(Mailing ZIP Code)

Acceptance of Appointment

The Undersigned, C T Corporation System, named herein as the

(Name of Statutory Agent)

Statutory agent for RGH Enterprises, LLC

(Name of Limited Liability Company)

hereby acknowledges and accepts the appointment of statutory agent for said limited liability company.

Statutory Agent Signature /s/ Tracy Kellner - Assistant Secretary

(Individual Agent's Signature / Signature on Behalf of Business Serving as Agent)

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Articles and original appointment of agent must be signed by a member, manager or other representative.

If the authorized representative is an individual, then they must sign in the "signature" box and print his/her name in the "Print Name" box.

If the authorized representative is a business entity, not an individual, then please print the entity name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print his/her name and title/authority in the "Print Name" box.



Signature

Allegiance Corporation, Sole Member

By (if applicable)

Samantha Bourdette, Assistant Secretary

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF MERGER, WHICH MERGES:

"ASSURAMED GROUP, INC.", A DELAWARE CORPORATION,

WITH AND INTO "ALLEGIANCE CORPORATION" UNDER THE NAME OF "ALLEGIANCE CORPORATION", A CORPORATION ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF DELAWARE, AS RECEIVED AND FILED IN THIS OFFICE ON THE THIRTIETH DAY OF JULY, A.D. 2021, AT 1:11 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF MERGER IS THE FIRST DAY OF AUGUST, A.D. 2021 AT 12:20 O'CLOCK A.M.

Jeffrey W. Bullock, Secretary of State

2627291 8100M
SR# 20212849024

Authentication: 203837533
Date: 08-04-21

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Delaware
Secretary of State
Division of Corporations
Delivered 01:07 PM 07/30/2021
FILED 01:11 PM 07/30/2021
SR 20212849024 - File Number 2627291

STATE OF DELAWARE CERTIFICATE OF MERGER O_ DOMESTIC CORPORATIONS

Pursuant to Title 8, Section 251(c) of the Delaware General Corporation Law, the undersigned corporation executed the following Certificate of Merger:

FIRST: The name of the surviving corporation is Allegiance Corporation, and the name of the corporation being merged into this surviving corporation is AssuraMed Group, Inc.

SECOND: The Agreement of Merger has been approved, adopted, certified, executed and acknowledged by each of the constituent corporations.

THIRD: The name of the surviving corporation is Allegiance Corporation a Delaware corporation.

FOURTH: The Certificate of Incorporation of the surviving corporation shall be its Certificate of Incorporation.

FIFTH: The merger is to become effective on August 1, 2021 at 12:20am EST.

SIXTH: The Agreement of Merger is on file at 7000 Cardinal Place, Dublin, OH 43017, the place of business of the surviving corporation.

SEVENTH: A copy of the Agreement of Merger will be furnished by the surviving corporation on request, without cost, to any stockholder of the constituent corporations.

IN WITNESS WHEREOF, said surviving corporation has caused this certificate to be signed by an authorized officer, the 28th day of July, A.D., 2021.

By: Scott P Zimmerman (Jul 28, 2021 13:28 EDT)
Authorized Officer

Name: Scott Zimmerman
Print or Type

Title: Vice President & Treasurer

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER, ENVIRONMENTAL AND OCCUPATIONAL HEALTH SERVICE
PUBLIC HEALTH AND FOOD PROTECTION PROGRAM
P.O. BOX 369, TRENTON, NJ 08625-0369
609-826-4935

REPORT OF INSPECTION

Assignment No **13663**
Inspection End Date **02/21/2020**

Registration #	Category	Inspection Type	Evaluation
5003981	**Wholesale Drug/Medical Device**	**Routine**	**Satisfactory**

Name of Owner or Corporation	Trade Name	Activity
Cardinal Health	**RGH Enterprises**	**Wholesaler/Warehouse**

Establishment Street Address	City	ZIP	County
1265 South River Road, Suite 200	**Cranbury**	**08512**	**Middlesex**

Establishment Mailing Address (if different)	Phone Number	Fax Number
	908-812-7023	

Name and Title of Inspecting Official	REHS Lic. #	Operational Status	Embargo	Reinspect on or After
Annie Pullockaran	**B150656**	**Operational**	**------**	

Name and Title of Designated Representative	Email
Brian Lardizabal, Ops. Manager	**GMB-Facility-Licensing@cardinalhealth.com Brian.Lardizabal@cardinalhealth.com**

Products

☐ Prescription Drugs ☐ OTC Drugs ☐ Class I Medical Devices ☐ Class II Medical Devices
☐ Class III Medical Devices ☐ No Products Stored/Handled Onsite

TIME/ACTIVITY REPORT (1-TRAVEL, 2-INSPECTION, 3-ADMINISTRATION, 4-PERSONAL) TOTAL HOURS: 05.25

DATE	CODE	BEGIN	END	CODE	BEGIN	END	CODE	BEGIN	END
02/21/2020	1	11:15	12:00	2	12:00	13:15	1	13:15	15:00
02/21/2020	3	15:15	16:45						

		YES	NO	N/A
	N.J.A.C. 8:21-3A.7 Personnel Requirements			
	Personnel employed by a wholesale distributor have appropriate education and/or experience to assume responsibility for positions related to compliance with State registration requirements	☒	☐	☐
Note				
	N.J.A.C. 8:21-3A.8 Facility ***Facilities at which drugs are stored, warehoused, handled, held, offered, marketed or displayed:***			
(a) 1	Of suitable size and construction to facilitate cleaning, maintenance, and proper operations	☒	☐	☐
(a) 2	Have storage areas designed to provide adequate lighting, ventilation, temperature, sanitation, humidity, space, equipment, and security conditions	☒	☐	☐
(a) 3	Have a quarantine area for storage of drugs that are outdated, damaged, deteriorated, misbranded, or adulterated, or that are in immediate or sealed, secondary containers that have been opened	☒	☐	☐
(a) 4	Maintained in a clean and orderly condition	☒	☐	☐

NEW JERSEY REPORT OF INSPECTION

		YES	NO	N/A
(a) 5	Free from infestation by insects, rodents, birds, or vermin of any kind	☒	☐	☐
Note				
	N.J.A.C. 8:21-3A.9 Security			
(a)	Facility is secured from unauthorized entry	☒	☐	☐
(a) 1	Access from outside premises is kept to a minimum and is well controlled	☒	☐	☐
(a) 2	The outside perimeter of the premises is well-lighted	☒	☐	☐
(a) 3	Entry into areas where drugs are held shall be limited to authorized personnel	☒	☐	☐
(b)	All facilities are equipped with an alarm system to detect entry after hours	☒	☐	☐
(c)	Facilities are equipped with a security system that provides suitable protection against theft and diversion. When applicable, the security system provides protection against theft or diversion that is facilitated or hidden by tampering with computers or electronic records	☒	☐	☐
Note				
	N.J.A.C. 8:21-3A.10 Storage			
(a)	All drugs are stored at appropriate temperatures and under appropriate conditions in accordance with requirements, if any, of the labeling of such drugs, or with requirements in the current edition of an official compendium, such as the United States Pharmacopeia/National Formulary (USP/NF).	☒	☐	☐
(b)	If no storage requirements are established for a drug, the drug is held at controlled room temperature, as defined in an official compendium, to help ensure that its identity, strength, quality, and purity are not adversely affected	☒	☐	☐
(c)	Appropriate manual, electromechanical, or electronic temperature and humidity recording equipment, devices, and/or logs are utilized to document proper storage of drugs	☒	☐	☐
(d)	For prescription drugs a record is maintained that includes the date, time, thermometer temperature, and the initials of the person recording the data	☒	☐	☐
Note				
	N.J.A.C. 8:21-3A.11 Examination of Materials			

		YES	NO	N/A
(a)	Upon receipt, each outside shipping container is visually examined for identity and to prevent the acceptance of contaminated prescription drugs or prescription drugs that are otherwise unfit for distribution. This examination is adequate to reveal container damage that would suggest possible contamination or other damage to the contents.	☒	☐	☐
(b)	Each outgoing shipment is carefully inspected for identity of the prescription drug products and to ensure that there is no delivery of prescription drugs that have been damaged in storage or held under improper conditions.	☒	☐	☐
Note				
	N.J.A.C. 8:21-3A.12 Returned, Damaged and Outdated Drugs			
(a)	Outdated, damaged, deteriorated, misbranded, or adulterated drugs are quarantined and physically separated from other prescription drugs until they are destroyed or returned to their supplier	☒	☐	☐
(b)	Drugs whose immediate or sealed outer or sealed secondary containers have been opened or used are identified as such, quarantined and physically separated from other drugs until they are either destroyed or returned to the supplier	☒	☐	☐
(c)	If the conditions under which a drug has been returned cast doubt on the drug's safety, identity, strength, quality, or purity, the drug is destroyed, or returned to the supplier, unless examination, testing, or other investigation proves that the drug meets appropriate standards of safety, identity, strength, quality, and purity	☒	☐	☐
Note				
	N.J.A.C. 8:21-3A.13 Recordkeeping			
(a)	Inventories and records of all transactions regarding the receipt and distribution or other disposition of drugs are maintained	☒	☐	☐
(a) 1	Source of drugs, name and principal address of the seller or transferor, and address from which drugs were shipped are maintained	☒	☐	☐
(a) 2-3	Identity and quantity of drugs received and distributed/disposed, date of receipt and distribution, disposal.	☒	☐	☐
(a) 5	A complete and accurate annual record of all stock of drugs on hand.	☒	☐	☐
(d)	An ongoing listing of all retail and wholesale establishments with whom they do business.	☒	☐	☐
Note				
	N.J.A.C. 8:21-3A.14 Due Diligence ***Firm is performing due diligence of other wholesale establishments with whom they do business, which requires that prior to the initial purchase or acquisition of drugs from another wholesale distributor, a wholesale distributor shall obtain the following information from the selling wholesale distributor:***			
(a) 1	Copies of all state and Federal regulatory licenses and registrations	☒	☐	☐

NEW JERSEY REPORT OF INSPECTION

		YES	NO	N/A
(a) 2	The wholesale distributor's most recent facility inspection reports	☒	☐	☐
(a) 3	A list of other names under which the wholesale distributor is doing business or by which the wholesale distributor was formerly known	☒	☐	☐
(a) 4	A list of corporate officers and managerial employees and designated representatives	☒	☐	☐
(a) 5	A verification of the selling wholesale distributor's status as an authorized distributor of record, if applicable.	☒	☐	☐
(b)	At least annually, a wholesale distributor that purchases prescription drugs from another wholesale distributor updates the information set forth in (a) 1-5 above.	☒	☐	☐
(c)	No purchases were placed from any storage facility, manufacturer or wholesale distributor not having a current license or registration within the jurisdiction of the establishment location from where product is purchased.	☒	☐	☐
(d)	No purchase or acquisition has been made from a firm that has not provided complete information as set forth in (a) 1-5 above.	☒	☐	☐
Note				
	N.J.A.C. 8:21-3A.15 Availability of Records and Inventories			
(a)	Records and inventories, including those related to salvage and reprocessing, are made available for inspection and photocopying by authorized Federal, State, or local law enforcement agency officials for a period of 3 years after the date of their creation	☒	☐	☐
(b)	Records described in this section that are kept at the inspection site or that can be immediately retrieved by computer or other electronic means are readily available for authorized inspection during the retention period. Records kept at a central location apart from the inspection site and not electronically retrievable are made available for inspection within 2 working days of a request by an authorized official of a Federal, State, or local law enforcement agency	☒	☐	☐
Note				
	N.J.A.C. 8:21-3A.16 Policies and Procedures			
(a)	Firm established and follows written policies and procedures for the receipt, security, storage, inventory, and distribution of drugs	☒	☐	☐
(a)	Firm has policies for identifying, recording and reporting losses or thefts and correcting errors in inventories	☒	☐	☐
(a) 1	Firm has a procedure where oldest stock is distributed first.	☒	☐	☐
(a) 2	Firm has a procedure for handling recalls/withdrawals of drugs.	☒	☐	☐

NEW JERSEY REPORT OF INSPECTION

		YES	NO	N/A
(a) 3	Firm has a procedure for preparation, protection and proper handling of any crisis that affects security or operation of any facility in the event of strike, fire, flood, or other natural disaster	☒	☐	☐
(a) 4	Firm has a procedure for handling return of outdated drugs; segregation and written documentation of disposal, by either returning the drug to the manufacturer or destruction of the drug. This documentation shall be maintained for 2 years after disposition of the outdated drugs.	☒	☐	☐
Note				
	N.J.A.C. 8:21-3A.17 List of Responsible Persons			
	A current list of officers, directors, managers, and other personnel in charge of wholesale distribution, storage, and handling of prescription drugs is maintained at the firm	☒	☐	☐
	Description of duties and qualifications of personnel is maintained at the firm	☒	☐	☐
Note				
	N.J.A.C. 8:21-3A.19 Salvage; Reprocessing			
	Salvaging and reprocessing operation is in compliance with 21 CFR 207, 210, 211	☐	☒	☐
Note				

The firm continues to operate as a warehouse and wholesale distributor of home medical supplies such as gloves, syringes, diabetic strips.

Annie Pullockaran

Inspecting Official

4Z

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Y

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ☒ Ownership Change ☒ Name Change ☐ Location Change (in-state only)	* If making a change, provide current license number: WH 02007	☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ■ No

Section 1: General Information

Facility Name: RGH Enterprises, LLC known in NC as HHI Enterprises, LLC dba Edgepark Medical Supplies; Cardinal Health at Home

Physical Address: 4234 Surles Ct., Suite 100

City: Durham State: NC Zip: 27703

Mailing Address (if different from physical address): 7000 Cardinal Place

City: Dublin State: OH Zip: 43017

Telephone: 919-472-4030 Website: www.edgepark.com

Name of Designated Representative (DR): Agnes Plourde

Licensing Company Email: licensure@cardinalhealth.com DR Email: agnes.plourde@cardinalhealth.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☒ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☒ Practitioners	☐ Controlled Substances
☒ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Dexcom
Address: 6290 Sequence Dr City: San Diego State: CA Zip: 92121

Name: Coloplast
Address: 1601 West River Road North City: Minneapolis State: MN Zip: 55411

Name: Convatec
Address: CenterPoint II – 1160 Route 22 East City: Bridgewater State: NJ Zip: 08807

Name: Hollister
Address: 2000 Hollister Dr City: Libertyville State: IL Zip: 60048

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Section 4: Publicly Traded Corporation

State of Incorporation: Ohio
Parent Company (if any): Allegiance Corporation
Corporation Name: Allegiance Corporation
Mailing Address: 7000 Cardinal Place
City: Dublin State: OH Zip: 43017
Telephone: 919-472-4030 Email: licensure@cardinalhealth.com
Contact Person Name: Cynthia Rhodes

Date of SEC Registration: 2/25/22 | SEC Registration Number: 721371 | Stock Exchange Symbol: CAH

Section 5: Non-Publicly Traded Corporation

State of Incorporation: N/A
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name: N/A
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name: N/A
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Keegan Chamberlain

Print Name of Authorized Person Submitting Application

K Chamberlain

Original signature of Authorized Person (copies or stamps not accepted)

2/2/22

Date

Board Use Only	Date Received: _____	Amount: ~~$800~~ 10796074

CardinalHealth

February 2, 2022

Dave Wuest, Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Ste. 206
Reno, NV 89521

RE: Explanation of Disciplinary History
RGH Enterprises, LLC

Dear Mr. Wuest:

This letter is provided in conjunction with our affirmative response to question 3 on our application for our Out-of-State license. We have a few matters with corresponding derivative action to disclose.

In March 2015, the RGH pharmacy located in Twinsburg, OH, was issued a citation and fined $500 by the Maine Board of Pharmacy, for failure to timely report a change in the facility's pharmacist-in-charge. This failure to report within the seven-day time frame was due to the unavailability of the corporate official authorized to sign the application. RGH paid the fine to the Maine State Board of Pharmacy; additionally, RGH has undertaken a process to ensure regulatory notifications occur in a timely manner.

In April 2016, the Hawaii Board of Pharmacy took derivative action against the Twinsburg, OH, facility based on the action described above. RGH entered a Settlement Agreement with Hawaii and agreed to pay a $250 fine; the matter was closed on May 6, 2016.

Furthermore, Cardinal Health's distribution center in Valencia, California, entered into a settlement agreement with the California Board of Pharmacy. As a condition of that settlement, effective April 3, 2019, the California Wholesale license for our Valencia, CA distribution center will be on probation for a period of two years (through April 2, 2021). This probation in no way affects the continued ability of our Valencia distribution center to service our customers in a timely and efficient manner.

Probation was a result of a settlement agreement between our Valencia distribution center and the California Board of Pharmacy regarding sales that distribution center made to a customer between 2012 and 2014 and the failure to receive a pharmacist's signature on several deliveries in that same time frame.

Additionally, on March 11, 2019, Cardinal Health's Wheeling, West Virginia, distribution center entered into a settlement agreement with the Ohio Board of Pharmacy regarding the security and storage of drugs while those drugs were being distributed to the customer. This issue involved Ohio Board of Pharmacy inspectors manipulating our totes in such a way as to be able to retrieve a bottle out of a strapped/sealed tote. This occurred on several occasions all while the totes were in the custody of our delivery drivers or pharmacies. An inspector also witnessed a delivery

vehicle door that was not locked and secured appropriately. Cardinal Health agreed to pay a monetary penalty of $5,000.

As previously reported, on May 15, 2012, Cardinal Health entered into a settlement agreement with the U.S. Drug Enforcement Administration ("DEA") regarding Cardinal Health's registration to distribute controlled substances from our Lakeland, Florida facility. On February 3, 2012, DEA served an Order to Show Cause and Immediate Suspension of Registration (the "Order") on Cardinal Health's Lakeland, Florida distribution center. In the Order, DEA alleged that the Lakeland facility "failed to maintain effective controls against the diversion of controlled substances" and "failed to detect and report suspicious orders of oxycodone by its pharmacy customers." In particular, DEA identified four retail pharmacies located in Florida that were serviced by the Lakeland facility and alleged that "[n]otwithstanding the large quantities of controlled substances ordered by Cardinal's top retail pharmacy customers Cardinal failed to conduct meaningful due diligence to ensure that the controlled substances were not diverted...." Importantly, these allegations did not involve any diversion of controlled substances from Cardinal's facility.

Under the settlement agreement, the Lakeland facility's DEA registration was suspended for two years from the date of the settlement agreement. On May 21, 2014, the suspension was lifted and the DEA reinstated Lakeland's registration. On December 23, 2016, Cardinal Health reached a nationwide settlement with the federal government, resolving the outstanding civil penalty portion of this May 15, 2012 administrative settlement with the DEA. Under this civil settlement, Cardinal Health has agreed to pay $44 million to the Department of Justice (DOJ) to resolve this matter. The DOJ, including the DEA and the United States Attorneys' Offices for the Middle District of Florida, the Southern District of New York, the District of Maryland, and the Western District of Washington and all other districts across the country have also agreed to take no further administrative or civil action on these and related matters. In addition, Cardinal Health has reached an agreement with the State of West Virginia regarding the company's distribution of controlled substances in that state between 2007 and 2012. While Cardinal Health denies the allegations, it agreed to pay West Virginia $20 million to resolve issues and release the company from further actions.

In 2014, the Boards of Pharmacy in both California and Georgia took derivative action based upon the DEA settlement. The Georgia Board fined the Lakeland facility $500 in administrative fees, and the California Board fined the facility $1,505 in investigative fees. Both fees were paid to the respective Boards.

We make every effort to meet our customers' legitimate demands for controlled substances. However, we have also demonstrated a deep commitment to helping fight prescription drug abuse. If you have any questions about this issue, please contact Martha Russell, Assistant General Counsel, Regulatory, at 614-757-6654.

Sincerely,

Keegan Chamberlain
Director, Global Logistics Quality Management

CardinalHealth

Officer Name	Title	Business Address	Email Address
Scott B. Zimmerman	Vice President and Treasurer	7000 Cardinal Place, Dublin, OH 43017	scott.zimmerman@cardinalhealth.com
Keegan David Chamberlain	Director, Quality Management	7200 Cardinal Place, Dublin, OH 43017	Keegan.Chamberlain@cardinalhealth.com
John Joseph Tufano, Jr.	Senior Legal Counsel	7000 Cardinal Place, Dublin OH 43017	john.tufano@cardinalhealth.com
John Henry Martin Jr.	SVP, Tax	7000 Cardinal Place, Dublin OH 43017 (2B0060)	john.martin03@cardinalhealth.com

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The above information is confidential and to be used for licensing purposes only. Any other use is strictly prohibited without prior consent of Cardinal Health.

List the top four corporation shareholders and their percent ownership.

Stockholder	Stake
The Vanguard Group, Inc.	12.65%
SSgA Funds Management, Inc.	6.75%
BlackRock Fund Advisors	5.38%
T. Rowe Price Associates, Inc. (I...	5.12%
Macquarie Investment Management B...	2.67%

2022

NOT TRANSFERABLE
STATUTE GS 81.106.119

North Carolina Department of Agriculture & Consumer Services
Steve Troxler, Commissioner
Food and Drug Protection Division

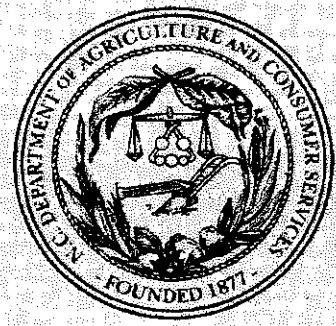
LICENSE/CERTIFICATE NO.
430

LICENSE/CERTIFICATE: **Distributor**

TYPE **PRESCRIPTION DRUG LICENSE**

Expiration Date **12/31/2022**

LICENSEE OR CERTIFICATOR
HHI Enterprises LLC
4234 Surles Ct., Suite 100
Durham **NC** **27703**



[redacted]

Steven W. Troxler

STEVE TROXLER, COMMISSIONER

THIS LICENSE/CERTIFICATE MAY BE SUBJECT TO REVOCATION OR SUSPENSION AS PROVIDED BY LAW

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show RGH ENTERPRISES, LLC, an Ohio For Profit Limited Liability Company, Registration Number 770802, was organized within the State of Ohio on April 9, 1990, is currently in FULL FORCE AND EFFECT upon the records of this office.

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 21st day of January, A.D. 2022.

Ohio Secretary of State

Validation Number: 202202102108

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, DC 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): January 10, 2022

Cardinal Health, Inc.
(Exact Name of Registrant as Specified in Charter)

Ohio	1-11373	31-0958666
(State or Other Jurisdiction of Incorporation)	(Commission File Number)	(IRS Employer Identification No.)

7000 Cardinal Place, Dublin, Ohio 43017
(Address of Principal Executive Offices) (Zip Code)

(614) 757-5000
(Registrant's telephone number, including area code)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (*see* General Instruction A.2. below):

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common shares (without par value)	CAH	New York Stock Exchange

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 7.01 Regulation FD Disclosure

On January 10, 2022, Cardinal Health, Inc. (the "Company") issued a press release announcing an update to its previously issued fiscal year 2022 Medical segment profit expectations and the related expected impact to fiscal year 2022 non-GAAP earnings per share. The release also contained information about the Company's upcoming appearance at the 40th Annual J.P. Morgan Healthcare Conference. A copy of the release is attached to this Form 8-K as Exhibit 99.1.

Item 9.01 Financial Statements and Exhibits

(d) Exhibits

Exhibit

99.1 Press Release issued January 10, 2022

104 Cover Page Interactive Data File – the cover page iXBRL tags are embedded within the Inline XBRL document

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the Registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Cardinal Health, Inc.
(Registrant)

Date: January 10, 2022

By: /s/ JASON M. HOLLAR
Jason M. Hollar
Chief Financial Officer

Signatures

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Cardinal Health, Inc.
(Registrant)

Date: January 10, 2022

By: /s/ JASON M. HOLLAR
Jason M. Hollar
Chief Financial Officer

Employee Name	Durham
Cynthia	Bell
Nekilyar M	Minor
Benito	Ponce Torres
Mary	Martin
Lucious	Jones
Steve	Chelfisch
Seble	Gebeyehu
Constance	Tabron
Jose	Reyes
Johnathan	Barnhill
Oliver	Gonzalez
Meselle	Tessma
Soledad	Ponte-torres
Jason	Piper
Essayas	Seyoum
Danielle	Hubert
Maurice	High
Randy	Scott
Deborah	Young
Kyong	Jones.
Eddie	Worrell
Mike	Mansour
Nissis	Jones
Janet	Little
Jairo	Campa
Kelly	Hoyt
Tesmengen	Ali
Katylin	Grayson
Elizabeth	Arroyo Cruz
Hugo	Bernal
Roman	Meconnen
Reginald	Simmons
Trieu	Giapp
Petros	Galatis
Robinson	Bonilla
Quamir	Mosley
Freddy	Woods
Rodriques	Timmons
Robert	McClamb
Trieu	Giapp
Jordan	Bell
Johnathan	Barnhill
Desmond	Crosby
Judairo	Ramsey
Agnes	Plourde

Cardinal	44
Temps	
Management	4
	48

Dennis	Piper
Scott	Homsombath
Emanuel	Mangum

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
09/22/2021	202126502216	Conversion Within SOS Records (CVS)	99.00	200.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

CT CORPORATION SYSTEM
ATTN: ZACH CAIN
4400 EASTON COMMONS WAY, STE 125
COLUMBUS, OH 43219

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose

770802

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

RGH ENTERPRISES, LLC

and, that said business records show the filing and recording of:

Document(s)	Document No(s):
Conversion Within SOS Records	**202126502216**

Effective Date: 10/01/2021

CHANGE BUSINESS TYPE DOM. PROFIT LIM. LIAB. CO.

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 22nd day of September, A.D. 2021.

Ohio Secretary of State

Form 700 Prescribed by:

Frank LaRose
Ohio Secretary of State

Toll Free: 877.767.3453
Central Ohio: 614.466.3910
OhioSoS.gov
business@OhioSoS.gov
File online or for more information: OhioBusinessCentral.gov

For screen readers, follow instructions located at this path.

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 1329
Columbus, OH 43216

Expedite Filing (Two business day processing time. Requires an additional $100.00)
P.O. Box 1390
Columbus, OH 43216

2021 SEP 22 AM 11:35

Certificate for Conversion for Entities Converting Within or Off the Records of the Ohio Secretary of State

Filing Fee: $99
Form Must Be Typed

(CHECK ONLY ONE (1) BOX)

(1) ☒ **Converting Within The Records of the Ohio Secretary of State**

(2) ☐ **Converting Off The Records of the Ohio Secretary of State** (187-VXX)

Name of the converting entity: RGH Enterprises, Inc.

Jurisdiction of Formation: Ohio

Charter/Registration Number: 770802

The converting entity is a:
(Check Only (1) One Box)

- ☐ Domestic Nonprofit Corporation
- ☒ Domestic For-Profit Corporation
- ☐ Foreign Nonprofit Corporation
- ☐ Foreign For-Profit Corporation
- ☐ Domestic Nonprofit Limited Liability Company
- ☐ Foreign Nonprofit Limited Liability Company
- ☐ Domestic For-Profit Limited Liability Company
- ☐ Foreign For-Profit Limited Liability Company
- ☐ Partnership
- ☐ Domestic Limited Partnership
- ☐ Foreign Limited Partnership
- ☐ Domestic Limited Liability Partnership
- ☐ Foreign Limited Liability Partnership

The converting entity hereby states that it has complied with all laws in the jurisdiction under which it exists and that those laws permit the conversion.

Name of the converted entity: RGH Enterprises, LLC.

Jurisdiction of Formation: Ohio

The converted entity is a:
(Check Only (1) One Box)

- ☐ Domestic For-Profit Corporation
- ☐ Domestic Professional Association
- ☐ Foreign Nonprofit Corporation
- ☐ Foreign For-Profit Corporation
- ☐ Domestic Nonprofit Limited Liability Company
- ☐ Foreign Nonprofit Limited Liability Company
- ☒ Domestic For-Profit Limited Liability Company
- ☐ Foreign For-Profit Limited Liability Company
- ☐ Partnership
- ☐ Domestic Limited Partnership
- ☐ Foreign Limited Partnership
- ☐ Domestic Limited Liability Partnership
- ☐ Foreign Limited Liability Partnership

Effective Date (MM/DD/YYYY) **(Optional)**: 10/01/2021 **(The conversion is effective upon the filing of this certificate or on a later date specified in the certificate)**

Name and address of the person or entity that will provide a copy of the declaration of conversion upon written request.

Samantha Bourdette
Name

7000 Cardinal Place
Mailing Address

Dublin | Ohio | 43017
City | State | Zip Code

Required information that must accompany conversion certificate if box 2 is checked

If the converting entity is a domestic or foreign entity that will not be licensed in Ohio, provide the name and address of the statutory agent upon whom any process, notice or demand may be served.

Name of Statutory Agent

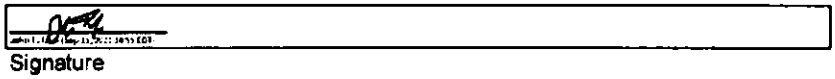
Mailing Address

City | OH | ZIP Code
State

See instructions for additional filing requirements if
(1) the conversion creates a new domestic entity,
(2) the converted entity is a foreign entity that desires to transact business in Ohio; or
(3) if a domestic corporation or foreign corporation licensed in Ohio is the converting entity.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required
Must be signed by an authorized representative.



Signature

By (if applicable)

John Tufano - Secretary

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Complete the information in this section.

AFFIDAVIT

In lieu of dissolution releases from various governmental authorities.

RGH Enterprises, Inc.

Name of Corporation

The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governmental agencies was advised IN WRITING of the scheduled date of filing of the Certificate and was advised IN WRITING of the acknowledgement by the corporation of the applicability of the provisions of section 1701.95 of the ORC.

Agency

Ohio Bureau of Workers' Compensation
30 W. Spring Street
Columbus, Ohio 43215

Date Notified (MM/DD/YYYY): 07/31/2021

* Only required for domestic for-profit corporations

Agency

Ohio Job & Family Services
Status and Liability Section
Data Correspondence Control
Fax: 614-752-4811
Phone: 614-466-2319

Overnight Address:
P.O. Box 182413
Columbus, OH 43218-2413

Regular Address:
P.O. Box 182413
Columbus, OH 43218-2413

Date Notified (MM/DD/YYYY): 7/31/2021

Agency

Ohio Department of Taxation
Taxpayer Services/Tax Release Unit
P.O. Box 182382
Columbus, OH 43218-2382
Dissolution@tax.state.oh.us

Date Notified (MM/DD/YYYY): 07/07/2021

* Complete this date notified field only if the corporation is a domestic non-profit corporation or foreign corporation.
* **Note**: Domestic for-profit corporations must submit with this filing a Certificate of Tax Clearance issued by the Ohio Department of Taxation.

☐ The corporation is not required to pay or the department of taxation has not assessed any personal property tax.

Note: This affidavit must be signed by one or more persons executing the certificate or by an officer of the corporation.

Signature [signature] Title: Secretary

John Tufano
Name

7000 Cardinal Place
Mailing Address

Dublin | Ohio | 43017
City | State | ZIP Code

Seal

Sworn to and subscribed in my presence on this date (MM/DD/YYYY): 9/15/2021

SAMANTHA J BOURDETTE
Notary Public
State of Ohio
My Comm. Expires
December 12, 2021

[signature]
Notary Public

Date Commission Expires (MM/DD/YYYY): 12/12/2021

AFFIDAVIT OF PERSONAL PROPERTY

State of Ohio

County of Franklin

John Tufano
Name of Officer

Secretary
Title of Officer

of

RGH Enterprises, Inc.
Name of Corporation

and that this affidavit is made in compliance with Ohio Revised Code Section 1701.86

That above-named corporation: (Check one (1) of the following)

☐ Has no personal property in any county in Ohio

☐ Is the type required to pay personal property taxes to state authorities only

☑ Has personal property in the following county (ies)

Summit
County

County

County

Signature [signature] Sep 15, 2021 18:35 EDT

Title Secretary

Sworn to and subscribed in my presence on this date (MM/DD/YYYY) 9/15/2021

Seal

SAMANTHA J BOURDETTE
Notary Public
State of Ohio
My Comm. Expires
December 12, 2021

[signature]
Notary Public

Date Commission Expires (MM/DD/YYYY) 12/12/2021

Ohio | Department of Taxation

PO Box 182382
Columbus, OH 43218-2382
tax.ohio.gov

ANDREW MUHN
7000 CARDINAL PL
DUBLIN, OH 43017
USA

August 24, 2021
Contact ID: 9873000272

RE: Certificate of Tax Clearance
Entity Name: Rgh Enterprises, Inc.
Ohio Charter # 00770802
Certificate Issue Date: 08/24/2021

This certificate confirms the above-referenced entity filed all tax returns and paid in full all taxes and fees administered by the Tax Commissioner through the certificate issue date referred to above.

This certificate does not preclude the Department from issuing a bill and/or assessment against the entity for any tax returns and/or tax liabilities and fees that become due after the certificate issue date. Also, this certificate does not preclude the Department from conducting an examination or audit for any period ending prior to the date this certificate is filed with the Ohio Secretary of State.

This Certificate of Tax Clearance is valid for thirty (30) days from the certificate issue date and must be filed along with all forms prescribed by the Ohio Secretary of State.

Jeffrey A. McClain
Tax Commissioner

If you have any questions, please contact us.

Tax Release Unit
Phone: 1-855-895-4422
Fax: 1-206-964-0378
TTY/TDD: 1-800-750-0750

Form 533A Prescribed by:

Frank LaRose
Ohio Secretary of State

Toll Free: 877.767.3453
Central Ohio: 614.466.3910
OhioSoS.gov
business@OhioSoS.gov
File online or for more information: OhioBusinessCentral.gov

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 670
Columbus, OH 43216

Expedite Filing (Two business day processing time. Requires an additional $100.00)
P.O. Box 1390
Columbus, OH 43216

For screen readers, follow instructions located at this path.

Articles of Organization for a Domestic Limited Liability Company

Filing Fee: $99

Form Must Be Typed

2021 SEP 22 AM 11:35

CHECK ONLY ONE (1) BOX

(1) ☒ Articles of Organization for Domestic For-Profit Limited Liability Company (115-LCA)

(2) ☐ Articles of Organization for Domestic Nonprofit Limited Liability Company (115-LCA)

Name of Limited Liability Company: RGH Enterprises, LLC

(Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd.," or "ltd.")

Optional: Effective Date (MM/DD/YYYY): 10/01/2021

(The legal existence of the corporation begins upon the filing of the articles or on a later date specified that is not more than ninety days after filing.)

Optional: This limited liability company shall exist for: perpetual

Period of Existence

Optional: Purpose

**** Note for Nonprofit LLCs**
The Secretary of State does not grant tax exempt status. Filing with our office is not sufficient to obtain state or federal tax exemptions. Contact the Ohio Department of Taxation and the Internal Revenue Service to ensure that the nonprofit limited liability company secures the proper state and federal tax exemptions. These agencies may require that a purpose clause be provided. **

Original Appointment of Statutory Agent

The undersigned authorized member(s), manager(s) or representative(s) of

RGH Enterprises, LLC

(Name of Limited Liability Company)

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the corporation may be served. The complete address of the agent is:

C T Corporation System

(Name of Statutory Agent)

4400 Easton Commons Way, Suite 125

(Mailing Address)

Columbus	OH	43219
(Mailing City)	(Mailing State)	(Mailing ZIP Code)

Acceptance of Appointment

The Undersigned, C T Corporation System, named herein as the

(Name of Statutory Agent)

Statutory agent for RGH Enterprises, LLC

(Name of Limited Liability Company)

hereby acknowledges and accepts the appointment of statutory agent for said limited liability company.

Statutory Agent Signature /s/ Tracy Kellner - Assistant Secretary

(Individual Agent's Signature / Signature on Behalf of Business Serving as Agent)

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Articles and original appointment of agent must be signed by a member, manager or other representative.

If the authorized representative is an individual, then they must sign in the "signature" box and print his/her name in the "Print Name" box.

If the authorized representative is a business entity, not an individual, then please print the entity name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print his/her name and title/authority in the "Print Name" box.

Signature

Allegiance Corporation, Sole Member

By (if applicable)

Samantha Bourdette, Assistant Secretary

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
09/22/2021	202126502216	Conversion Within SOS Records (CVS)	99.00	200.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

CT CORPORATION SYSTEM
ATTN: ZACH CAIN
4400 EASTON COMMONS WAY, STE 125
COLUMBUS, OH 43219

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose

770802

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

RGH ENTERPRISES, LLC

and, that said business records show the filing and recording of:

Document(s)	Document No(s):
Conversion Within SOS Records	**202126502216**

Effective Date: 10/01/2021

CHANGE BUSINESS TYPE DOM. PROFIT LIM. LIAB. CO.

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 22nd day of September, A.D. 2021.

Ohio Secretary of State

Form 700 Prescribed by:

Frank LaRose
Ohio Secretary of State

Toll Free: 877.767.3453
Central Ohio: 614.466.3910
OhioSoS.gov
business@OhioSoS.gov
File online or for more information: OhioBusinessCentral.gov

For screen readers, follow instructions located at this path.

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 1329
Columbus, OH 43216

Expedite Filing (Two business day processing time. Requires an additional $100.00)
P.O. Box 1390
Columbus, OH 43216

2021 SEP 22 AM 11:35

Certificate for Conversion for Entities Converting Within or Off the Records of the Ohio Secretary of State

Filing Fee: $99
Form Must Be Typed

(CHECK ONLY ONE (1) BOX)

(1) ☒ **Converting Within The Records of the Ohio Secretary of State**

(2) ☐ **Converting Off The Records of the Ohio Secretary of State** (187-VXX)

Name of the converting entity	RGH Enterprises, Inc.
Jurisdiction of Formation	Ohio
Charter/Registration Number	770802

The converting entity is a:
(Check Only (1) One Box)

- ☐ Domestic Nonprofit Corporation
- ☒ Domestic For-Profit Corporation
- ☐ Foreign Nonprofit Corporation
- ☐ Foreign For-Profit Corporation
- ☐ Domestic Nonprofit Limited Liability Company
- ☐ Foreign Nonprofit Limited Liability Company
- ☐ Domestic For-Profit Limited Liability Company
- ☐ Foreign For-Profit Limited Liability Company
- ☐ Partnership
- ☐ Domestic Limited Partnership
- ☐ Foreign Limited Partnership
- ☐ Domestic Limited Liability Partnership
- ☐ Foreign Limited Liability Partnership

The converting entity hereby states that it has complied with all laws in the jurisdiction under which it exists and that those laws permit the conversion.

Name of the converted entity: RGH Enterprises, LLC.

Jurisdiction of Formation: Ohio

The converted entity is a:
(Check Only (1) One Box)

- ☐ Domestic For-Profit Corporation
- ☐ Domestic Professional Association
- ☐ Foreign Nonprofit Corporation
- ☐ Foreign For-Profit Corporation
- ☐ Domestic Nonprofit Limited Liability Company
- ☐ Foreign Nonprofit Limited Liability Company
- ☒ Domestic For-Profit Limited Liability Company
- ☐ Foreign For-Profit Limited Liability Company
- ☐ Partnership
- ☐ Domestic Limited Partnership
- ☐ Foreign Limited Partnership
- ☐ Domestic Limited Liability Partnership
- ☐ Foreign Limited Liability Partnership

Effective Date (MM/DD/YYYY) **(Optional)**: 10/01/2021 **(The conversion is effective upon the filing of this certificate or on a later date specified in the certificate)**

Name and address of the person or entity that will provide a copy of the declaration of conversion upon written request.

Samantha Bourdette
Name

7000 Cardinal Place
Mailing Address

Dublin — City
Ohio — State
43017 — Zip Code

Required information that must accompany conversion certificate if box 2 is checked

If the converting entity is a domestic or foreign entity that will not be licensed in Ohio, provide the name and address of the statutory agent upon whom any process, notice or demand may be served.

Name of Statutory Agent

Mailing Address

City
OH — State
ZIP Code

See instructions for additional filing requirements if
(1) the conversion creates a new domestic entity,
(2) the converted entity is a foreign entity that desires to transact business in Ohio; or
(3) if a domestic corporation or foreign corporation licensed in Ohio is the converting entity.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required
Must be signed by an authorized representative.

Signature

By (if applicable)

John Tufano - Secretary

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Complete the information in this section.

AFFIDAVIT

In lieu of dissolution releases from various governmental authorities.

RGH Enterprises, Inc.

Name of Corporation

The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governmental agencies was advised IN WRITING of the scheduled date of filing of the Certificate and was advised IN WRITING of the acknowledgement by the corporation of the applicability of the provisions of section 1701.95 of the ORC.

Agency

Ohio Bureau of Workers' Compensation
30 W. Spring Street
Columbus, Ohio 43215

* Only required for domestic for-profit corporations

Date Notified (MM/DD/YYYY): 07/31/2021

Agency

Ohio Job & Family Services
Status and Liability Section
Data Correspondence Control
Fax: 614-752-4811
Phone: 614-466-2319

Overnight Address:
P.O. Box 182413
Columbus, OH 43218-2413

Regular Address:
P.O. Box 182413
Columbus, OH 43218-2413

Date Notified (MM/DD/YYYY): 7/31/2021

Agency

Ohio Department of Taxation
Taxpayer Services/Tax Release Unit
P.O. Box 182382
Columbus, OH 43218-2382
Dissolution@tax.state.oh.us

Date Notified (MM/DD/YYYY): 07/07/2021

* Complete this date notified field only if the corporation is a domestic non-profit corporation or foreign corporation.
* **Note:** Domestic for-profit corporations must submit with this filing a Certificate of Tax Clearance issued by the Ohio Department of Taxation.

☐ The corporation is not required to pay or the department of taxation has not assessed any personal property tax.

Note: This affidavit must be signed by one or more persons executing the certificate or by an officer of the corporation.

Signature [signature] Title: Secretary

John Tufano
Name

7000 Cardinal Place
Mailing Address

Dublin | Ohio | 43017
City | State | ZIP Code

Seal

Sworn to and subscribed in my presence on this date (MM/DD/YYYY): 9/15/2021

SAMANTHA J BOURDETTE
Notary Public
State of Ohio
My Comm. Expires
December 12, 2021

[signature]
Notary Public

Date Commission Expires (MM/DD/YYYY): 12/12/2021

AFFIDAVIT OF PERSONAL PROPERTY

State of: Ohio

County of: Franklin

John Tufano
Name of Officer

Secretary
Title of Officer

of

RGH Enterprises, Inc.
Name of Corporation

and that this affidavit is made in compliance with Ohio Revised Code Section 1701.86

That above-named corporation: (Check one (1) of the following)

☐ Has no personal property in any county in Ohio

☐ Is the type required to pay personal property taxes to state authorities only

☑ Has personal property in the following county (ies)

Summit		
County	County	County

Signature [signature] Title: Secretary

Sworn to and subscribed in my presence on this date (MM/DD/YYYY): 9/15/2021

Seal

SAMANTHA J BOURDETTE
Notary Public
State of Ohio
My Comm. Expires
December 12, 2021

[signature]
Notary Public

Date Commission Expires (MM/DD/YYYY): 12/12/2021

Ohio | Department of Taxation

PO Box 182382
Columbus, OH 43218-2382
tax.ohio.gov

ANDREW MUHN
7000 CARDINAL PL
DUBLIN, OH 43017
USA

August 24, 2021
Contact ID: 9873000272

RE: Certificate of Tax Clearance
Entity Name: Rgh Enterprises, Inc.
Ohio Charter # 00770802
Certificate Issue Date: 08/24/2021

This certificate confirms the above-referenced entity filed all tax returns and paid in full all taxes and fees administered by the Tax Commissioner through the certificate issue date referred to above.

This certificate does not preclude the Department from issuing a bill and/or assessment against the entity for any tax returns and/or tax liabilities and fees that become due after the certificate issue date. Also, this certificate does not preclude the Department from conducting an examination or audit for any period ending prior to the date this certificate is filed with the Ohio Secretary of State.

This Certificate of Tax Clearance is valid for thirty (30) days from the certificate issue date and must be filed along with all forms prescribed by the Ohio Secretary of State.

Jeffrey A. McClain
Tax Commissioner

If you have any questions, please contact us.

Tax Release Unit
Phone: 1-855-896-4422
Fax: 1-208-964-0378
TTY/TDD: 1-800-750-0750

Form 533A Prescribed by:

Frank LaRose
Ohio Secretary of State

Toll Free: 877.767.3453
Central Ohio: 614.466.3910
OhioSoS.gov
business@OhioSoS.gov
File online or for more information: OhioBusinessCentral.gov

For screen readers, follow instructions located at this path.

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 670
Columbus, OH 43216

Expedite Filing (Two business day processing time. Requires an additional $100.00)
P.O. Box 1390
Columbus, OH 43216

2021 SEP 22 AM 11:35

Articles of Organization for a Domestic Limited Liability Company

Filing Fee: $99

Form Must Be Typed

CHECK ONLY ONE (1) BOX

(1) ☒ Articles of Organization for Domestic For-Profit Limited Liability Company (115-LCA)

(2) ☐ Articles of Organization for Domestic Nonprofit Limited Liability Company (115-LCA)

Name of Limited Liability Company: RGH Enterprises, LLC

(Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd.," or "ltd.")

Optional: Effective Date (MM/DD/YYYY): 10/01/2021

(The legal existence of the corporation begins upon the filing of the articles or on a later date specified that is not more than ninety days after filing.)

Optional: This limited liability company shall exist for: perpetual

Period of Existence

Optional: Purpose

** **Note for Nonprofit LLCs**
The Secretary of State does not grant tax exempt status. Filing with our office is not sufficient to obtain state or federal tax exemptions. Contact the Ohio Department of Taxation and the Internal Revenue Service to ensure that the nonprofit limited liability company secures the proper state and federal tax exemptions. These agencies may require that a purpose clause be provided. **

Original Appointment of Statutory Agent

The undersigned authorized member(s), manager(s) or representative(s) of

RGH Enterprises, LLC

(Name of Limited Liability Company)

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the corporation may be served. The complete address of the agent is:

C T Corporation System

(Name of Statutory Agent)

4400 Easton Commons Way, Suite 125

(Mailing Address)

Columbus	OH	43219
(Mailing City)	(Mailing State)	(Mailing ZIP Code)

Acceptance of Appointment

The Undersigned, C T Corporation System, named herein as the

(Name of Statutory Agent)

Statutory agent for RGH Enterprises, LLC

(Name of Limited Liability Company)

hereby acknowledges and accepts the appointment of statutory agent for said limited liability company.

Statutory Agent Signature /s/ Tracy Kellner - Assistant Secretary

(Individual Agent's Signature / Signature on Behalf of Business Serving as Agent)

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Articles and original appointment of agent must be signed by a member, manager or other representative.

If the authorized representative is an individual, then they must sign in the "signature" box and print his/her name in the "Print Name" box.

If the authorized representative is a business entity, not an individual, then please print the entity name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print his/her name and title/authority in the "Print Name" box.

Signature

Allegiance Corporation, Sole Member

By (if applicable)

Samantha Bourdette, Assistant Secretary

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF MERGER, WHICH MERGES:

"ASSURAMED GROUP, INC.", A DELAWARE CORPORATION,

WITH AND INTO "ALLEGIANCE CORPORATION" UNDER THE NAME OF 'ALLEGIANCE CORPORATION', A CORPORATION ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF DELAWARE, AS RECEIVED AND FILED IN THIS OFFICE ON THE THIRTIETH DAY OF JULY, A.D. 2021, AT 1:11 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF MERGER IS THE FIRST DAY OF AUGUST, A.D. 2021 AT 12:20 O'CLOCK A.M.

Jeffrey W. Bullock, Secretary of State

2627291 8100M
SR# 20212849024

Authentication: 203837533
Date: 08-04-21

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Delaware
Secretary of State
Division of Corporations
Delivered 01:07 PM 07/30/2021
FILED 01:11 PM 07/30/2021
SR 20212849024 - File Number 2627291

STATE OF DELAWARE
CERTIFICATE OF MERGER O_
DOMESTIC CORPORATIONS

Pursuant to Title 8, Section 251(c) of the Delaware General Corporation Law, the undersigned corporation executed the following Certificate of Merger:

FIRST: The name of the surviving corporation is Allegiance Corporation, and the name of the corporation being merged into this surviving corporation is AssuraMed Group, Inc.

SECOND: The Agreement of Merger has been approved, adopted, certified, executed and acknowledged by each of the constituent corporations.

THIRD: The name of the surviving corporation is Allegiance Corporation a Delaware corporation.

FOURTH: The Certificate of Incorporation of the surviving corporation shall be its Certificate of Incorporation.

FIFTH: The merger is to become effective on August 1, 2021 at 12:20am EST.

SIXTH: The Agreement of Merger is on file at 7000 Cardinal Place, Dublin, OH 43017, the place of business of the surviving corporation.

SEVENTH: A copy of the Agreement of Merger will be furnished by the surviving corporation on request, without cost, to any stockholder of the constituent corporations.

IN WITNESS WHEREOF, said surviving corporation has caused this certificate to be signed by an authorized officer, the 28th day of July, A.D., 2021.

By: [signature] Jul 28, 2021 12:29 EDT
Authorized Officer

Name: Scott Zimmerman
Print or Type

Title: Vice President & Treasurer

North Carolina Department of Agriculture
and Consumer Services
Food and Drug Protection Division

Inspection Report

RGH Enterprises, Inc.
4234 Surles Court, Suite 100
Durham, NC 27703
(919) 472-4030

Inspected 06/29/2021
By: Bob Braswell
Drug Specialist

Steven W. Troxler
Commissioner

North Carolina Department of Agriculture and Consumer Services
Food and Drug Protection Division

Joseph W. Reardon
Assistant Commissioner for Consumer Protection

Anita MacMullan
Director

Inspection Report

RGH Enterprises, Inc.
4234 Surlcs Court, Suite 100
Durham, NC 27703
(919) 472-4030

Inspected 06/29/2021
By: Bob Braswell

History of Business

RGH Enterprises was incorporated in Ohio in 1990; the firm was acquired by and became of wholly-owned subsidiary of Cardinal Health in February 2013, and now operates undcr the Cardinal Health Medical Division. RGH Enterprises currently operates seven other regional distribution centers within the US that are licensed in this state. Operations bcgan at this location on July 29, 2013.

Corporate Address

RGH Enterprises, Inc.
1810 Summit Commerce Park
Twinsburg, OH 44087
1-888-394-5375

Corporate Officers – Cardinal Health

Steve Mason	President
Hal Grubbs	VP Operations Management

Person(s) Interviewed and Individual Responsibility

Credentials were presented to and Noticc of Inspection issued to Mr. Dennis Piper, the NC Distribution Center Manager and most responsible person at this facility. Mr. Piper and Ms. Aggie Plourde, Inside Supervisor, accompanied me during a visual inspection of the warehouse area and responded to all questions concerning the day-to-day operations at this facility; Ms. Constance Jenkins-Tabron supplied all requested documents for review.

Background

This visit was a routine general inspection of this storage and distribution facility. The purpose of this inspection was to verify compliance with NCGS §106 Article 12A (Wholesale Prescription Drug Distributors). This facility currently maintains Prescription Drug Distributor license #087-430 with NCDA&CS.

There were no significant objectionable conditions noted during the previous inspection of this facility conducted by NCDA&CS on 01/28/2020, and an observation sheet was not issued.

Operations

RGH Enterprises operates this facility as one of eight regional domestic distribution centers, providing medical supplies to home delivery and wholesale customers for diabetes, ostomy, wound care, urological, incontinence and respiratory conditions; they maintain a Prescription Drug Distributor license in order to supply USP-grade saline solution to pharmacies, clinics, long-term care facilities, and other wholesale distributors. **There were no prescription drug products in the firm's inventory at the time of this inspection.**

This facility is of concrete and steel construction, and contains approximately 92,000 square feet of environmentally-controlled storage and office space. Entry into the warehouse area is limited to authorized personnel, controlled by keypad locks on entry doors. Security is controlled by the use of door contacts and surveillance cameras. There are multiple loading bay doors and one personnel door providing direct access into the warehouse area from the building exterior. There is a designated area located in upper-level storage racks in the warehouse for outdated, damaged, rejected, or returned products. A contract pest control service provides monthly inspection and treatment.

Digital data loggers placed at strategic locations in the warehouse area constantly monitor and document the temperature and relative humidity at six-hour intervals; this system will alert personnel of excursions outside established parameters of 59-86° F. No products requiring refrigerated temperatures will be stored at this facility, and there will be no controlled substances. Calibrated data loggers are routinely supplied by corporate, and seasonal temperature mapping of the facility is also done.

Established written procedures are adequate for inventory management (daily cycle counts of products based on SKU volume), inventory adjustments, recalls, product rotation (FIFO), product quarantine, and a facility disaster plan. Products are tracked electronically using RF scanners and inventory management software (PkMS), and authorized personnel will have access to the system for adjustments. Products are inspected and identified on arrival; the bar code is RF scanned during each product movement, providing current status of products. Expiration dates are confirmed at each cycle count, and products with less than three months shelf life will be removed from inventory. Damaged, rejected, or quarantine products will be physically segregated from other products. Procedures require that all prescription drug products be stored within a secure area segregated by a chain-link fence; to date, there have been no prescription drugs in inventory at this location and this secure storage area has not been installed.

Observations

There were no significant objectionable conditions noted during this inspection, and an observation sheet was not issued.

Compliance

Future inspections of this facility by NCDA&CS will be conducted on a routine annual or as-needed basis.

Attachments

Notice of Inspection

NORTH CAROLINA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES
FOOD & DRUG PROTECTION DIVISION

Name and Title of Individual: Jesse Piper Center Mgr	Date: 6/29/21	
Firm Name: Pace Enterprises, Inc	HOUR	10:20 a.m.
Number & Street: 1434 Fairs Chapel Suite 100		p.m.
City & State: Lenoir NC	Zip Code: 28645	

Notice of inspection is hereby given pursuant to Article 12, §106-140 of North Carolina Food, Drug and Cosmetic.

Signature (NC Department of Agriculture Employee(s)):	Title (NC Department of Agriculture Employee (s)
[signature]	Drug Specialist

Article 12. §106-140 of the North Carolina Food, Drug and Cosmetic Act is quoted below:

§106-140. (a) For the purposes of enforcement of this Article, the Commissioner or any of his authorized agents, are authorized upon presenting appropriate credentials and a written notice to the owner, operator or agent in charge, (1) To enter at reasonable times any factory, warehouse or establishment in which food, drugs, devices or cosmetics are manufactured, processed, or packed or held for introduction into commerce or after such introduction or to enter any vehicle being used to transport or hold such foods, drugs, devices or cosmetics in commerce; and (2) To inspect at reasonable times and in a reasonable manner such factory, warehouse, establishment or vehicle and all pertinent equipment, finished or unfinished materials, containers and labeling therein, and to obtain samples necessary to the endorsement of this Article. In the case of any factory, warehouse, establishment, or consulting laboratory in which any food, drug, device or cosmetic is manufactured, processed, analyzed, packed or held, the inspection shall extend to all things therein (including records, files, papers, processes, controls and facilities) bearing on whether any food, drug, device or cosmetic which is adulterated or misbranded within the meaning of this Article or which may not be manufactured, introduced into commerce or sold or offered for sale by reason of any provision of this Article, has been or is being manufactured, processed, packed, transported or held in any such place or otherwise bearing on violation of this Article. No inspection authorized by the preceding sentence shall extend to a. Financial data, b. Sales data other than shipment data, c. Personnel data (other than data as to qualifications of technical and professional personnel performing functions subject to this Article), d. Pricing data, and e. Research data (other than data relating to new drugs and antibiotic drugs, subject to reporting and inspection under lawful regulations issued pursuant to section 505 (i) or (j) or section 507 (d) or (g) of the federal act, and data, relating to other drugs, which in the case of a new drug would be subject to reporting or inspection under lawful regulations issued pursuant to section 505 (j) of the federal act). Such inspection shall be commenced and completed with reasonable promptness. The provisions of the second sentence of this subsection shall not apply to such classes of persons as the Board may hy regulation exempt from the application of this section upon a finding that inspection as applied to such classes of persons in accordance with this section is not necessary for the protection of the public health. (3) To have access to and to copy all records of carriers in commerce showing the movement in commerce of any food, drug, device, or cosmetic, or the holding thereof during or after such movement, and the quantity, shipper and consignee thereof: Provided, that evidence obtained under this subsection shall not be used in a criminal prosecution of the person from whom obtained; and provided further, that carriers shall not be subject to the other provisions of this Article by reason of their receipt, carriage, holding, or delivery of food, drugs, devices or cosmetics in the usual course of business as carriers. (b) Upon completion of any such inspection of a factory, warehouse, consulting laboratory or other establishment and prior to leaving the premises, the authorized agent making the inspection shall give to the owner, operator, or agent-in-charge a report in writing setting forth any conditions or practices observed by him which in his judgment indicate that any food, drug, device or cosmetic in such establishment: (1) Consists in whole or in part of any filthy, putrid, or decomposed substance; or (2) Has been prepared, packed or held under insanitary conditions whereby it may have become contaminated with filth or whereby it may have been rendered injurious to health. (c) If the authorized agent making any such inspection of a factory, warehouse or other establishment has obtained any salable product samples in the course of the inspection, upon completion of the inspection and prior to leaving the premises he shall offer reasonable payment for any such product samples. (d). It shall be the duty of the Commissioner of Agriculture to make or cause to be made examination of samples secured under the provisions of this section to determine whether or not any provision of this Article is being violated.

4AA

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ☒ Ownership Change ☒ Name Change ☐ Location Change (in-state only)	* If making a change, provide current license number: WH 01770	☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ■ No

Section 1: General Information

Facility Name: RGH Enterprises, LLC DBA: Edgepark Medical Supplies; Cardinal Health at Home

Physical Address: 5400 Sandshell Drive, Suite #160

City: Fort Worth State: TX Zip: 76137

Mailing Address (if different from physical address): 7000 Cardinal Place

City: Dublin State: OH Zip: 43017

Telephone: 817-740-3224 Website: www.edgepark.com

Name of Designated Representative (DR): Charlton Lane Long

Licensing Company Email: licensure@cardinalhealth.com DR Email: Lane.Long@cardinalhealth.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☒ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☒ Practitioners	☐ Controlled Substances
☒ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Dexcom
Address: 6290 Sequence Dr. City: San Diego State: CA Zip: 92121
Name: Coloplast
Address: 1601 West River Road North City: Minneapolis State: MN Zip: 55411
Name: Convatec
Address: CenterPoint II – 1160 Route 22 East City: Bridgewater State: NJ Zip: 08807
Name: Hollister
Address: 2000 Hollister Dr City: Libertyville State: IL Zip: 60048

Section 4: Publicly Traded Corporation

State of Incorporation: Ohio
Parent Company (if any): Allegiance Corporation
Corporation Name: Allegiance Corporation
Mailing Address: 7000 Cardinal Place
City: Dublin State: OH Zip: 43017
Telephone: 508-422-9027 Email: licensure@cardinalhealth.com
Contact Person Name: Cynthia Rhodes
Date of SEC Registration: 2/25/22 SEC Registration Number: 721371 Stock Exchange Symbol: CAH

Section 5: Non-Publicly Traded Corporation

State of Incorporation: N/A
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name: N/A
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name: N/A
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Keegan Chamberlain

Print Name of Authorized Person Submitting Application

K Chamberlain

Original signature of Authorized Person (copies or stamps not accepted)

2/2/22

Date

Board Use Only	Date Received: _____	Amount: $500 check 107960084

CardinalHealth

February 2, 2022

Dave Wuest, Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Ste. 206
Reno, NV 89521

RE: Explanation of Disciplinary History
RGH Enterprises, LLC

Dear Mr. Wuest:

This letter is provided in conjunction with our affirmative response to question 3 on our application for our Out-of-State license. We have a few matters with corresponding derivative action to disclose.

In March 2015, the RGH pharmacy located in Twinsburg, OH, was issued a citation and fined $500 by the Maine Board of Pharmacy, for failure to timely report a change in the facility's pharmacist-in-charge. This failure to report within the seven-day time frame was due to the unavailability of the corporate official authorized to sign the application. RGH paid the fine to the Maine State Board of Pharmacy; additionally, RGH has undertaken a process to ensure regulatory notifications occur in a timely manner.

In April 2016, the Hawaii Board of Pharmacy took derivative action against the Twinsburg, OH, facility based on the action described above. RGH entered a Settlement Agreement with Hawaii and agreed to pay a $250 fine; the matter was closed on May 6, 2016.

Furthermore, Cardinal Health's distribution center in Valencia, California, entered into a settlement agreement with the California Board of Pharmacy. As a condition of that settlement, effective April 3, 2019, the California Wholesale license for our Valencia, CA distribution center will be on probation for a period of two years (through April 2, 2021). This probation in no way affects the continued ability of our Valencia distribution center to service our customers in a timely and efficient manner.

Probation was a result of a settlement agreement between our Valencia distribution center and the California Board of Pharmacy regarding sales that distribution center made to a customer between 2012 and 2014 and the failure to receive a pharmacist's signature on several deliveries in that same time frame.

Additionally, on March 11, 2019, Cardinal Health's Wheeling, West Virginia, distribution center entered into a settlement agreement with the Ohio Board of Pharmacy regarding the security and storage of drugs while those drugs were being distributed to the customer. This issue involved Ohio Board of Pharmacy inspectors manipulating our totes in such a way as to be able to retrieve a bottle out of a strapped/sealed tote. This occurred on several occasions all while the totes were in the custody of our delivery drivers or pharmacies. An inspector also witnessed a delivery

vehicle door that was not locked and secured appropriately. Cardinal Health agreed to pay a monetary penalty of $5,000.

As previously reported, on May 15, 2012, Cardinal Health entered into a settlement agreement with the U.S. Drug Enforcement Administration ("DEA") regarding Cardinal Health's registration to distribute controlled substances from our Lakeland, Florida facility. On February 3, 2012, DEA served an Order to Show Cause and Immediate Suspension of Registration (the "Order") on Cardinal Health's Lakeland, Florida distribution center. In the Order, DEA alleged that the Lakeland facility "failed to maintain effective controls against the diversion of controlled substances" and "failed to detect and report suspicious orders of oxycodone by its pharmacy customers." In particular, DEA identified four retail pharmacies located in Florida that were serviced by the Lakeland facility and alleged that "[n]otwithstanding the large quantities of controlled substances ordered by Cardinal's top retail pharmacy customers Cardinal failed to conduct meaningful due diligence to ensure that the controlled substances were not diverted...." Importantly, these allegations did not involve any diversion of controlled substances from Cardinal's facility.

Under the settlement agreement, the Lakeland facility's DEA registration was suspended for two years from the date of the settlement agreement. On May 21, 2014, the suspension was lifted and the DEA reinstated Lakeland's registration. On December 23, 2016, Cardinal Health reached a nationwide settlement with the federal government, resolving the outstanding civil penalty portion of this May 15, 2012 administrative settlement with the DEA. Under this civil settlement, Cardinal Health has agreed to pay $44 million to the Department of Justice (DOJ) to resolve this matter. The DOJ, including the DEA and the United States Attorneys' Offices for the Middle District of Florida, the Southern District of New York, the District of Maryland, and the Western District of Washington and all other districts across the country have also agreed to take no further administrative or civil action on these and related matters. In addition, Cardinal Health has reached an agreement with the State of West Virginia regarding the company's distribution of controlled substances in that state between 2007 and 2012. While Cardinal Health denies the allegations, it agreed to pay West Virginia $20 million to resolve issues and release the company from further actions.

In 2014, the Boards of Pharmacy in both California and Georgia took derivative action based upon the DEA settlement. The Georgia Board fined the Lakeland facility $500 in administrative fees, and the California Board fined the facility $1,505 in investigative fees. Both fees were paid to the respective Boards.

We make every effort to meet our customers' legitimate demands for controlled substances. However, we have also demonstrated a deep commitment to helping fight prescription drug abuse. If you have any questions about this issue, please contact Martha Russell, Assistant General Counsel, Regulatory, at 614-757-6654.

Sincerely,

Keegan Chamberlain
Director, Global Logistics Quality Management

CardinalHealth

Officer Name	Title	Business Address	Email Address
Scott B. Zimmerman	Vice President and Treasurer	7000 Cardinal Place, Dublin, OH 43017	scott.zimmerman@cardinalhealth.com
Keegan David Chamberlain	Director, Quality Management	7200 Cardinal Place, Dublin, OH 43017	Keegan.Chamberlain@cardinalhealth.com
John Joseph Tufano, Jr.	Senior Legal Counsel	7000 Cardinal Place, Dublin OH 43017	john.tufano@cardinalhealth.com
John Henry Martin Jr.	SVP, Tax	7000 Cardinal Place, Dublin OH 43017 (2B0060)	john.martin03@cardinalhealth.com

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The above information is confidential and to be used for licensing purposes only. Any other use is strictly prohibited without prior consent of Cardinal Health.

List the top four corporation shareholders and their percent ownership.

Stockholder	Stake
The Vanguard Group, Inc.	12.65%
SSgA Funds Management, Inc.	6.75%
BlackRock Fund Advisors	5.38%
T. Rowe Price Associates, Inc. (I...	5.12%
Macquarie Investment Management B...	2.67%

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show RGH ENTERPRISES, LLC, an Ohio For Profit Limited Liability Company, Registration Number 770802, was organized within the State of Ohio on April 9, 1990, is currently in FULL FORCE AND EFFECT upon the records of this office.

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 21st day of January, A.D. 2022.

Ohio Secretary of State

Validation Number: 202202102108

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0746016

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 – "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: ☐ manufacturer ☒ wholesaler which conducts business at the following locations in this State:

1810 SUMMIT COMERCE PARK TWINSBURG, OH 44087-
1265 S RIVER RD, STE 200 CRANBURY,NJ 08512-
1360 MADELINE LANE - STE 500 ELGIN, IL 60124-
5400 SANDSHELL DR - STE 160 FORT WORTH, TX 76137-
2584 NE 181ST AVE PORTLAND, OR 97230-
3980 EARLSTONE ST ONTARIO, CA 91761-
4234 SURLES CT - STE 100 DURHAM, NC 27703-
12600 NE 40TH ST, STE 100 KANSAS CITY, MO 64141-

Reg. No.
5003981

RGH ENTERPRISES, LLC
C/O CARDINAL HEALTH
ATTN: CYNTHIA RHODES, SUP
7000 CARDINAL PLACE, OCLC-QRA
DUBLIN, OH 43017-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2023

Establishment Copy

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, DC 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): January 10, 2022

Cardinal Health, Inc.
(Exact Name of Registrant as Specified in Charter)

Ohio	1-11373	31-0958666
(State or Other Jurisdiction of Incorporation)	(Commission File Number)	(IRS Employer Identification No.)

7000 Cardinal Place, Dublin, Ohio 43017
(Address of Principal Executive Offices) (Zip Code)

(614) 757-5000
(Registrant's telephone number, including area code)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (*see* General Instruction A.2. below):

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common shares (without par value)	CAH	New York Stock Exchange

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 7.01 Regulation FD Disclosure

On January 10, 2022, Cardinal Health, Inc. (the "Company") issued a press release announcing an update to its previously issued fiscal year 2022 Medical segment profit expectations and the related expected impact to fiscal year 2022 non-GAAP earnings per share. The release also contained information about the Company's upcoming appearance at the 40th Annual J.P. Morgan Healthcare Conference. A copy of the release is attached to this Form 8-K as Exhibit 99.1.

Item 9.01 Financial Statements and Exhibits

(d) Exhibits

Exhibit

99.1 Press Release issued January 10, 2022

104 Cover Page Interactive Data File – the cover page iXBRL tags are embedded within the Inline XBRL document

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the Registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Cardinal Health, Inc.
(Registrant)

Date: January 10, 2022

By: /s/ JASON M. HOLLAR
Jason M. Hollar
Chief Financial Officer

Signatures

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Cardinal Health, Inc.
(Registrant)

Date: January 10, 2022

By: /s/ JASON M. HOLLAR
Jason M. Hollar
Chief Financial Officer

RGH Enterprises, LLC – Fort Worth Employee List

Full Name	Title
Costilla, Amy	Contractor
Garcia, Fernanda	Contractor
Gonzalez, Javier	Contractor
Jameel, Rosalind	Contractor
Pina, Iiene	Contractor
Sanchez, Jamilet	Contractor
Suggs-Verwoest, Theodore	Contractor
Torres, Karla	Contractor
Vanegas, Angelica	Contractor
Agatan, Kevin	Assoc II, Warehouse Ops
Aguliar, Juan	Assoc II, Warehouse Ops
Aharauka, Kingsley	Assoc II, Warehouse Ops
Anderson, Jquarey	Assoc II, Warehouse Ops
Arredondo, Maria	Assoc II, Warehouse Ops
Avalos, Eduardo	Assoc II, Warehouse Ops
Banda, Angelica Guereca	Assoc II, Warehouse Ops
Barron, Alonso	Assoc II, Warehouse Ops
Becerra, Robert	Assoc II, Warehouse Ops
Bedwell, William	Assoc II, Warehouse Ops
Bieh, George	Assoc II, Warehouse Ops
Bovilliain, Sean	Assoc II, Warehouse Ops
Bowers , Christina	Assoc II, Warehouse Ops
Buzzard, Ritchard	Assoc II, Warehouse Ops
Campos, Roxanne	Assoc II, Warehouse Ops
Cary, Gloria	Assoc II, Warehouse Ops
Castillo, Diego	Assoc II, Warehouse Ops
Commora, Tyler	Assoc II, Warehouse Ops
Cordero, Angel	Assoc II, Warehouse Ops
Cordova, Claudia	Assoc II, Warehouse Ops
Cortez, Nayeli	Assoc II, Warehouse Ops
Costilla, Natalie	Assoc II, Warehouse Ops
Davis , Derrick	Assoc II, Warehouse Ops
Diaz, Boris	Ld Assoc, Warehouse Ops
Dilullo, Dominic	Assoc II, Warehouse Ops
Dimas, Irene	Assoc II, Warehouse Ops
Draine, Rita	Assoc II, Warehouse Ops
Dunn, Anthony	Ld Assoc, Warehouse Ops
Durante, John	Assoc II, Warehouse Ops
Elder, Jaylon	Assoc II, Warehouse Ops
Enriquez, Juanita	Assoc II, Warehouse Ops
Ewing, Blaine	Assoc II, Warehouse Ops
Fatoki, Fasilat	Assoc II, Warehouse Ops
Faz, Ruth	Assoc II, Warehouse Ops
Figueroa, Joe	Assoc II, Warehouse Ops
Flores, Manuel	Assoc II, Warehouse Ops

DOC ID ----> 202126502216

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
09/22/2021	202126502216	Conversion Within SOS Records (CVS)	99.00	200.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

CT CORPORATION SYSTEM
ATTN: ZACH CAIN
4400 EASTON COMMONS WAY, STE 125
COLUMBUS, OH 43219

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose

770802

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

RGH ENTERPRISES, LLC

and, that said business records show the filing and recording of:

Document(s)	Document No(s):
Conversion Within SOS Records	**202126502216**

Effective Date: 10/01/2021

CHANGE BUSINESS TYPE DOM. PROFIT LIM. LIAB. CO.

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 22nd day of September, A.D. 2021.

Ohio Secretary of State

Form 700 Prescribed by:

Frank LaRose
Ohio Secretary of State

Toll Free: 877.767.3453
Central Ohio: 614.466.3910
OhioSoS.gov
business@OhioSoS.gov
File online or for more information: OhioBusinessCentral.gov

For screen readers, follow instructions located at this path.

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 1329
Columbus, OH 43216

Expedite Filing (Two business day processing time. Requires an additional $100.00)
P.O. Box 1390
Columbus, OH 43216

2021 SEP 22 AM 11:35

Certificate for Conversion for Entities Converting Within or Off the Records of the Ohio Secretary of State

Filing Fee: $99
Form Must Be Typed

(CHECK ONLY ONE (1) BOX)

(1) ☒ **Converting Within The Records of the Ohio Secretary of State**

(2) ☐ **Converting Off The Records of the Ohio Secretary of State** (187-VXX)

Name of the converting entity: RGH Enterprises, Inc.

Jurisdiction of Formation: Ohio

Charter/Registration Number: 770802

The converting entity is a:
(Check Only (1) One Box)

- ☐ Domestic Nonprofit Corporation
- ☒ Domestic For-Profit Corporation
- ☐ Foreign Nonprofit Corporation
- ☐ Foreign For-Profit Corporation
- ☐ Domestic Nonprofit Limited Liability Company
- ☐ Foreign Nonprofit Limited Liability Company
- ☐ Domestic For-Profit Limited Liability Company
- ☐ Foreign For-Profit Limited Liability Company
- ☐ Partnership
- ☐ Domestic Limited Partnership
- ☐ Foreign Limited Partnership
- ☐ Domestic Limited Liability Partnership
- ☐ Foreign Limited Liability Partnership

The converting entity hereby states that it has complied with all laws in the jurisdiction under which it exists and that those laws permit the conversion.

Name of the converted entity: RGH Enterprises, LLC.

Jurisdiction of Formation: Ohio

The converted entity is a:
(Check Only (1) One Box)

- ☐ Domestic For-Profit Corporation
- ☐ Domestic Professional Association
- ☐ Foreign Nonprofit Corporation
- ☐ Foreign For-Profit Corporation
- ☐ Domestic Nonprofit Limited Liability Company
- ☐ Foreign Nonprofit Limited Liability Company
- ☒ Domestic For-Profit Limited Liability Company
- ☐ Foreign For-Profit Limited Liability Company
- ☐ Partnership
- ☐ Domestic Limited Partnership
- ☐ Foreign Limited Partnership
- ☐ Domestic Limited Liability Partnership
- ☐ Foreign Limited Liability Partnership

Effective Date (MM/DD/YYYY) **(Optional)**: 10/01/2021 **(The conversion is effective upon the filing of this certificate or on a later date specified in the certificate)**

Name and address of the person or entity that will provide a copy of the declaration of conversion upon written request.

Samantha Bourdette
Name

7000 Cardinal Place
Mailing Address

Dublin | Ohio | 43017
City | State | Zip Code

Required information that must accompany conversion certificate if box 2 is checked

If the converting entity is a domestic or foreign entity that will not be licensed in Ohio, provide the name and address of the statutory agent upon whom any process, notice or demand may be served.

Name of Statutory Agent

Mailing Address

City | OH | ZIP Code
State

See instructions for additional filing requirements if
(1) the conversion creates a new domestic entity,
(2) the converted entity is a foreign entity that desires to transact business in Ohio; or
(3) if a domestic corporation or foreign corporation licensed in Ohio is the converting entity.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required
Must be signed by an authorized representative.


Signature

By (if applicable)

John Tufano - Secretary
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Complete the information in this section.

AFFIDAVIT

In lieu of dissolution releases from various governmental authorities.

RGH Enterprises, Inc.

Name of Corporation

The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governmental agencies was advised IN WRITING of the scheduled date of filing of the Certificate and was advised IN WRITING of the acknowledgement by the corporation of the applicability of the provisions of section 1701.95 of the ORC.

Agency

Ohio Bureau of Workers' Compensation
30 W. Spring Street
Columbus, Ohio 43215

Date Notified (MM/DD/YYYY): 07/31/2021

* Only required for domestic for-profit corporations

Agency

Ohio Job & Family Services
Status and Liability Section
Data Correspondence Control
Fax: 614-752-4811
Phone: 614-466-2319

Overnight Address:
P.O. Box 182413
Columbus, OH 43218-2413

Regular Address:
P.O. Box 182413
Columbus, OH 43218-2413

Date Notified (MM/DD/YYYY): 7/31/2021

Agency

Ohio Department of Taxation
Taxpayer Services/Tax Release Unit
P.O. Box 182382
Columbus, OH 43218-2382
Dissolution@tax.state.oh.us

Date Notified (MM/DD/YYYY): 07/07/2021

* Complete this date notified field only if the corporation is a domestic non-profit corporation or foreign corporation.
* **Note:** Domestic for-profit corporations must submit with this filing a Certificate of Tax Clearance issued by the Ohio Department of Taxation.

☐ The corporation is not required to pay or the department of taxation has not assessed any personal property tax.

Note: This affidavit must be signed by one or more persons executing the certificate or by an officer of the corporation.

Signature [signature] Title: Secretary

John Tufano
Name

7000 Cardinal Place
Mailing Address

Dublin | Ohio | 43017
City | State | ZIP Code

Seal

Sworn to and subscribed in my presence on this date (MM/DD/YYYY): 9/15/2021

SAMANTHA J BOURDETTE
Notary Public
State of Ohio
My Comm. Expires
December 12, 2021

[signature]
Notary Public

Date Commission Expires (MM/DD/YYYY): 12/12/2021

AFFIDAVIT OF PERSONAL PROPERTY

State of: Ohio

County of: Franklin

John Tufano
Name of Officer

Secretary
Title of Officer

of

RGH Enterprises, Inc.
Name of Corporation

and that this affidavit is made in compliance with Ohio Revised Code Section 1701.86

That above-named corporation: (Check one (1) of the following)

☐ Has no personal property in any county in Ohio

☐ Is the type required to pay personal property taxes to state authorities only

☑ Has personal property in the following county (ies)

Summit		
County	County	County

Signature [signature] Title Secretary

Sworn to and subscribed in my presence on this date (MM/DD/YYYY) 9/15/2021

Seal

SAMANTHA J BOURDETTE
Notary Public
State of Ohio
My Comm. Expires
December 12, 2021

[signature]
Notary Public

Date Commission Expires (MM/DD/YYYY) 12/12/2021

Ohio | Department of Taxation

PO Box 182382
Columbus, OH 43218-2382
tax.ohio.gov

ANDREW MUHN
7000 CARDINAL PL
DUBLIN, OH 43017
USA

August 24, 2021
Contact ID: 9873000272

RE: Certificate of Tax Clearance
Entity Name: Rgh Enterprises, Inc.
Ohio Charter # 00770802
Certificate Issue Date: 08/24/2021

This certificate confirms the above-referenced entity filed all tax returns and paid in full all taxes and fees administered by the Tax Commissioner through the certificate issue date referred to above.

This certificate does not preclude the Department from issuing a bill and/or assessment against the entity for any tax returns and/or tax liabilities and fees that become due after the certificate issue date. Also, this certificate does not preclude the Department from conducting an examination or audit for any period ending prior to the date this certificate is filed with the Ohio Secretary of State.

This Certificate of Tax Clearance is valid for thirty (30) days from the certificate issue date and must be filed along with all forms prescribed by the Ohio Secretary of State.

Jeffrey A. McClain
Tax Commissioner

If you have any questions, please contact us.

Tax Release Unit
Phone: 1-888-998-4422
Fax: 1-206-984-0378
TTY/TDD: 1-800-750-0750

Form 533A Prescribed by:

Frank LaRose
Ohio Secretary of State

Toll Free: 877.767.3453
Central Ohio: 614.466.3910
OhioSoS.gov
business@OhioSoS.gov
File online or for more information: OhioBusinessCentral.gov

Mail this form to one of the following:
Regular Filing (non expedite)
P.O. Box 670
Columbus, OH 43216
Expedite Filing (Two business day processing time. Requires an additional $100.00)
P.O. Box 1390
Columbus, OH 43216

For screen readers, follow instructions located at this path.

Articles of Organization for a Domestic Limited Liability Company

Filing Fee: $99

Form Must Be Typed

2021 SEP 22 AM 11:35

CHECK ONLY ONE (1) BOX

(1) ☒ Articles of Organization for Domestic For-Profit Limited Liability Company (115-LCA)

(2) ☐ Articles of Organization for Domestic Nonprofit Limited Liability Company (115-LCA)

Name of Limited Liability Company: RGH Enterprises, LLC

(Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd.," "or "ltd".)

Optional: Effective Date (MM/DD/YYYY): 10/01/2021 (The legal existence of the corporation begins upon the filing of the articles or on a later date specified that is not more than ninety days after filing.)

Optional: This limited liability company shall exist for: perpetual
Period of Existence

Optional: Purpose

** **Note for Nonprofit LLCs**
The Secretary of State does not grant tax exempt status. Filing with our office is not sufficient to obtain state or federal tax exemptions. Contact the Ohio Department of Taxation and the Internal Revenue Service to ensure that the nonprofit limited liability company secures the proper state and federal tax exemptions. These agencies may require that a purpose clause be provided. **

Original Appointment of Statutory Agent

The undersigned authorized member(s), manager(s) or representative(s) of

RGH Enterprises, LLC

(Name of Limited Liability Company)

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the corporation may be served. The complete address of the agent is:

C T Corporation System

(Name of Statutory Agent)

4400 Easton Commons Way, Suite 125

(Mailing Address)

Columbus	OH	43219
(Mailing City)	(Mailing State)	(Mailing ZIP Code)

Acceptance of Appointment

The Undersigned, C T Corporation System, named herein as the

(Name of Statutory Agent)

Statutory agent for RGH Enterprises, LLC

(Name of Limited Liability Company)

hereby acknowledges and accepts the appointment of statutory agent for said limited liability company.

Statutory Agent Signature /s/ Tracy Kellner - Assistant Secretary

(Individual Agent's Signature / Signature on Behalf of Business Serving as Agent)

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Articles and original appointment of agent must be signed by a member, manager or other representative.

If the authorized representative is an individual, then they must sign in the "signature" box and print his/her name in the "Print Name" box.

If the authorized representative is a business entity, not an individual, then please print the entity name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print his/her name and title/authority in the "Print Name" box.

Signature

Allegiance Corporation, Sole Member

By (if applicable)

Samantha Bourdette, Assistant Secretary

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF MERGER, WHICH MERGES:

"ASSURAMED GROUP, INC.", A DELAWARE CORPORATION,

WITH AND INTO "ALLEGIANCE CORPORATION" UNDER THE NAME OF 'ALLEGIANCE CORPORATION', A CORPORATION ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF DELAWARE, AS RECEIVED AND FILED IN THIS OFFICE ON THE THIRTIETH DAY OF JULY, A.D. 2021, AT 1:11 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF MERGER IS THE FIRST DAY OF AUGUST, A.D. 2021 AT 12:20 O'CLOCK A.M.

Jeffrey W. Bullock, Secretary of State

2627291 8100M
SR# 20212849024

Authentication: 203837533
Date: 08-04-21

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Delaware
Secretary of State
Division of Corporations
Delivered 01:07 PM 07/30/2021
FILED 01:11 PM 07/30/2021
SR 20212849024 - File Number 2627291

STATE OF DELAWARE
CERTIFICATE OF MERGER O_
DOMESTIC CORPORATIONS

Pursuant to Title 8, Section 251(c) of the Delaware General Corporation Law, the undersigned corporation executed the following Certificate of Merger:

FIRST: The name of the surviving corporation is Allegiance Corporation, and the name of the corporation being merged into this surviving corporation is AssuraMed Group, Inc.

SECOND: The Agreement of Merger has been approved, adopted, certified, executed and acknowledged by each of the constituent corporations.

THIRD: The name of the surviving corporation is Allegiance Corporation a Delaware corporation.

FOURTH: The Certificate of Incorporation of the surviving corporation shall be its Certificate of Incorporation.

FIFTH: The merger is to become effective on August 1, 2021 at 12:20am EST.

SIXTH: The Agreement of Merger is on file at 7000 Cardinal Place, Dublin, OH 43017, the place of business of the surviving corporation.

SEVENTH: A copy of the Agreement of Merger will be furnished by the surviving corporation on request, without cost, to any stockholder of the constituent corporations.

IN WITNESS WHEREOF, said surviving corporation has caused this certificate to be signed by an authorized officer, the 28th day of July, A.D., 2021.

By: [signature]
Authorized Officer

Name: Scott Zimmerman
Print or Type

Title: Vice President & Treasurer

State of Ohio Board of Pharmacy

77 South High Street, 17th Floor, Columbus, Ohio 43215-6126
(614) 466-4143 | Fax (614) 752-4836 | http://www.pharmacy.ohio.gov

License 022388500

Edgepark Medical Supplies & Independence Medical

1810 Summit Commerce Park
Twinsburg, OH 44087
Summit County

Terminal - Pharmacy - Category 2

Home Medical Equipment Inspection

January 23, 2019

License 022388500 - Edgepark Medical Supplies & Independence Medical

Full

State of Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215-6126
(614) 466-4143 | Fax (614) 752-4836
http://www.pharmacy.ohio.gov

Completed by Kimberly Hollingshead
Start 1/23/2019 11:53 AM
End 1/23/2019 1:56 PM

Organization

Name	License Type	Category
Edgepark Medical Supplies & Independence Medical	Terminal - Pharmacy - Category 2	

License Number	Business Type	DEA Number
022388500	DM - Durable Medical Equipment	

Responsible Person	Hours of Operation
Anna Theresa Keller RPh	Mon-Fri: 8:30a-5p

Contact

Address	Primary Number	Fax Number	Website
1810 Summit Commerce Park Twinsburg, OH 44087 Summit County	(614) 553-3076	(614) 652-0282	

Personnel

Name	Initials	Position	I.D. No.	Phone	Email
Anna Theresa Keller RPh		Responsible Person	03326690		
Michelle Schmoll		Designated Representative			

1) Licensing

1) Does the facility have a current and up to date license with the Board of Pharmacy?

Yes

2) Have any changes in ownership been properly reported to the Board?

Yes

Observation
Not Applicable-There have been no changes to the responsible person.

3) Does the facility have the required liability insurance?

Yes

2) Operations

1) How many patients does the facility service each month?

1500-200/ day shipped from warehouse

2) What types of HME services does this facility provide?

Delivery

Observation
Mail order only. There is no installation, maintenance or replacement

3) What types of technologically sophisticated equipment does this facility provide?

Infusion pumps

Observation
Insulin infusion pumps otherwise the supplies for the machines are provided.

5) What other Home Medical Equipment does this facility provide>

Observation
Medical soft goods; ostomy supplies, wound care, diabetic care

3) Personnel

1) Does the facility have a current Designated Representative?

Yes

Observation
Michelle Schmoll

2) Has any changes of Designated Representative been properly reported to the Board within ten (10) business days?

No

Observation
Discussed if a change in designated representative occurs it requires notification to the State of Ohio Board of Pharmacy (SOBP) within 10 business days.

3) How many hours per week does the Designated Representative work at the facility?

5

4) Does the Designated Representative supervise any other sites?

No

5) How many total employees are employed by the facility?

750

6) What are the job titles of the employees?

Observation

- Billing/Customer Care
- Sales/Marketing
- Finance
- Warehouse
- Transportation
- Category Management (vendor relationships)
- Supply Chain

7) Does the facility keep the required personnel files for all employees?

Yes

Observation
Electronic files stored at Corporate office in Dublin

8) Do the employee personnel files contain the required items?

Job description held by the employee.
Application Qualifications.
BCI&I background check.
Orientation and training records.
Verification of competence and annual performance plan.

4) Record Keeping

1) Are all Client Records available For inspection?

Yes

Observation
Electronic patient records.

2) Do all client records contain a physician order if required?

Yes

3) Are all client records kept by the facility for at least three (3) years?

Yes

Observation
Follow Medicare guidelines. Stored for at least 3 years.

4) Does the facility store records in a location other than the licensed site?

Yes

5) If Yes to question 4, does the facility have the letter granting permission by the Board? Warning

No

Observation
Facility stores records at a secure off-site location. Advised by staff there has not been a request to store records off-site placed with SOBP
pharmacy.ohio.gov > Licensing/CE > Terminal Distributor > Forms> General > Request to Store Records Off-Site

6) If the records are stored offsite, with a storage company or computerized record keeping system, does the facility have an executed agreement with the company to provide any requested records within three (3) business days?

Yes

5) Minimum Standards

1) Does the facility have appropriate space to safely store, maintain and service on site equipment?

Yes

2) Does the facility have a posted telephone number that can be used 24/7 to obtain information on HME services?

Yes

Observation
There is a 1-800 number that goes to customer service for response.

3) Does the facility have proper separation of business office, patient records, equipment cleaning, maintenance and storage functions?

Yes

4) Can the facility demonstrate how equipment flows through various stages to ensure that the equipment is properly disinfected, repaired, stored and/or maintained?

Yes

Observation
Not applicable. Facility does not have equipment that is brought back to facility. Patient purchases equipment (i.e. Insulin pumps)

5) Does the facility maintain a proper inventory to meet the needs of their client base?

Yes

6) Does the facility Maintain and document equipment in accordance with the manufacturers guidelines?

Yes

7) Does the facility ensure that all equipment is used within the manufacturers recommended guidelines and expiration dates, if applicable?

Yes

6) Inspection Affirmation

1) Inspection Affirmation

Observation

As the person in charge, at the time of this inspection, I affirm that I have reviewed this inspection report with the Specialist/Agent/Inspector, and understand its content. If this inspection report requires a written response of corrective action, the response shall be provided to the Ohio State Board of Pharmacy within 30 days of this inspection. I understand that if I am not the Designated Representative documented on this site's State of Ohio Board of Pharmacy license, I will ensure the Designated Representative is notified of this inspection report and any corrective actions required. Responses can be emailed (with a copy of the inspection report) to writtenresponse@pharmacy.ohio.gov or they may be mailed to 77 South High Street, 17th Floor, Columbus, Ohio 43215.

Summary

Warning

Reviewed by Anna Theresa Keller RPh Company policy Refuse to sign per company policy

(signature)

4BB

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Y

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ☒ Ownership Change ☒ Name Change ☐ Location Change (in-state only)	* If making a change, provide current license number: WH 02890	☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ■ No

Section 1: General Information

Facility Name: RGH Enterprises, LLC DBA: Edgepark Medical Supplies; Cardinal Health at Home

Physical Address: 12075 Pritchard Road

City: Jacksonville State: FL Zip: 32220

Mailing Address (if different from physical address): 7000 Cardinal Place

City: Dublin State: OH Zip: 43017

Telephone: 904-378-8940 Website: www.edgepark.com

Name of Designated Representative (DR): Clifford Taylor

Licensing Company Email: licensure@cardinalhealth.com DR Email: clifford.taylor@cardinalhealth.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☒ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☒ Practitioners	☐ Controlled Substances
☒ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Dexcom
Address: 6290 Sequence Dr. City: San Diego State: CA Zip: 92121
Name: Coloplast
Address: 1601 West River Road North City: Minneapolis State: MN Zip: 55411
Name: Convatec
Address: CenterPoint II – 1160 Route 22 East City: Bridgewater State: NJ Zip: 08807
Name: Hollister
Address: 2000 Hollister Dr City: Libertyville State: IL Zip: 60048

Section 4: Publicly Traded Corporation

State of Incorporation: Ohio
Parent Company (if any): Allegiance Corporation
Corporation Name: Allegiance Corporation
Mailing Address: 7000 Cardinal Place
City: Dublin State: OH Zip: 43017
Telephone: 508-422-9027 Email: licensure@cardinalhealth.com
Contact Person Name: Cynthia Rhodes
Date of SEC Registration: 2/25/22 SEC Registration Number: 721371 Stock Exchange Symbol: CAH

Section 5: Non-Publicly Traded Corporation

State of Incorporation: N/A
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name: N/A
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name: N/A
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Keegan Chamberlain

Print Name of Authorized Person Submitting Application

K Chamberlain

Original signature of Authorized Person (copies or stamps not accepted)

2/2/22

Date

Board Use Only	Date Received: _____	Amount: $500 Check 10796069

CardinalHealth

February 2, 2022

Dave Wuest, Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Ste. 206
Reno, NV 89521

RE: Explanation of Disciplinary History
RGH Enterprises, LLC

Dear Mr. Wuest:

This letter is provided in conjunction with our affirmative response to question 3 on our application for our Out-of-State license. We have a few matters with corresponding derivative action to disclose.

In March 2015, the RGH pharmacy located in Twinsburg, OH, was issued a citation and fined $500 by the Maine Board of Pharmacy, for failure to timely report a change in the facility's pharmacist-in-charge. This failure to report within the seven-day time frame was due to the unavailability of the corporate official authorized to sign the application. RGH paid the fine to the Maine State Board of Pharmacy; additionally, RGH has undertaken a process to ensure regulatory notifications occur in a timely manner.

In April 2016, the Hawaii Board of Pharmacy took derivative action against the Twinsburg, OH, facility based on the action described above. RGH entered a Settlement Agreement with Hawaii and agreed to pay a $250 fine; the matter was closed on May 6, 2016.

Furthermore, Cardinal Health's distribution center in Valencia, California, entered into a settlement agreement with the California Board of Pharmacy. As a condition of that settlement, effective April 3, 2019, the California Wholesale license for our Valencia, CA distribution center will be on probation for a period of two years (through April 2, 2021). This probation in no way affects the continued ability of our Valencia distribution center to service our customers in a timely and efficient manner.

Probation was a result of a settlement agreement between our Valencia distribution center and the California Board of Pharmacy regarding sales that distribution center made to a customer between 2012 and 2014 and the failure to receive a pharmacist's signature on several deliveries in that same time frame.

Additionally, on March 11, 2019, Cardinal Health's Wheeling, West Virginia, distribution center entered into a settlement agreement with the Ohio Board of Pharmacy regarding the security and storage of drugs while those drugs were being distributed to the customer. This issue involved Ohio Board of Pharmacy inspectors manipulating our totes in such a way as to be able to retrieve a bottle out of a strapped/sealed tote. This occurred on several occasions all while the totes were in the custody of our delivery drivers or pharmacies. An inspector also witnessed a delivery

vehicle door that was not locked and secured appropriately. Cardinal Health agreed to pay a monetary penalty of $5,000.

As previously reported, on May 15, 2012, Cardinal Health entered into a settlement agreement with the U.S. Drug Enforcement Administration ("DEA") regarding Cardinal Health's registration to distribute controlled substances from our Lakeland, Florida facility. On February 3, 2012, DEA served an Order to Show Cause and Immediate Suspension of Registration (the "Order") on Cardinal Health's Lakeland, Florida distribution center. In the Order, DEA alleged that the Lakeland facility "failed to maintain effective controls against the diversion of controlled substances" and "failed to detect and report suspicious orders of oxycodone by its pharmacy customers." In particular, DEA identified four retail pharmacies located in Florida that were serviced by the Lakeland facility and alleged that "[n]otwithstanding the large quantities of controlled substances ordered by Cardinal's top retail pharmacy customers Cardinal failed to conduct meaningful due diligence to ensure that the controlled substances were not diverted...." Importantly, these allegations did not involve any diversion of controlled substances from Cardinal's facility.

Under the settlement agreement, the Lakeland facility's DEA registration was suspended for two years from the date of the settlement agreement. On May 21, 2014, the suspension was lifted and the DEA reinstated Lakeland's registration. On December 23, 2016, Cardinal Health reached a nationwide settlement with the federal government, resolving the outstanding civil penalty portion of this May 15, 2012 administrative settlement with the DEA. Under this civil settlement, Cardinal Health has agreed to pay $44 million to the Department of Justice (DOJ) to resolve this matter. The DOJ, including the DEA and the United States Attorneys' Offices for the Middle District of Florida, the Southern District of New York, the District of Maryland, and the Western District of Washington and all other districts across the country have also agreed to take no further administrative or civil action on these and related matters. In addition, Cardinal Health has reached an agreement with the State of West Virginia regarding the company's distribution of controlled substances in that state between 2007 and 2012. While Cardinal Health denies the allegations, it agreed to pay West Virginia $20 million to resolve issues and release the company from further actions.

In 2014, the Boards of Pharmacy in both California and Georgia took derivative action based upon the DEA settlement. The Georgia Board fined the Lakeland facility $500 in administrative fees, and the California Board fined the facility $1,505 in investigative fees. Both fees were paid to the respective Boards.

We make every effort to meet our customers' legitimate demands for controlled substances. However, we have also demonstrated a deep commitment to helping fight prescription drug abuse. If you have any questions about this issue, please contact Martha Russell, Assistant General Counsel, Regulatory, at 614-757-6654.

Sincerely,

Keegan Chamberlain
Director, Global Logistics Quality Management

CardinalHealth

Officer Name	Title	Business Address	Email Address
Scott B. Zimmerman	Vice President and Treasurer	7000 Cardinal Place, Dublin, OH 43017	scott.zimmerman@cardinalhealth.com
Keegan David Chamberlain	Director, Quality Management	7200 Cardinal Place, Dublin, OH 43017	Keegan.Chamberlain@cardinalhealth.com
John Joseph Tufano, Jr.	Senior Legal Counsel	7000 Cardinal Place, Dublin OH 43017	john.tufano@cardinalhealth.com
John Henry Martin Jr.	SVP, Tax	7000 Cardinal Place, Dublin OH 43017 (2B0060)	john.martin03@cardinalhealth.com

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The above information is confidential and to be used for licensing purposes only. Any other use is strictly prohibited without prior consent of Cardinal Health.

List the top four corporation shareholders and their percent ownership.

Stockholder	Stake
The Vanguard Group, Inc.	12.65%
SSgA Funds Management, Inc.	6.75%
BlackRock Fund Advisors	5.38%
T. Rowe Price Associates, Inc. (I...	5.12%
Macquarie Investment Management B...	2.67%

CardinalHealth
Essential to care™

EMPloYees

Supervisor		Brad Delsky				
Lead		Slyvester Folks		Jamaris Wilson		
CAH EE	13	Bulk Pickers	Bulk Packers	Taskers	Task Putaway	Tickets
TEMPS	5	Jahmarus Toliver	Robert Crick		Rosamel Hernandez	
TOTAL HC	18	Randall Hayes	Ivan Rodriquez	Reneir Rodriquez	T- Carlos Soto Garcia	
			Alecia Monroe	Ortis Wedderburn		
		T- Bryan Weathers	Romaine Crooks	*T- Daniel Campbell*		
			Kevin Becker			
			Ricky Bordeaux	*T- Reginald Baker*		
				T- Josh Jones		

Supervisor		Charles Ramdial				
Lead		Frances Thompson (8am)		Melitza Ramirez		
CAH EE	13	Packsize	Loaders	Challenge Area	Part Time Temps	Mix Cell Pickers
TEMPS	31	T- Doris Peele Grant	T- Sherrod Collier (1st)	John Valdes	T- Jubray Taylor (Mon-Thurs)	Kathy Wood
TOTAL HC	44	Tara Williams			*T- Jeaneicilis Roman (1st)*	Beckie Donahoo
					T- Lakera Richardson (1st)	Marjorie Moore
					T- Yselene Tanelus (1st)	Virginia Reed
					T- Myra Mitchell	
			Numina		T- Eugena Butler	Quardrina Odom
			T-Raul Ortiz Cruz		T- Damian Wirth	Stephanie Butler
			Bridget Williams		T- Nyoka Barron	Gabriella Rutledge
					T- Nautica Jennings	
					T- Serge Nzabonimpa	
				T- Dianna Daise	T- Andrew Walters	
				T- Chelsey Daise	T- Alberto lopez	
				T- Treymel Bennett	T- Christian Jones	
				T- Jaylan Smoak	T- Floyzell Foster	
				T- Kimberly Cook	T- Abrahim Akel	
				T- Crystal Bowens	T- Sharen Gadson	
					T- Tabatha Gionet	
					T- Monique Hodge	
					T- Erika Smith	
					T- Tiffany Rodgers	
					T- Esmeralda Tovias (2nd)	
					T- Stephanie Tovias (2nd)	

Supervisor		Ed Brundige				
Lead		Chris Porcaro				
CAH EE	12	Receiving - Small Parcel	Receiving - LTL	Putaway	Consolidation	QIC
TEMPS	1		Dena Manning	Marquis Simmons	Barney Duren	Pam Fromwiller
TOTAL HC	13	Robbin Davis	Belinda Yancey	Stephen Safar		Bruce Fromwiller
		Anthony Williams	Tanya Taylor			Marcia Cole
		T- Tiawanna Dozier				

Supervisor		Andy Laputka				
Lead		Marcus Richardson				
CAH EE	10	Packsize/Numina	Mix Cell Pickers	Bulk Pick	Bulk Pack	Lean Time
TEMPS	1		Donna Froitzhiem	Rasiel Bolanos	Biguerson Adeclat	John Vermillion
TOTAL HC	11	Pam Focke	Luis Baez		Carlos Edmundson	
			Anthony Washington			
		T- Zanyah Abraham				
			Satoya Robertson			

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show RGH ENTERPRISES, LLC, an Ohio For Profit Limited Liability Company, Registration Number 770802, was organized within the State of Ohio on April 9, 1990, is currently in FULL FORCE AND EFFECT upon the records of this office.

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 21st day of January, A.D. 2022.

Ohio Secretary of State

Validation Number: 202202102108

View current license information at: Floridahealthfinder.gov

LICENSE #: 1314831
CERTIFICATE #: 23656

State of Florida

AGENCY FOR HEALTH CARE ADMINISTRATION
DIVISION OF HEALTH QUALITY ASSURANCE

Home Medical Equipment Provider

LICENSED

This is to confirm that RGH BONEFISH COMPANY has complied with rules and regulations adopted by the State of Florida, Agency for Health Care Administration, as authorized in Chapter 400, Part VII and Chapter 408, Part II, Florida Statutes, and chapter 59A-25, Florida Administrative Code, and is authorized to operate the following:

EDGEPARK MEDICAL SUPPLIES
12075 Pritchard Rd
Jacksonville, FL 32220
in the following counties:
ALL COUNTIES

EFFECTIVE DATE: 07/15/2020

EXPIRATION DATE: 07/14/2022

Mary C. Mayhew

Secretary, Agency for Health Care Administration

962

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, DC 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d) of the
Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): January 10, 2022

Cardinal Health, Inc.
(Exact Name of Registrant as Specified in Charter)

Ohio	1-11373	31-0958666
(State or Other Jurisdiction of Incorporation)	(Commission File Number)	(IRS Employer Identification No.)

7000 Cardinal Place, Dublin, Ohio 43017
(Address of Principal Executive Offices) (Zip Code)

(614) 757-5000
(Registrant's telephone number, including area code)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instruction A.2. below):

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common shares (without par value)	CAH	New York Stock Exchange

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 7.01 Regulation FD Disclosure

On January 10, 2022, Cardinal Health, Inc. (the "Company") issued a press release announcing an update to its previously issued fiscal year 2022 Medical segment profit expectations and the related expected impact to fiscal year 2022 non-GAAP earnings per share. The release also contained information about the Company's upcoming appearance at the 40th Annual J.P. Morgan Healthcare Conference. A copy of the release is attached to this Form 8-K as Exhibit 99.1.

Item 9.01 Financial Statements and Exhibits

(d) Exhibits

Exhibit

99.1 Press Release issued January 10, 2022

104 Cover Page Interactive Data File – the cover page iXBRL tags are embedded within the Inline XBRL document

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the Registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Cardinal Health, Inc.
(Registrant)

Date: January 10, 2022

By: /s/ JASON M. HOLLAR
Jason M. Hollar
Chief Financial Officer

Signatures

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Cardinal Health, Inc.
(Registrant)

Date: January 10, 2022

By: /s/ JASON M. HOLLAR
Jason M. Hollar
Chief Financial Officer

DOC ID ----> 202126502216

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
09/22/2021	202126502216	Conversion Within SOS Records (CVS)	99.00	200.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

CT CORPORATION SYSTEM
ATTN: ZACH CAIN
4400 EASTON COMMONS WAY, STE 125
COLUMBUS, OH 43219

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose
770802

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

RGH ENTERPRISES, LLC

and, that said business records show the filing and recording of:

Document(s)	Document No(s):
Conversion Within SOS Records	**202126502216**

Effective Date: 10/01/2021

CHANGE BUSINESS TYPE DOM. PROFIT LIM. LIAB. CO.

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 22nd day of September, A.D. 2021.

Ohio Secretary of State

Form 700 Prescribed by:

Frank LaRose
Ohio Secretary of State

Toll Free: 877.767.3453
Central Ohio: 614.466.3910
OhioSoS.gov
business@OhioSoS.gov
File online or for more information: OhioBusinessCentral.gov

For screen readers, follow instructions located at this path.

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 1329
Columbus, OH 43216

Expedite Filing (Two business day processing time. Requires an additional $100.00)
P.O. Box 1390
Columbus, OH 43216

2021 SEP 22 AM 11:35

Certificate for Conversion for Entities Converting Within or Off the Records of the Ohio Secretary of State

Filing Fee: $99
Form Must Be Typed

(CHECK ONLY ONE (1) BOX)

(1) ☒ **Converting Within The Records of the Ohio Secretary of State**

(2) ☐ **Converting Off The Records of the Ohio Secretary of State** (187-VXX)

Name of the converting entity: RGH Enterprises, Inc.

Jurisdiction of Formation: Ohio

Charter/Registration Number: 770802

The converting entity is a:
(Check Only (1) One Box)

- ☐ Domestic Nonprofit Corporation
- ☒ Domestic For-Profit Corporation
- ☐ Foreign Nonprofit Corporation
- ☐ Foreign For-Profit Corporation
- ☐ Domestic Nonprofit Limited Liability Company
- ☐ Foreign Nonprofit Limited Liability Company
- ☐ Domestic For-Profit Limited Liability Company
- ☐ Foreign For-Profit Limited Liability Company
- ☐ Partnership
- ☐ Domestic Limited Partnership
- ☐ Foreign Limited Partnership
- ☐ Domestic Limited Liability Partnership
- ☐ Foreign Limited Liability Partnership

The converting entity hereby states that it has complied with all laws in the jurisdiction under which it exists and that those laws permit the conversion.

Name of the converted entity: RGH Enterprises, LLC.

Jurisdiction of Formation: Ohio

The converted entity is a:
(Check Only (1) One Box)

- ☐ Domestic For-Profit Corporation
- ☐ Domestic Professional Association
- ☐ Foreign Nonprofit Corporation
- ☐ Foreign For-Profit Corporation
- ☐ Domestic Nonprofit Limited Liability Company
- ☐ Foreign Nonprofit Limited Liability Company
- ☒ Domestic For-Profit Limited Liability Company
- ☐ Foreign For-Profit Limited Liability Company
- ☐ Partnership
- ☐ Domestic Limited Partnership
- ☐ Foreign Limited Partnership
- ☐ Domestic Limited Liability Partnership
- ☐ Foreign Limited Liability Partnership

Effective Date (MM/DD/YYYY) **(Optional)**: 10/01/2021 **(The conversion is effective upon the filing of this certificate or on a later date specified in the certificate)**

Name and address of the person or entity that will provide a copy of the declaration of conversion upon written request.

Samantha Bourdette
Name

7000 Cardinal Place
Mailing Address

Dublin | Ohio | 43017
City | State | Zip Code

Required information that must accompany conversion certificate if box 2 is checked

If the converting entity is a domestic or foreign entity that will not be licensed in Ohio, provide the name and address of the statutory agent upon whom any process, notice or demand may be served.

Name of Statutory Agent

Mailing Address

City | OH | State | ZIP Code

See instructions for additional filing requirements if
(1) the conversion creates a new domestic entity,
(2) the converted entity is a foreign entity that desires to transact business in Ohio; or
(3) if a domestic corporation or foreign corporation licensed in Ohio is the converting entity.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required
Must be signed by an authorized representative.

Signature

By (if applicable)

John Tufano - Secretary

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Complete the information in this section.

AFFIDAVIT

In lieu of dissolution releases from various governmental authorities.

RGH Enterprises, Inc.

Name of Corporation

The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governmental agencies was advised IN WRITING of the scheduled date of filing of the Certificate and was advised IN WRITING of the acknowledgement by the corporation of the applicability of the provisions of section 1701.95 of the ORC.

Agency	Date Notified (MM/DD/YYYY)
Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215 * Only required for domestic for-profit corporations	07/31/2021

Agency	Date Notified (MM/DD/YYYY)
Ohio Job & Family Services Status and Liability Section Data Correspondence Control **Fax:** 614-752-4811 **Phone:** 614-466-2319 **Overnight Address:** P.O. Box 182413 Columbus, OH 43218-2413 **Regular Address:** P.O. Box 182413 Columbus, OH 43218-2413	7/31/2021

Agency	Date Notified (MM/DD/YYYY)
Ohio Department of Taxation Taxpayer Services/Tax Release Unit P.O. Box 182382 Columbus, OH 43218-2382 Dissolution@tax.state.oh.us * Complete this date notified field only if the corporation is a domestic non-profit corporation or foreign corporation. * **Note:** Domestic for-profit corporations must submit with this filing a Certificate of Tax Clearance issued by the Ohio Department of Taxation.	07/07/2021

☐ The corporation is not required to pay or the department of taxation has not assessed any personal property tax.

Note: This affidavit must be signed by one or more persons executing the certificate or by an officer of the corporation.

Signature [signature] Title Secretary

John Tufano
Name

7000 Cardinal Place
Mailing Address

Dublin | Ohio | 43017
City | State | ZIP Code

Seal

Sworn to and subscribed in my presence on this date (MM/DD/YYYY) 9/15/2021

SAMANTHA J BOURDETTE
Notary Public
State of Ohio
My Comm. Expires
December 12, 2021

[signature]
Notary Public

Date Commission Expires (MM/DD/YYYY) 12/12/2021

AFFIDAVIT OF PERSONAL PROPERTY

State of Ohio

County of Franklin

John Tufano
Name of Officer

Secretary
Title of Officer

of

RGH Enterprises, Inc.
Name of Corporation

and that this affidavit is made in compliance with Ohio Revised Code Section 1701.86

That above-named corporation: (Check one (1) of the following)

☐ Has no personal property in any county in Ohio

☐ Is the type required to pay personal property taxes to state authorities only

☑ Has personal property in the following county (ies)

Summit		
County	County	County

Signature [signature] Title Secretary

Sworn to and subscribed in my presence on this date (MM/DD/YYYY) 9/15/2021

Seal

SAMANTHA J BOURDETTE
Notary Public
State of Ohio
My Comm. Expires
December 12, 2021

[signature]
Notary Public

Date Commission Expires (MM/DD/YYYY) 12/12/2021

Ohio | Department of Taxation

PO Box 182382
Columbus, OH 43218-2382
tax.ohio.gov

ANDREW MUHN
7000 CARDINAL PL
DUBLIN, OH 43017
USA

August 24, 2021
Contact ID: 9873000272

RE: Certificate of Tax Clearance
Entity Name: Rgh Enterprises, Inc.
Ohio Charter # 00770802
Certificate Issue Date: 08/24/2021

This certificate confirms the above-referenced entity filed all tax returns and paid in full all taxes and fees administered by the Tax Commissioner through the certificate issue date referred to above.

This certificate does not preclude the Department from issuing a bill and/or assessment against the entity for any tax returns and/or tax liabilities and fees that become due after the certificate issue date. Also, this certificate does not preclude the Department from conducting an examination or audit for any period ending prior to the date this certificate is filed with the Ohio Secretary of State.

This Certificate of Tax Clearance is valid for thirty (30) days from the certificate issue date and must be filed along with all forms prescribed by the Ohio Secretary of State.

Jeffrey A. McClain
Tax Commissioner

If you have any questions, please contact us.

Tax Release Unit
Phone: 1-855-995-4422
Fax: 1-206-984-0378
TTY/TDD: 1-800-750-0750

Form 533A Prescribed by:

Frank LaRose
Ohio Secretary of State

Toll Free: 877.767.3453
Central Ohio: 614.466.3910
OhioSoS.gov
business@OhioSoS.gov
File online or for more information: OhioBusinessCentral.gov

For screen readers, follow instructions located at this path.

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 670
Columbus, OH 43216

Expedite Filing (Two business day processing time. Requires an additional $100.00)
P.O. Box 1390
Columbus, OH 43216

2021 SEP 22 AM 11:35

Articles of Organization for a Domestic Limited Liability Company

Filing Fee: $99

Form Must Be Typed

CHECK ONLY ONE (1) BOX

(1) ☒ Articles of Organization for Domestic For-Profit Limited Liability Company (115-LCA)

(2) ☐ Articles of Organization for Domestic Nonprofit Limited Liability Company (115-LCA)

Name of Limited Liability Company: RGH Enterprises, LLC

(Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd.," "or "ltd".)

Optional: Effective Date (MM/DD/YYYY): 10/01/2021

(The legal existence of the corporation begins upon the filing of the articles or on a later date specified that is not more than ninety days after filing.)

Optional: This limited liability company shall exist for: perpetual

Period of Existence

Optional: Purpose

**** Note for Nonprofit LLCs**
The Secretary of State does not grant tax exempt status. Filing with our office is not sufficient to obtain state or federal tax exemptions. Contact the Ohio Department of Taxation and the Internal Revenue Service to ensure that the nonprofit limited liability company secures the proper state and federal tax exemptions. These agencies may require that a purpose clause be provided. **

Original Appointment of Statutory Agent

The undersigned authorized member(s), manager(s) or representative(s) of

RGH Enterprises, LLC

(Name of Limited Liability Company)

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the corporation may be served. The complete address of the agent is:

C T Corporation System

(Name of Statutory Agent)

4400 Easton Commons Way, Suite 125

(Mailing Address)

Columbus	OH	43219
(Mailing City)	(Mailing State)	(Mailing ZIP Code)

Acceptance of Appointment

The Undersigned, C T Corporation System, named herein as the

(Name of Statutory Agent)

Statutory agent for RGH Enterprises, LLC

(Name of Limited Liability Company)

hereby acknowledges and accepts the appointment of statutory agent for said limited liability company.

Statutory Agent Signature /s/ Tracy Kellner - Assistant Secretary

(Individual Agent's Signature / Signeture on Behalf of Business Serving as Agent)

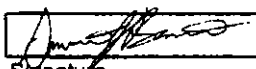
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Articles and original appointment of agent must be signed by a member, manager or other representative.

If the authorized representative is an individual, then they must sign in the "signature" box and print his/her name in the "Print Name" box.

If the authorized representative is a business entity, not an individual, then please print the entity name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print his/her name and title/authority in the "Print Name" box.



Signature

Allegiance Corporation, Sole Member

By (if applicable)

Samantha Bourdette, Assistant Secretary

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF MERGER, WHICH MERGES:

"ASSURAMED GROUP, INC.", A DELAWARE CORPORATION,

WITH AND INTO "ALLEGIANCE CORPORATION" UNDER THE NAME OF 'ALLEGIANCE CORPORATION', A CORPORATION ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF DELAWARE, AS RECEIVED AND FILED IN THIS OFFICE ON THE THIRTIETH DAY OF JULY, A.D. 2021, AT 1:11 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF MERGER IS THE FIRST DAY OF AUGUST, A.D. 2021 AT 12:20 O'CLOCK A.M.

Jeffrey W. Bullock, Secretary of State

2627291 8100M
SR# 20212849024

Authentication: 203837533
Date: 08-04-21

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Delaware
Secretary of State
Division of Corporations
Delivered 01:07 PM 07/30/2021
FILED 01:11 PM 07/30/2021
SR 20212849024 - File Number 2627291

STATE OF DELAWARE
CERTIFICATE OF MERGER O_
DOMESTIC CORPORATIONS

Pursuant to Title 8, Section 251(c) of the Delaware General Corporation Law, the undersigned corporation executed the following Certificate of Merger:

FIRST: The name of the surviving corporation is Allegiance Corporation, and the name of the corporation being merged into this surviving corporation is AssuraMed Group, Inc.

SECOND: The Agreement of Merger has been approved, adopted, certified, executed and acknowledged by each of the constituent corporations.

THIRD: The name of the surviving corporation is Allegiance Corporation a Delaware corporation.

FOURTH: The Certificate of Incorporation of the surviving corporation shall be its Certificate of Incorporation.

FIFTH: The merger is to become effective on August 1, 2021 at 12:20am EST.

SIXTH: The Agreement of Merger is on file at 7000 Cardinal Place, Dublin, OH 43017, the place of business of the surviving corporation.

SEVENTH: A copy of the Agreement of Merger will be furnished by the surviving corporation on request, without cost, to any stockholder of the constituent corporations.

IN WITNESS WHEREOF, said surviving corporation has caused this certificate to be signed by an authorized officer, the 28th day of July, A.D., 2021.

By: Scott P. Zimmerman, Jul 28, 2021 13:29 EDT
Authorized Officer

Name: Scott Zimmerman
Print or Type

Title: Vice President & Treasurer

Community Health Accreditation Partner
2300 Clarendon Blvd, Suite 405, Arlington, VA 22201
Phone: 202.862.3413 / Fax: 202.862.3419

February 9, 2021

Mrs. Jill Hlavaty
CHAP Project Manager
RGH Enterprises, Inc. dba Edgepark Medical
1810 Summit Commerce Park
Twinsburg, OH 44087

RE:	Customer ID:	2002091
	Service:	Home Medical Equipment
	CCN/PTAN:	Pending

Location and/or Site Accredited:
RGH Enterprises, Inc. - Florida Service Location dba Edgepark Medical Supplies
12075 Pritchard Road
Jacksonville, FL 32220

Site Visit Dates:	February 2, 2021 - February 2, 2021
Type of Survey/Site Visit:	Follow-up
Accreditation Determination:	Full Accreditation
Plan of Correction Accepted Date:	N/A
CHAP Accreditation Dates:	January 29, 2020 - January 29, 2023
Method of Follow-up:	N/A

Dear Mrs. Hlavaty,

I am pleased to inform you that based on the findings of the site visit conducted February 2, 2021 - February 2, 2021, at the location and service referenced above, your organization is found to be in compliance with the CHAP Standards of Excellence. The CHAP Board of Review (BOR) has granted continued Full Accreditation to your organization for the term of three (3) years.

The site visit findings determined that your agency meets the DMEPOS accreditation requirements under Section 1834(A) (20) of the Social Security Act, and the Code of Federal Regulations, Title 42, Part 424.58. Your agency has been approved for the following product categories: **DM05, DM06, DM13, DM15, DM22, DM24, DM25, OR04, PD06, PD08, PD09, PE03, PE04, and S01. When you receive your Provider Transaction Access Number (PTAN), please communicate your PTAN to CHAP so we may maintain current records on your facility.**

The continuation in good standing of this Accreditation is dependent upon your organization paying any and all accreditation and site visit fees in accordance with the terms and conditions of the Accreditation Services Agreement.

Please note that CHAP may conduct surveys less than every three years depending upon any applicable CMS or state regulation and/or the level of any deficiencies cited.

As a CHAP accredited agency, you are required to list our toll-free CHAP Hotline telephone number to all of your clients. This hotline receives consumer complaints and questions about CHAP accredited organizations 24 hours a day, seven days a week. **The CHAP Hotline is 1-800-656-9656.**

Thank you for choosing CHAP as your national accreditation partner. Please contact Claire Kraft at claire.kraft@chapinc.org or (202) 862-3413 if you have any questions.

Sincerely,

Teresa Harbour

Teresa Harbour, RN, MBA, MHA
Senior Vice President, Accreditation

Community Health Accreditation Partner (CHAP)
2300 Clarendon Blvd. Suite 405 | Arlington, Virginia 22201
Office: 202.467.1701| Fax: 202.862.3419
Teresa.Harbour@chapinc.org| www.chapinc.org

ID: *FEB0221_YOJ*
Ref: *LSLB514546*

4CC

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Y

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ☒ Ownership Change ☒ Name Change ☐ Location Change (in-state only)	* If making a change, provide current license number: WH 01921	☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ■ No

Section 1: General Information

Facility Name: RGH Enterprises, LLC Known in CA as HHI Enterprises, LLC DBA: Edgepark Medical Supplies; Cardinal Health at Home

Physical Address: 3980 Earlstone Street

City: Ontario State: CA Zip: 91761

Mailing Address (if different from physical address): 7000 Cardinal Place

City: Dublin State: OH Zip: 43017

Telephone: 909-923-2691 Website: www.edgepark.com

Name of Designated Representative (DR): George Pizarro

Licensing Company Email: licensure@cardinalhealth.com DR Email: george.pizarro@cardinalhealth.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☒ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☒ Practitioners	☐ Controlled Substances
☒ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Dexcom
Address: 6290 Sequence Dr. City: San Diego State: CA Zip: 92121
Name: Coloplast
Address: 1601 West River Road North City: Minneapolis State: MN Zip: 55411
Name: Convatec
Address: CenterPoint II – 1160 Route 22 East City: Bridgewater State: NJ Zip: 08807
Name: Hollister
Address: 2000 Hollister Dr City: Libertyville State: IL Zip: 60048

Section 4: Publicly Traded Corporation

State of Incorporation: Ohio
Parent Company (if any): Allegiance Corporation
Corporation Name: Allegiance Corporation
Mailing Address: 7000 Cardinal Place
City: Dublin State: OH Zip: 43017
Telephone: 508-422-9027 Email: licensure@cardinalhealth.com
Contact Person Name: Cynthia Rhodes
Date of SEC Registration: 2/25/22 SEC Registration Number: 721371 Stock Exchange Symbol: CAH

Section 5: Non-Publicly Traded Corporation

State of Incorporation: N/A
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name: N/A
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name: N/A
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Keegan Chamberlain

Print Name of Authorized Person Submitting Application

K Chamberlain

Original signature of Authorized Person (copies or stamps not accepted)

2/2/22

Date

Board Use Only	Date Received: _____	Amount: $500 check 10796073

CardinalHealth

February 2, 2022

Dave Wuest, Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Ste. 206
Reno, NV 89521

RE: Explanation of Disciplinary History
RGH Enterprises, LLC

Dear Mr. Wuest:

This letter is provided in conjunction with our affirmative response to question 3 on our application for our Out-of-State license. We have a few matters with corresponding derivative action to disclose.

In March 2015, the RGH pharmacy located in Twinsburg, OH, was issued a citation and fined $500 by the Maine Board of Pharmacy, for failure to timely report a change in the facility's pharmacist-in-charge. This failure to report within the seven-day time frame was due to the unavailability of the corporate official authorized to sign the application. RGH paid the fine to the Maine State Board of Pharmacy; additionally, RGH has undertaken a process to ensure regulatory notifications occur in a timely manner.

In April 2016, the Hawaii Board of Pharmacy took derivative action against the Twinsburg, OH, facility based on the action described above. RGH entered a Settlement Agreement with Hawaii and agreed to pay a $250 fine; the matter was closed on May 6, 2016.

Furthermore, Cardinal Health's distribution center in Valencia, California, entered into a settlement agreement with the California Board of Pharmacy. As a condition of that settlement, effective April 3, 2019, the California Wholesale license for our Valencia, CA distribution center will be on probation for a period of two years (through April 2, 2021). This probation in no way affects the continued ability of our Valencia distribution center to service our customers in a timely and efficient manner.

Probation was a result of a settlement agreement between our Valencia distribution center and the California Board of Pharmacy regarding sales that distribution center made to a customer between 2012 and 2014 and the failure to receive a pharmacist's signature on several deliveries in that same time frame.

Additionally, on March 11, 2019, Cardinal Health's Wheeling, West Virginia, distribution center entered into a settlement agreement with the Ohio Board of Pharmacy regarding the security and storage of drugs while those drugs were being distributed to the customer. This issue involved Ohio Board of Pharmacy inspectors manipulating our totes in such a way as to be able to retrieve a bottle out of a strapped/sealed tote. This occurred on several occasions all while the totes were in the custody of our delivery drivers or pharmacies. An inspector also witnessed a delivery

vehicle door that was not locked and secured appropriately. Cardinal Health agreed to pay a monetary penalty of $5,000.

As previously reported, on May 15, 2012, Cardinal Health entered into a settlement agreement with the U.S. Drug Enforcement Administration ("DEA") regarding Cardinal Health's registration to distribute controlled substances from our Lakeland, Florida facility. On February 3, 2012, DEA served an Order to Show Cause and Immediate Suspension of Registration (the "Order") on Cardinal Health's Lakeland, Florida distribution center. In the Order, DEA alleged that the Lakeland facility "failed to maintain effective controls against the diversion of controlled substances" and "failed to detect and report suspicious orders of oxycodone by its pharmacy customers." In particular, DEA identified four retail pharmacies located in Florida that were serviced by the Lakeland facility and alleged that "[n]otwithstanding the large quantities of controlled substances ordered by Cardinal's top retail pharmacy customers Cardinal failed to conduct meaningful due diligence to ensure that the controlled substances were not diverted...." Importantly, these allegations did not involve any diversion of controlled substances from Cardinal's facility.

Under the settlement agreement, the Lakeland facility's DEA registration was suspended for two years from the date of the settlement agreement. On May 21, 2014, the suspension was lifted and the DEA reinstated Lakeland's registration. On December 23, 2016, Cardinal Health reached a nationwide settlement with the federal government, resolving the outstanding civil penalty portion of this May 15, 2012 administrative settlement with the DEA. Under this civil settlement, Cardinal Health has agreed to pay $44 million to the Department of Justice (DOJ) to resolve this matter. The DOJ, including the DEA and the United States Attorneys' Offices for the Middle District of Florida, the Southern District of New York, the District of Maryland, and the Western District of Washington and all other districts across the country have also agreed to take no further administrative or civil action on these and related matters. In addition, Cardinal Health has reached an agreement with the State of West Virginia regarding the company's distribution of controlled substances in that state between 2007 and 2012. While Cardinal Health denies the allegations, it agreed to pay West Virginia $20 million to resolve issues and release the company from further actions.

In 2014, the Boards of Pharmacy in both California and Georgia took derivative action based upon the DEA settlement. The Georgia Board fined the Lakeland facility $500 in administrative fees, and the California Board fined the facility $1,505 in investigative fees. Both fees were paid to the respective Boards.

We make every effort to meet our customers' legitimate demands for controlled substances. However, we have also demonstrated a deep commitment to helping fight prescription drug abuse. If you have any questions about this issue, please contact Martha Russell, Assistant General Counsel, Regulatory, at 614-757-6654.

Sincerely,

Keegan Chamberlain
Director, Global Logistics Quality Management

CardinalHealth

Officer Name	Title	Business Address	Email Address
Scott B. Zimmerman	Vice President and Treasurer	7000 Cardinal Place, Dublin, OH 43017	scott.zimmerman@cardinalhealth.com
Keegan David Chamberlain	Director, Quality Management	7200 Cardinal Place, Dublin, OH 43017	Keegan.Chamberlain@cardinalhealth.com
John Joseph Tufano, Jr.	Senior Legal Counsel	7000 Cardinal Place, Dublin OH 43017	john.tufano@cardinalhealth.com
John Henry Martin Jr.	SVP, Tax	7000 Cardinal Place, Dublin OH 43017 (2B0060)	john.martin03@cardinalhealth.com

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The above information is confidential and to be used for licensing purposes only. Any other use is strictly prohibited without prior consent of Cardinal Health.

List the top four corporation shareholders and their percent ownership.

Stockholder	Stake
The Vanguard Group, Inc.	12.65%
SSgA Funds Management, Inc.	6.75%
BlackRock Fund Advisors	5.38%
T. Rowe Price Associates, Inc. (I...	5.12%
Macquarie Investment Management B...	2.67%

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0746016

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 – "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: ☐ manufacturer ☒ wholesaler which conducts business at the following locations in this State:

1810 SUMMIT COMERCE PARK TWINSBURG, OH 44087-
1265 S RIVER RD, STE 200 CRANBURY,NJ 08512-
1360 MADELINE LANE - STE 500 ELGIN, IL 60124-
5400 SANDSHELL DR - STE 160 FORT WORTH, TX 76137-
2584 NE 181ST AVE PORTLAND, OR 97230-
3980 EARLSTONE ST ONTARIO, CA 91761-
4234 SURLES CT - STE 100 DURHAM, NC 27703-
12600 NE 40TH ST. STE 100 KANSAS CITY, MO 64141-

Reg. No.
5003981

RGH ENTERPRISES, LLC
C/O CARDINAL HEALTH
ATTN: CYNTHIA RHODES, SUP
7000 CARDINAL PLACE, OCLC-QRA
DUBLIN, OH 43017-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2023

Establishment Copy

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show RGH ENTERPRISES, LLC, an Ohio For Profit Limited Liability Company, Registration Number 770802, was organized within the State of Ohio on April 9, 1990, is currently in FULL FORCE AND EFFECT upon the records of this office.

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 21st day of January, A.D. 2022.

Ohio Secretary of State

Validation Number: 202202102108

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, DC 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): January 10, 2022

Cardinal Health, Inc.
(Exact Name of Registrant as Specified in Charter)

Ohio	1-11373	31-0958666
(State or Other Jurisdiction of Incorporation)	(Commission File Number)	(IRS Employer Identification No.)

7000 Cardinal Place, Dublin, Ohio 43017
(Address of Principal Executive Offices) (Zip Code)

(614) 757-5000
(Registrant's telephone number, including area code)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (*see* General Instruction A.2. below):

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common shares (without par value)	CAH	New York Stock Exchange

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 7.01 Regulation FD Disclosure

On January 10, 2022, Cardinal Health, Inc. (the "Company") issued a press release announcing an update to its previously issued fiscal year 2022 Medical segment profit expectations and the related expected impact to fiscal year 2022 non-GAAP earnings per share. The release also contained information about the Company's upcoming appearance at the 40th Annual J.P. Morgan Healthcare Conference. A copy of the release is attached to this Form 8-K as Exhibit 99.1.

Item 9.01 Financial Statements and Exhibits

(d) Exhibits

Exhibit

99.1 Press Release issued January 10, 2022

104 Cover Page Interactive Data File – the cover page iXBRL tags are embedded within the Inline XBRL document

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the Registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Cardinal Health, Inc.
(Registrant)

Date: January 10, 2022

By: /s/ JASON M. HOLLAR
Jason M. Hollar
Chief Financial Officer

Signatures

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Cardinal Health, Inc.
(Registrant)

Date: January 10, 2022

By: /s/ JASON M. HOLLAR
Jason M. Hollar
Chief Financial Officer

RGH Enterprises- Ontario

Worker
Abel Turrubiartes
Adriana Martinez
Alexa Franco
Alexander Tenorio
Alexis Pleitez
Alfred Joseph Hora
Alicia Garcia
Alma Franco
Alyce Jackson
Ana Carrillo
Angel Portillo
Angelica Oliva
Antonio Camacho
Arcelia Garcia
Ariel O'Campo
Bertha Herrera
Blanca Acosta
Brent McCleary
Carlos Vazquez Fierros
Carmen Ramirez Santiago
Christian Gonzalez
Claudia Aranda
Cristina Turrubiartes
Daisy Sarabia Felix
Daniel Rangel
David Lossing
Delfi Hernandez
Diana Luong
Dillan Butler
Elizabeth Urrutia
Eneida Santillanes Rosas
Erik Garay
Ernest Daniel
Ernest Martinez
Evelyn Agraz
Ezekiel Addington
Flor Benites
Frances Lujan
Gabriel Magana
Gabriel Vega
Garey Esparza
George Pizarro
Govanny Acosta
Graciela Medina
Guadalupe Figueroa
Guillermina Gomez
Hilda Aguirre
Homar Esparza
Irma Flores
Irving Palacios
Isabel Sagastume

Isagani Ubana
Isolda Merino
Jamie Sue Wells
Janet Villarreal
Janett Perez
Jeffrey Perez
Jennifer Hall
Jeny Alcala Villegas
Jerry Johnson
Jesse Bell
Jessica Garcia
Jessica Macias
Jesus Martinez
Jill Brown
Jimena Carrillo
Joffre Cevallos
Jorge Carcamo Mencia
Joseph Aguilar
Joseph Tapia
Josie Perez
Julio Garay
Katie Acero
Kevin Arteaga
Kristy Barreno
Kristy Guy
Laudice Jimenez
Laura Carrillo
Leizel Estudillo
Lesli Perez Valdez
Leslie Olivera
Lorraine Figueroa
Lorraine Lucero
Lucille Zuniga
Luis Esparza
Luis Montero
Lyndon James Nocete
Magdalena Salinas
Manuel Sanchez
Manuel Torres
Maria Baray Salas
Maria Bucio
Maria Franco
Maria Gomez
Maria Molina De Raya
Maria R Lomeli De Esparza
Mario Gonzalez
Martel Espinoza
Martha Marron
Martin Talavera
Mary Gutierrez
Mary Montes
Maryann Ross

Matthew Alvarez
May Garcia
Melissa Casillas
Michael Hart
Michael Munoz
Michelle Dartt
Miguel Ceja
Moises Ceja
Monica Garcia
Nathan Barbosa
Nelson Garcia
Nicandro Garcia
Norma Sanchez
Olivia Grassinger
Oscar Rodriguez
Pedro Barrera
Priscila Lozano
Rafael Iniguez
Ralph Garcia
Ramon Cervantes
Rebekkah Alvarez
Regina Burgos
Robert Padilla
Rosa Godoy
Rosalva Mendoza
Rosalva Rodriguez
Rosalyn Amaro
Roxana Gonzalez
Roy Ocampo
Rudy Gonzalez
Sandra Martinez
Saul Contreras
Sergio Gil
Shayne Butler
Silvia Ramirez
Stefany Marquez
Susana Casillas
Teresa Davalos
Teresa Gastelum
Tomas Hernandez
Torri Butler
Tuyetnhung Nguyen
Tyler Smith
Valeria Carrillo
Wendy Vitanovitz
William Hernandez
William Walker
Yesenia Valdez
Yolanda Castillo

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
09/22/2021	202126502216	Conversion Within SOS Records (CVS)	99.00	200.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

CT CORPORATION SYSTEM
ATTN: ZACH CAIN
4400 EASTON COMMONS WAY, STE 125
COLUMBUS, OH 43219

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose

770802

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

RGH ENTERPRISES, LLC

and, that said business records show the filing and recording of:

Document(s)	Document No(s):
Conversion Within SOS Records	**202126502216**

Effective Date: 10/01/2021

CHANGE BUSINESS TYPE DOM. PROFIT LIM. LIAB. CO.

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 22nd day of September, A.D. 2021.

Ohio Secretary of State

Form 700 Prescribed by:

Frank LaRose
Ohio Secretary of State

Toll Free: 877.767.3453
Central Ohio: 614.466.3910
OhioSoS.gov
business@OhioSoS.gov
File online or for more information: OhioBusinessCentral.gov

For screen readers, follow instructions located at this path.

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 1329
Columbus, OH 43216

Expedite Filing (Two business day processing time. Requires an additional $100.00)
P.O. Box 1390
Columbus, OH 43216

2021 SEP 22 AM 11:35

Certificate for Conversion for Entities Converting Within or Off the Records of the Ohio Secretary of State

Filing Fee: $99
Form Must Be Typed

(CHECK ONLY ONE (1) BOX)

(1) ☒ **Converting Within The Records of the Ohio Secretary of State**

(2) ☐ **Converting Off The Records of the Ohio Secretary of State** (187-VXX)

Name of the converting entity: RGH Enterprises, Inc.

Jurisdiction of Formation: Ohio

Charter/Registration Number: 770802

The converting entity is a:
(Check Only (1) One Box)

- ☐ Domestic Nonprofit Corporation
- ☒ Domestic For-Profit Corporation
- ☐ Foreign Nonprofit Corporation
- ☐ Foreign For-Profit Corporation
- ☐ Domestic Nonprofit Limited Liability Company
- ☐ Foreign Nonprofit Limited Liability Company
- ☐ Domestic For-Profit Limited Liability Company
- ☐ Foreign For-Profit Limited Liability Company
- ☐ Partnership
- ☐ Domestic Limited Partnership
- ☐ Foreign Limited Partnership
- ☐ Domestic Limited Liability Partnership
- ☐ Foreign Limited Liability Partnership

The converting entity hereby states that it has complied with all laws in the jurisdiction under which it exists and that those laws permit the conversion.

Name of the converted entity: RGH Enterprises, LLC.

Jurisdiction of Formation: Ohio

The converted entity is a:
(Check Only (1) One Box)

- ☐ Domestic For-Profit Corporation
- ☐ Domestic Professional Association
- ☐ Foreign Nonprofit Corporation
- ☐ Foreign For-Profit Corporation
- ☐ Domestic Nonprofit Limited Liability Company
- ☐ Foreign Nonprofit Limited Liability Company
- ☒ Domestic For-Profit Limited Liability Company
- ☐ Foreign For-Profit Limited Liability Company
- ☐ Partnership
- ☐ Domestic Limited Partnership
- ☐ Foreign Limited Partnership
- ☐ Domestic Limited Liability Partnership
- ☐ Foreign Limited Liability Partnership

Effective Date (MM/DD/YYYY) **(Optional)**: 10/01/2021 **(The conversion is effective upon the filing of this certificate or on a later date specified in the certificate)**

Name and address of the person or entity that will provide a copy of the declaration of conversion upon written request.

Samantha Bourdette
Name

7000 Cardinal Place
Mailing Address

Dublin | Ohio | 43017
City | State | Zip Code

Required information that must accompany conversion certificate if box 2 is checked

If the converting entity is a domestic or foreign entity that will not be licensed in Ohio, provide the name and address of the statutory agent upon whom any process, notice or demand may be served.

Name of Statutory Agent

Mailing Address

City | OH | ZIP Code
State

See instructions for additional filing requirements if
(1) the conversion creates a new domestic entity,
(2) the converted entity is a foreign entity that desires to transact business in Ohio; or
(3) if a domestic corporation or foreign corporation licensed in Ohio is the converting entity.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required
Must be signed by an authorized representative.

Signature

By (if applicable)

John Tufano - Secretary

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Complete the information in this section.

AFFIDAVIT

In lieu of dissolution releases from various governmental authorities.

RGH Enterprises, Inc.

Name of Corporation

The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governmental agencies was advised IN WRITING of the scheduled date of filing of the Certificate and was advised IN WRITING of the acknowledgement by the corporation of the applicability of the provisions of section 1701.95 of the ORC.

Agency	Date Notified (MM/DD/YYYY)
Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215 * Only required for domestic for-profit corporations	07/31/2021

Agency	Date Notified (MM/DD/YYYY)
Ohio Job & Family Services Status and Liability Section Data Correspondence Control **Fax:** 614-752-4811 **Phone:** 614-466-2319 **Overnight Address:** P.O. Box 182413 Columbus, OH 43218-2413 **Regular Address:** P.O. Box 182413 Columbus, OH 43218-2413	7/31/2021

Agency	Date Notified (MM/DD/YYYY)
Ohio Department of Taxation Taxpayer Services/Tax Release Unit P.O. Box 182382 Columbus, OH 43218-2382 Dissolution@tax.state.oh.us * Complete this date notified field only if the corporation is a domestic non-profit corporation or foreign corporation. * Note: Domestic for-profit corporations must submit with this filing a Certificate of Tax Clearance issued by the Ohio Department of Taxation.	07/07/2021

☐ The corporation is not required to pay or the department of taxation has not assessed any personal property tax.

Note: This affidavit must be signed by one or more persons executing the certificate or by an officer of the corporation.

Signature [signature] Title Secretary

John Tufano
Name

7000 Cardinal Place
Mailing Address

Dublin | Ohio | 43017
City | State | ZIP Code

Seal

Sworn to and subscribed in my presence on this date (MM/DD/YYYY) 9/15/2021

SAMANTHA J BOURDETTE
Notary Public
State of Ohio
My Comm. Expires
December 12, 2021

[signature]
Notary Public

Date Commission Expires (MM/DD/YYYY) 12/12/2021

AFFIDAVIT OF PERSONAL PROPERTY

State of: Ohio

County of: Franklin

John Tufano
Name of Officer

Secretary
Title of Officer

of

RGH Enterprises, Inc.
Name of Corporation

and that this affidavit is made in compliance with Ohio Revised Code Section 1701.86

That above-named corporation: (Check one (1) of the following)

☐ Has no personal property in any county in Ohio

☐ Is the type required to pay personal property taxes to state authorities only

☑ Has personal property in the following county (ies)

Summit		
County	County	County

Signature: John Tufano Sep 15, 2021 10:55 EDT

Title: Secretary

Sworn to and subscribed in my presence on this date (MM/DD/YYYY): 9/15/2021

Seal

NOTARY PUBLIC STATE OF OHIO

SAMANTHA J BOURDETTE
Notary Public
State of Ohio
My Comm. Expires
December 12, 2021

Notary Public

Date Commission Expires (MM/DD/YYYY): 12/12/2021

Ohio | Department of Taxation

PO Box 182382
Columbus, OH 43218-2382
tax.ohio.gov

ANDREW MUHN
7000 CARDINAL PL
DUBLIN, OH 43017
USA

August 24, 2021
Contact ID: 9873000272

RE: Certificate of Tax Clearance
Entity Name: Rgh Enterprises, Inc.
Ohio Charter # 00770802
Certificate Issue Date: 08/24/2021

This certificate confirms the above-referenced entity filed all tax returns and paid in full all taxes and fees administered by the Tax Commissioner through the certificate issue date referred to above.

This certificate does not preclude the Department from issuing a bill and/or assessment against the entity for any tax returns and/or tax liabilities and fees that become due after the certificate issue date. Also, this certificate does not preclude the Department from conducting an examination or audit for any period ending prior to the date this certificate is filed with the Ohio Secretary of State.

This Certificate of Tax Clearance is valid for thirty (30) days from the certificate issue date and must be filed along with all forms prescribed by the Ohio Secretary of State.

Jeffrey A. McClain
Tax Commissioner

If you have any questions, please contact us.

Tax Release Unit
Phone: 1-855-896-4422
Fax: 1-208-964-0378
TTY/TDD: 1-800-750-0750

Form 533A Prescribed by:

Frank LaRose
Ohio Secretary of State

Toll Free: 877.767.3453
Central Ohio: 614.466.3910
OhioSoS.gov
business@OhioSoS.gov
File online or for more information: OhioBusinessCentral.gov

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 670
Columbus, OH 43216

Expedite Filing (Two business day processing time. Requires an additional $100.00)
P.O. Box 1390
Columbus, OH 43216

For screen readers, follow instructions located at this path.

2021 SEP 22 AM 11:35

Articles of Organization for a Domestic Limited Liability Company

Filing Fee: $99

Form Must Be Typed

CHECK ONLY ONE (1) BOX

(1) ☒ Articles of Organization for Domestic For-Profit Limited Liability Company (115-LCA)

(2) ☐ Articles of Organization for Domestic Nonprofit Limited Liability Company (115-LCA)

Name of Limited Liability Company: RGH Enterprises, LLC

(Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd.," "or "ltd".)

Optional: Effective Date (MM/DD/YYYY): 10/01/2021

(The legal existence of the corporation begins upon the filing of the articles or on a later date specified that is not more than ninety days after filing.)

Optional: This limited liability company shall exist for: perpetual

Period of Existence

Optional: Purpose

**** Note for Nonprofit LLCs**
The Secretary of State does not grant tax exempt status. Filing with our office is not sufficient to obtain state or federal tax exemptions. Contact the Ohio Department of Taxation and the Internal Revenue Service to ensure that the nonprofit limited liability company secures the proper state and federal tax exemptions. These agencies may require that a purpose clause be provided. **

Original Appointment of Statutory Agent

The undersigned authorized member(s), manager(s) or representative(s) of

RGH Enterprises, LLC

(Name of Limited Liability Company)

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the corporation may be served. The complete address of the agent is:

C T Corporation System

(Name of Statutory Agent)

4400 Easton Commons Way, Suite 125

(Mailing Address)

Columbus	OH	43219
(Mailing City)	(Mailing State)	(Mailing ZIP Code)

Acceptance of Appointment

The Undersigned, C T Corporation System, named herein as the

(Name of Statutory Agent)

Statutory agent for RGH Enterprises, LLC

(Name of Limited Liability Company)

hereby acknowledges and accepts the appointment of statutory agent for said limited liability company.

Statutory Agent Signature /s/ Tracy Kellner - Assistant Secretary

(Individual Agent's Signature / Signature on Behalf of Business Serving as Agent)

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Articles and original appointment of agent must be signed by a member, manager or other representative.

If the authorized representative is an individual, then they must sign in the "signature" box and print his/her name in the "Print Name" box.

If the authorized representative is a business entity, not an individual, then please print the entity name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print his/her name and title/authority in the "Print Name" box.

Signature

Allegiance Corporation, Sole Member

By (if applicable)

Samantha Bourdette, Assistant Secretary

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF MERGER, WHICH MERGES:

"ASSURAMED GROUP, INC.", A DELAWARE CORPORATION,

WITH AND INTO "ALLEGIANCE CORPORATION" UNDER THE NAME OF "ALLEGIANCE CORPORATION", A CORPORATION ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF DELAWARE, AS RECEIVED AND FILED IN THIS OFFICE ON THE THIRTIETH DAY OF JULY, A.D. 2021, AT 1:11 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF MERGER IS THE FIRST DAY OF AUGUST, A.D. 2021 AT 12:20 O'CLOCK A.M.

Jeffrey W. Bullock Secretary of State

2627291 8100M
SR# 20212849024

Authentication: 203837533
Date: 08-04-21

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Delaware
Secretary of State
Division of Corporations
Delivered 01:07 PM 07/30/2021
FILED 01:11 PM 07/30/2021
SR 20212849024 - File Number 2627291

STATE OF DELAWARE
CERTIFICATE OF MERGER O_
DOMESTIC CORPORATIONS

Pursuant to Title 8, Section 251(c) of the Delaware General Corporation Law, the undersigned corporation executed the following Certificate of Merger:

FIRST: The name of the surviving corporation is Allegiance Corporation, and the name of the corporation being merged into this surviving corporation is AssuraMed Group, Inc.

SECOND: The Agreement of Merger has been approved, adopted, certified, executed and acknowledged by each of the constituent corporations.

THIRD: The name of the surviving corporation is Allegiance Corporation a Delaware corporation.

FOURTH: The Certificate of Incorporation of the surviving corporation shall be its Certificate of Incorporation.

FIFTH: The merger is to become effective on August 1, 2021 at 12:20am EST.

SIXTH: The Agreement of Merger is on file at 7000 Cardinal Place, Dublin, OH 43017, the place of business of the surviving corporation.

SEVENTH: A copy of the Agreement of Merger will be furnished by the surviving corporation on request, without cost, to any stockholder of the constituent corporations.

IN WITNESS WHEREOF, said surviving corporation has caused this certificate to be signed by an authorized officer, the 28th day of July, A.D., 2021.

By: [signature] Jul 28, 2021 3:28 EDT
Authorized Officer

Name: Scott Zimmerman
Print or Type

Title: Vice President & Treasurer

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

Pharmacy | Hospital Pharmacy | Clinic | Exempt Hospital | Wholesaler X | Hypodermic

Date: 2 28 2020 Inspector: Antony Ngondara

Firm: IHH ENTERPRISES INC Phone: (909) 923-2691

Address: 3980 EARLSTONE STREET City: ONTARIO Zip: 91764

Ownership: CORPORATION

Permit #: WLS6185 Permit Exp: 8 1 2020 DEA#: NONE DEA Exp:

Date of Self Assessment Form: Other Permit #: N/A Date of DEA Inventory:

Hours M-F: 9AM-4PM Hours Saturday CLOSED Hours Sunday: CLOSED

EIC GEORGE W PIZARRO EXC19490 Administrator

RPH Consultant

Staff RPH Name:	License #:	Staff Name:	License #:
		ALYCE M JACKSON	EXC22269
		JENNIFER K HALL	EXC24919

Inspector Remarks:

Here today for routine wholesaler inspection requested by Cardinal Health. Assisted today by Jennifer Hall, Monica Garcia and Joe Tapia. Per those persons, this facility does not carry controlled substances or prescription drugs. The facility holds RX labeled devices necessitating the need for a WLS permit. The facility is referred to as "Cardinal at Home" as many of the products shipped from this facility go directly to patients.

The following were reviewed:

- Survey of perimeter of the building for lighting and security. Access to the facility is restricted.
- Review list of licenses and registrations held – this location holds multiple licenses in multiple states
- DR was present – Jennifer Hall accompanied the walk-through, DR license(s) was current and posted.
- SECURITY: cameras in place in warehouse able to view multiple angles, alarm system in place, after hour access, key ownership, protection of data mining, badge access for each employee – PnP in place for no "piggy-backing" where each employee is expected to scan badges before entering certain areas of the facility, bay doors are alarmed
- BUILDING: clean and organized, fixtures and equipment in good order, rodent runs observed, walking paths clear, limited trash, insulated ceiling, automated shudders open and close to draw in desired air and remove undesired air
- Location of temperature and humidity monitors were throughout, there was a cool room supplied with cool air by centralized AC kept at 68 degrees F monitored by a system with a back-up and consistent notification via electronic message if out of range.
- There are no cold chain products received or shipped by this facility and therefore no refrigerator.
- Facility separates sterile products and products needing light protection from other products and employs a means to further protect those products (additional cover).
- There are 2 quarantine areas, one in the cool room for those products and another in the main warehouse. Each were clearly marked as quarantine area with multiple labels and chains to differentiate from active sellable stock.
- Inventory is maintained electronically through "license plate" barcoding. These are applied at receiving, provide a location for picking and tracks inventory. Cycle counts are performed daily.

1 NA

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

- Surety Bond reviewed
- WLS self-assessment reviewed
- This location is a fulfillment center. The customer service department is in Ohio and the prescription processing happens before the order is sent to this location to prepare and send.

Discussed needed compliance to BPC 4013 where all DRs need to be subscribed to the BOP's subscriber alert system. I showed DR Hall how to sign-up. Please ensure all DR and the facility comply with BPC 4013.

Contact Information
Inspector: Dr. Antony Ngondara
Email: antony.ngondara@dca.ca.gov
Phone: 619-402-9161

Licensee Remarks:

I have reviewed, discussed,understand and received a copy of this form .

Exemptee (sign) Jennifer Hall
Exemptee (print) Jennifer Hall

Inspector (sign) _____
Inspector (print) ANTONY NGONDARA

Owner(sign) _____
Owner(print) _____

Additional information (for example - corrective plan of action, Quality Assurance outcomes, factors in mitigation, etc.) you want to submit for consideration may be sent on the attached form to my attention at the above address no later than 14 calendar days from the date above. Please include a copy of this form with any information that you submit.

Within 14 calendar days from the above date, please submit to me at the above address the following:

4DD

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (08/12/2021)

Where is the facility located? ☐ Nevada ■ Out-of-State

Is your facility a reverse distributor? ☐ Yes ■ No

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change* (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Kowa Pharmaceuticals America, Inc.

Physical Address: 530 Industrial Park Blvd.

City: Montgomery State: AL Zip: 36117

Mailing Address (if different from physical address): Same

City: Same State: _____ Zip: _____

Telephone: 344-288-1288 Website: www.kowapharma.com

Name of Designated Representative (DR): John King

Licensing Company Email: www.kowapharma.com DR Email: bking@kowapharma.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies	■ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	■ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
■ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Patheon Inc. (Patheon. part of Thermo Fisher Scientific) (CMO)
Address: 2110 E. Galbraith Rd City: Cincinnati State: OH Zip: 45237-162
Name: NA
Address: City: State: Zip:
Name: NA
Address: City: State: Zip:
Name: NA
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation: NA
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): Kowa Company, Ltd.
Corporation/Organization Name:
Mailing Address: 6-29. Nishiki 3-chome, Naka-ku
City: Nagoya, Aichi State: Japan Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. ✓Copy of Certification 2. ✓Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.** ✓	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.** ✓		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ ✓		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances** ✓	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** NA	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** ✓	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

John King
Print Name of Authorized Person Submitting Application

John King John King
Original signature of Authorized Person (copies or stamps not accepted)

1-25-2022
Date

Board Use Only	Date Received: _____	Amount: $500 Check 024982

NABP ACCREDITED
DRUG DISTRIBUTOR

Kowa Pharmaceuticals America, Inc

located at

530 Industrial Park Blvd, Montgomery, AL 36117

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Carmen A. Catizone, MS, RPh, DPh
Executive Director/Secretary

09/08/2019 - 09/07/2022
Period of Accreditation

1017

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KOWA PHARMACEUTICALS AMERICA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF APRIL, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.





3826639 8300

SR# 20221522219

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203214835

Date: 04-19-22

Alabama State Board of Pharmacy 2022

This is to certify:

KOWA PHARMACEUTICALS AMERICA, INC.
530 INDUSTRIAL PARK BLVD
MONTGOMERY, AL 36117

Permit Number:
193121

Is Duly Licensed as a:
Private Label Distributor

Specialty Services:

Supervising Pharmacist
;

IN COMFORMITY WITH THE PROVISIONS OF ACT #205, GENERAL ACTS OF ALABAMA, 1966 SPECIAL SESSION, AND RULES AND REGULATIONS OF THE BOARD. THIS CERTIFICATE MUST BE CONSPICIOUSLY DISPLAYED AND EXPIRE ON THE LAST DAY OF

December 2022

THIS IS YOUR RECEIPT FOR FEE PAID AS REQUIRED BY LAW
THIS PERMIT IS NOT TRANSFERRABLE

Donna C Yeadman
EXECUTIVE SECRETARY

Alabama State Board of Pharmacy

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE 2022

Controlled Substance Number:	Business Activity:	Schedules:
193121	Private Label Distributor	IV

The Controlled Substance Act of 1971 reads in part as follows:
Section 304 (Revocation and Suspension of the Registration.)

(a) A registration under Section 303 to manufacture, distribute, or dispense a controlled substance may be suspended or revoked by the Certifying Boards upon a finding that the registrant:
(1) Has furnished false or fraudulent material information in any application filed under this Act,
(2) Has been convicted of a felony under any State or Federal law relating to any controlled substance or
(3) Has had his Federal registration suspended or revoked to manufacture, distribute, or dispense controlled substances
(4) Has violated the provisions Act 205 (al-a32) Code of Alabama 1940 (Recomp. 1958)

Date Issued: 01/01/2022

Expiration Date: 12/31/2022

KOWA PHARMACEUTICALS AMERICA, INC.
530 INDUSTRIAL PARK BLVD
MONTGOMERY, AL 36117

CERTIFICATE MUST BE PROMINENTLY DISPLAYED AT ALL TIMES
THIS REGISTRATION IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RK0610558	12-31-2022	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
4	DISTRIBUTOR	10-28-2021

KOWA PHARMACEUTICALS AMERICA, INC.
530 INDUSTRIAL PARK BLVD.
MONTGOMERY, AL 36117

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RK0610558	12-31-2022	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
4	DISTRIBUTOR	10-28-2021

KOWA PHARMACEUTICALS AMERICA, INC.
530 INDUSTRIAL PARK BLVD.
MONTGOMERY, AL 36117

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

NAME	BUSINESS UNIT	HOME DEPARTMENT
Aoki, Tomomine	CORP-Corporate	100000-Corporate
Stakely, Benjamin C	CORP-Corporate	100000-Corporate
Farley, Jason	CORP-Corporate	200000-Sales Management
Gornto, Stephen L	CORP-Corporate	200000-Sales Management
Hunter, Inga	CORP-Corporate	200000-Sales Management
Gardner, Stephanie	CORP-Corporate	270000-Medical Affairs
Maruyama, Jiro	CORP-Corporate	270000-Medical Affairs
Sponseller, Craig	CORP-Corporate	270000-Medical Affairs
Cauley II, James	CORP-Corporate	300000-Sales Training
Krasnowiecki, Matthew	CORP-Corporate	300000-Sales Training
Moore, Jeffrey	CORP-Corporate	400000-Marketing
Nolen, William R	CORP-Corporate	400000-Marketing
Collier, Tracy M	CORP-Corporate	550000-QA Reg Affairs/Comp
Dion, Osagie Emmanuel	CORP-Corporate	550000-QA Reg Affairs/Comp
Jackson, Myrcheryl B	CORP-Corporate	550000-QA Reg Affairs/Comp
Kelly, Ramon K	CORP-Corporate	550000-QA Reg Affairs/Comp
King, John	CORP-Corporate	550000-QA Reg Affairs/Comp
Manning, Cynthia	CORP-Corporate	550000-QA Reg Affairs/Comp
Mitsuoka, Hiroki	CORP-Corporate	550000-QA Reg Affairs/Comp
Morris, Mary Ann	CORP-Corporate	550000-QA Reg Affairs/Comp
Myrick, Cynthia	CORP-Corporate	550000-QA Reg Affairs/Comp
Nakayama, Yoichiro	CORP-Corporate	550000-QA Reg Affairs/Comp
Von Culin, Richard	CORP-Corporate	550000-QA Reg Affairs/Comp
Wright, Anna Michelle	CORP-Corporate	550000-QA Reg Affairs/Comp
Collier, Tracy R	CORP-Corporate	551000-Warehouse
Hinson, Leigh S.	CORP-Corporate	551000-Warehouse
McWilliams, Nick	CORP-Corporate	551000-Warehouse
Bowden, Kayla	CORP-Corporate	600000-HR
Huxford, Deborah	CORP-Corporate	600000-HR
Spoonemore, Yvonne	CORP-Corporate	600000-HR
Talley, Tabitha	CORP-Corporate	600000-HR
Kline, Christopher	CORP-Corporate	650000-IT
Paul, Roy	CORP-Corporate	650000-IT
Stewart, Jeffrey W.	CORP-Corporate	650000-IT
Barna, Joseph	CORP-Corporate	700000-Accounting
Foxworth, Brittany	CORP-Corporate	700000-Accounting
Manning, Michael	CORP-Corporate	700000-Accounting
Dozier, Kristy	CORP-Corporate	750000-Fleet Management

Kowa Pharmaceuticals America, Inc.

Ownership Information

Name	Title	Address	DOB	Phone Number
Benjamin C. Stakely	CEO, President	[redacted] Industrial Park Blvd., Montgomery, AL 36117	[redacted]	[redacted]
FEIN # 20-1414357				

Corporate Ownership - 100%

State of Incorporation:

Delaware

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Kowa Pharmaceuticals America, Inc

Physical Address: 530 Industrial Park Blvd.

City: Montgomery State: AL Zip: 36117

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 334-288-1288 Website: www.kowapharma.com

Licensing Company Email:

Section 2: Personal Information

First: John Middle: Bradley Last: King

Alias(es, nicknames, name changes, etc.): Brad King

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Industrial Park Blvd.

City: Montgomery State: AL Zip: 36117

Telephone: [redacted] Email: bking@kowapharma.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: NA to: NA

Military Occupation/Specialty: NA

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials: JK

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
see attached resume				
Address	City		State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address	City		State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address	City		State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address	City		State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address	City		State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01-2012 to 01-2022	[redacted] Brookwood Drive	Wetumpka	AL	36093
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above:

Business Name: see attached resume			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials JK

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

I, John King, **certify that as the designated representative for**

Kowa Pharmaceuticals America, Inc.,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

John King

Print Name (First, Last)

John King

Original Signature (electronic, copies or stamps not accepted)

1-25-2022

Date

Applicant's initials JK

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

John King

Print Name (First, Last)

John King

Original Signature (electronic, copies or stamps not accepted)

1-25-2022

Date

Please have this section completed in the presence of a Notary Public.

State of Alabama, ss. County of Montgomery

I, John King, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

John King

Original Signature

2-8-2022

Date

Subscribed and Sworn to before me this 8th day of February.

Kristy Grissett Dozier

Notary Public Signature

Kristy Grissett Dozier
My Commission Expires
May 18, 2024

(Seal)

Applicant's initials JK

Contact Information

Brad King
[redacted]Brookwood Drive, Wetumpka, AL 36093
Phone [redacted] **Email** [redacted]@gmail.com

Profile Summary

(Worked for 2 corporations in 27 years & served on a Senior Lead Team)

- I have 27 years' experience working within a Corporate Environment in the Pharmaceutical/Health care industry for a Drug Manufacturer, "Big 3 Wholesaler" (AmerisourceBergen-ABC Specialty Group) and a Specialty Pharmacy. My experience covers the entire Supply Chain in the core areas of Compliance, Regulatory, Auditing/ Investigations, Business Operations, Contract Manufacturing, Pharmacy, Distribution, Logistics/Fleet, Training and Policy/Procedure Mgmt. I've served on a Division Level Senior Lead Team providing direction within a fortune (10) corporation AmerisourceBergen Corporation, being one of the world's largest pharmaceutical service companies serving global markets. Servicing both pharmaceutical manufacturers & healthcare providers. I currently serve on a Management Team for a Specialty Drug Manufacturer (Kowa Pharmaceuticals America, Inc.) I hope to use my education and result proven experience to bring added value to your organization.

Education, Training, Certifications

(Completed all college while working via the ABC Tuition Program)

- **Master of Science in Healthcare Management (concentration in Leadership/Organizational Effectiveness) Troy University, Troy, AL**
- **Master of Science in Human Resource Management, Troy University, Troy, AL**
- **Bachelor of Science in Business Administration Troy University, Dothan, AL**
- **Associate in Arts, Wallace Community College, Dothan, AL**
- 100 + hours trained in Regulatory & Compliance, Human Resources, Business & Health Care Law, Security, Safety/Health, Business Continuity/Risk Management, Business Operations, Drug Distribution.
- Systems - iOS/Apple, ERP (Microsoft Dynamics AX), Sales Force/CRM, Microsoft Office, Regulatory/Compliance software suites & Learning Mgmt. Systems.
- Compliance Sharing Alliance Member – Attend annually in the DC area covering DEA, OIG, HHS, FDA, CMS & PDMA requirements with government agency speakers.

Relevant Experience & Accomplishments

(Received 2 corporate awards presented by the CEO & CCO)

Program Coordination

- Health Care & Comprehensive Compliance Program covering areas such as Anti-kickback Statute, Stark Law, False Claims Act, PDMA, HIPAA, New Rep. training;
- Compliance Hotline Mgmt. in coordination with HR, internal/external audits/investigations;
- Patient Assistance Program Oversight and audits;
- "Compliance Readiness" Project Lead for new product launches & Co Promotes;
- Safety/Health/Code of Ethics Committee President, Information Security Representative, HIPAA Security/Privacy Officer and Compliance Consulting work;
- Compliance Transparency Reporting, Federal Sunshine Act/CMS, State Aggregate Spend, Drug Price Transparency and FDA reporting for domestic/international companies, PDMA/Drug Sample Accountability, Reconciliations & Reporting;
- Health Care Compliance audits covering Commercial/Promotional, Medical Scientific Forums, Speaker Bureau Programs and PhRMA Code on Interaction with HCPs;
- Audit program preparation for agencies/laws such as Corporate Compliance, State Boards of Pharmacy, OIG, HHS, FDA, PDMA, DEA, EPA, HIPAA/HITECH, OSHA, DOT, IATA, FAA, NFPA, CMS, DSCSA, BOME, PPSWG, 340B, extensive NABP Accreditation experience leading 16 VAWD/DDA inspections/renewals;
- Corp. Compliance Audit Programs covering Regulatory Compliance, Security, Health/Safety, HR, Risk Mgmt. and Business Continuity covering 400 line items;
- Awarded the ABC Specialty Group Values Award recognizing the person that best performs the values, vision & mission of the company selected by upper management out of 300 + peers (presented by CEO);
- Awarded the ABC Outstanding Achievement Award in Regulatory Compliance out of 40 plus divisions at the time due to having the best audit program and "perfect audit score" (presented by CCO);
- State facility licensing as a Wholesale Distributor, Manufacturer, Virtual Manufacturer, Private Label Distributor, Pharmacy and HCP licensing;
- DEA Suspicious Order Monitoring Programs and customer Pharmacy Audits;
- Product experience includes Rx, OTC, Controlled Substances, Medical Devices/Surgical Supplies and Drug Samples including Cold Chain and Ambient product storage and distribution.

Management/Supervision

(Managed up to 40 employees)

- Compliance & Business Operation initiatives for a Drug Manufacturer having (5 direct reports) covering a Health Care Compliance Program, Regulatory/Quality/ Auditing, Policy/Procedure Mgmt., all IT Infrastructure, Vendor Contracts/Budgeting, Contract Manufacturing/Private Label Distribution, Sunshine Act Federal/State Aggregate Spend & Drug Price Transparency Reporting, Patient Assistance Program, Inventory Control/PDMA Drug Sample Accountability, New Rep. Training, Fleet Program with 380 vehicles, Corp. Insurance Premiums , Drug Distribution to Sales Reps., Doctors, Big 3 Wholesalers and provide support to 400 employees including internal Corporate and external Commercial/Medical Representatives;
- Member of a Lead Team as the Compliance Officer managing ever changing Compliance Projects, Audit Programs and Investigations;
- Managed an internal Corporate Compliance program containing 400 plus line items covering the areas of Regulatory Compliance, DEA, Human Resources, Security, Safety, Health, Quality, DOT, Risk Mgmt. and Business Continuity;
- Managed the construction/implementation of a $500,000 security project including perimeter fencing, guard shacks/guards, access control and surveillance;
- Managed 40 WH employees in the areas of Distribution/Order Fulfillment covering Packaging, Receiving, Shipping of Drug Products and Medical-Surgical Supplies to Practitioners.

Employment

Manager, Compliance/Business Operations, *Kowa Pharmaceuticals America, Inc. (Drug Manufacturer).* *2017-Current*

- Compliance & Business Operations oversight with (5 direct reports) covering the functional areas of Compliance, Information Technology, Facility/Warehouse & Fleet providing support for drug products & Corporate personnel plus external Commercial/Medical/Managed Care staff. Report to (V.P. of Regulatory Affairs & Business Operations)

Compliance Manager, *Kowa Pharmaceuticals America, Inc. (Drug Manufacturer).* 2013-2017

- Compliance oversight with (2 direct reports) covering the functional areas of all Healthcare Compliance activities and Warehouse Operations/Distribution to Sales Reps., Doctors & Big 3 Wholesalers. Reported to (Director, Regulatory)

Compliance Officer, *AmerisourceBergen Corp.* 2007-2013

- Provided professional assistance to a divisional level Executive Lead Team while overseeing all Regulatory Compliance initiatives/programs for a single location having sales in excess of 8 billion dollars a year. Reported to (President-General Manager & Corporate Compliance)

Director, Regulatory Compliance , *AmerisourceBergen Corp.*

- Provided professional assistance to a divisional level Executive Lead Team while overseeing all Regulatory Compliance initiatives/programs for a single location having sales in excess of 8 billion dollars a year. Reported to (President-General Manager & Corporate Compliance) 2007-2009

Regulatory Compliance Coordinator, *AmerisourceBergen Corp.* *2001-2006*

- Coordinated Compliance initiatives across 12 departments, 350 employees and sales in excess of 1 billion dollars a year. Reported to (V.P. Operations & Corporate Compliance)

Distribution Center Supervisor, *AmerisourceBergen Corp.* *1995-2000*

- Supervised 40 employees covering Distribution Operations including inventory control, warehouse order filling, packaging shipping of Drug Product & Medical-Surgical Supplies averaging 2,500 packages a day. Reported to (Operations Manager)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Kowa Pharmaceuticals America, Inc.

Physical Address 530 Industrial Park Blvd.

City Montgomery State AL Zip 36117

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 3342881288 Website www.kowapharma.com

Licensing Company Email bstakely@kowapharma.com

Section 2: Personal Information

First Benjamin Middle C Last Stakely

Alias(es, nicknames, name changes, etc.) Ben Stakely

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Industrial Park Blvd.

City Montgomery State AL Zip 36117

Telephone [redacted] Email bstakely@kowapharma.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials BS

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
The Montgomery Academy		9/75 - 5/78	
Address	City	State	Zip
Vaughn Road	Montgomery	AL	36106
Diploma/Degree obtained, if any			
High School			

School Name		From - To (MM/YY – MM/YY)	
AUM		9/78 - 8/79	
Address	City	State	Zip
7440 East Drive	Montgomery	AL	36117
Diploma/Degree obtained, if any			
—			

School Name		From - To (MM/YY – MM/YY)	
University of Alabama		9/79 - 5/81	
Address	City	State	Zip
	Tuscaloosa	AL	
Diploma/Degree obtained, if any			
—			

School Name		From - To (MM/YY – MM/YY)	
AUM		5/88 - 5/89	
Address	City	State	Zip
7440 East Drive	Montgomery	AL	36117
Diploma/Degree obtained, if any			
Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/12 - Current	8312 Brittany Place	Montgomery	AL	36117
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials BS

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or in related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Kowa Pharmaceuticals America, Inc.			02-01-2010 to Current
Business Address	**City**	**State**	**Zip**
530 Industrial Park Blvd.	Montgomery	AL	36117
Phone	**Title**		
334-288-1288	President/CEO		
Description of Duties			
Company oversight of direct reports and business activities.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials BS

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials BS

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Benjamin Stakely

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/6/22

Date

Please have this section completed in the presence of a Notary Public.

State of Alabama, ss. County of Montgomery

I, Benjamin Stakely, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/6/22

Date

Subscribed and Sworn to before me this 6th day of April.

Notary Public Signature

Kristy Grissett Dozier
My Commission Expires
May 18, 2024

(Seal)

Applicant's initials BS

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 20BSBIV0380

Application/License No. _____

Kowa Pharmaceuticals America, Inc., doing or intending to do business as a
(Applicant/Principal)
pharmaceutical wholesaler, whose address for purposes of service is
530 Industrial Park Blvd, Montgomery, AL 36117, as
(Address of Applicant/Principal)
PRINCIPAL, and Hartford Fire Insurance Company, a
(Surety Company)
corporation organized under the laws of the state of Connecticut
(State of Incorporation)
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
One Hartford Plaza, Hartford, CT 06155-0001 as
(Address of Surety)
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on March 1, 2022.
(Effective Date)

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

20BSBIV0380

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 14th day of February, 2022.

APPLICANT/PRINCIPAL

Kowa Pharmaceuticals America, Inc.

John B. King
Authorized Representative

SURETY COMPANY

Hartford Fire Insurance Company

Thelma M. Lett
Surety Company's Representative

Thelma M. Lett, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Bonnie Rice
Witness Bonnie Rice

Sarah Major
Witness Sara Major

Countersigned by:

N/A
Nevada Resident Agent

POWER OF ATTORNEY

THE HARTFORD
BOND, T-11
One Hartford Plaza
Hartford, Connecticut 06155
Bond.Claims@thehartford.com
call: 888-266-3488 or fax: 860-757-5835

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: MARSH USA INC
Agency Code: 20-246454

- [X] **Hartford Fire Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Casualty Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Accident and Indemnity Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Underwriters Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Twin City Fire Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of Illinois**, a corporation duly organized under the laws of the State of Illinois
- [ ] **Hartford Insurance Company of the Midwest**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of the Southeast**, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint
Thelma M. Lett

its true and lawful Attorney-in-Fact, to sign its name as surety(ies) only as delineated above by , and to execute, seal and acknowledge the following bond, undertaking, contract or written instrument:
Bond No. 20BSBIV0380
Naming Kowa Pharmaceuticals America, Inc. as Principal,
and Nevada State Board of Pharmacy as Obligee,
in the amount of See Bond Form(s) on behalf of Company in its business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.

Shelby Wiggins

Shelby Wiggins, Assistant Secretary

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA
COUNTY OF SEMINOLE } ss. Lake Mary

On this 20th day of May, 2021, before me personally came Joelle LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.

Jessica Ciccone
My Commission HH 122280
Expires June 20, 2025

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of February 14, 2022.

Signed and sealed in Lake Mary, Florida.

Keith D. Dozois, Assistant Vice President

4EE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ☒ Ownership Change ☐ Name Change ☐ Location Change (in-state only)	* If making a change, provide current license number: WH 03086	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☒ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ☒ No

Section 1: General Information

Facility Name: Medline Industries, LP

Physical Address: 2200 Cornerstone Parkway

City: Grayslake State: IL Zip: 60030

Mailing Address (if different from physical address): Three Lakes Drive

City: Northfield State: IL Zip: 60093

Telephone: 847-643-4508 Website: WWW.MEDLINE.COM

Name of Designated Representative (DR): Filomena Kropiwiec

Licensing Company Email: ralicensing@medline.com DR Email: mkropiwiec@medline.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☒ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☒ Practitioners	☐ Controlled Substances
☒ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☒ Veterinary Legend Pharmaceuticals
☒ Others: Assisted Living, Surgical Centers, Nursing Homes	☒ Others: cosmetics

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	X	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Bracco Diagnostics Inc.
Address: 259 Prospect Plains Road Bldg H City: Monroe Township State: NJ Zip: 08831
Name: Guerbet LLC
Address: 821 Alexander Rd Ste 204 City: Princeton State: NJ Zip: 08540
Name: Team Technologies
Address: 5949 Commerce Blvd City: Morristown State: TN Zip: 37814
Name: Sage Products Inc
Address: 3909 Three Oaks Road City: Cary State: IL Zip: 60013

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name: Medline Industries, LP
Mailing Address: Three Lakes Drive
City: Northfield State: IL Zip: 60093
Telephone: 847 -643-4508 Email: ralicensing@medline.com
Contact Person Name: Tanya Hughes

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lara N. Simmons

Print Name of Authorized Person Submitting Application

Lara Nsimmons

Original signature of Authorized Person (copies or stamps not accepted)

12/17/21

Date

Board Use Only	Date Received: _____	Amount: 500	check # 0101228194

State of Illinois

Department of Financial and Professional Regulation

Division of Professional Regulation

LICENSE NO.
004.005187

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES:
12/31/2022

LICENSED WHOLESALE DRUG DISTRIBUTOR

MEDLINE INDUSTRIES LP
FILOMENA KROPIWIEC
2200 CORNERSTONE PKWY
GRAYSLAKE, IL 60030-9712

MARIO TRETO, JR.
ACTING SECRETARY

CECILIA ABUNDIS
ACTING DIRECTOR

The official status of this license can be verified at www.idfpr.com

16524357

Cut on Dotted Line

For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 4513070

File Number S030704

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

MEDLINE INDUSTRIES, LP, HAVING REGISTERED IN THE STATE OF ILLINOIS ON SEPTEMBER 07, 2021, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE UNIFORM LIMITED PARTNERSHIP ACT (2001) OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LP/LLLP IN THE STATE OF ILLINOIS, HAVING FULFILLED ALL REQUIREMENTS OF SAID ACT WITH REGARD TO PAYMENT OF FEES, THE FILING OF ANNUAL REPORTS (IF APPLICABLE) AND NEITHER HAVING BEEN ADMINISTRATIVELY DISSOLVED BY THE SECRETARY OF STATE NOR HAVING VOLUNTARILY FILED A STATEMENT OF TERMINATION.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 9TH *day of* MARCH *A.D.* 2022 .

Jesse White

SECRETARY OF STATE

Authentication #: 2206800282

Authenticate at: https://www.ilsos.gov

NABP ACCREDITED
DRUG DISTRIBUTOR

Medline Industries, LP

located at

2200 Cornerstone Parkway, Grayslake, IL 60030

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

04/01/2021 - 03/31/2024
Period of Accreditation

1048

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Medline Industries, LP

Physical Address: 2200 Cornerstone Parkway

City: Grayslake State: Illinois Zip: 60030

Mailing Address (if different from physical address): Three Lakes Drive RA LIC 3-D

City: Northfield State: Illinois Zip: 60093

Telephone: 1-800-Medline Website: www.medline.com

Licensing Company Email: ralicensing@medline.com

Section 2: Personal Information

First: Filomena Middle: _____ Last: Kropiwiec

Alias(es, nicknames, name changes, etc.): Mena

Date of Birth: 3/11/1976 SSN or ITIN: 331-64-4505 Sex: ☐ M ■ F ☐ X

Mailing Address: 432 N Ridge Street

City: Wauconda State: IL Zip: 60084

Telephone: 847-774-3621 Email: mkropiwiec@medline.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials: FK

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Wisconsin - Parkside		1997 - 1999	
Address	**City**	**State**	**Zip**
900 Wood Road	Kenosha	WI	53144
Diploma/Degree obtained, if any			
B.S. Accounting and B.S. Finance			

School Name		From - To (MM/YY – MM/YY)	
College of Lake County		1995 - 1996	
Address	**City**	**State**	**Zip**
19351 W Washington	Grayslake	IL	60030
Diploma/Degree obtained, if any			
Applied Science, Accounting			

School Name		From - To (MM/YY – MM/YY)	
Carmel Catholic High School		1991-1995	
Address	**City**	**State**	**Zip**
1 Carmel Parkway	Mundelein	IL	60060
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
7/2004 - Present	432 N Ridge Street	Wauconda	IL	60084
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name See Attached Resume			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
See Attached Resume				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✔	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✔	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✔	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Please see attached Discipline History

Original Signature (electronic, copies or stamps not accepted)

12-16-21
Date

Applicant's initials FK

I, Filomena Kropiwiec, **certify that as the designated representative for**

Medline Industries, LP,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Filomena Kropiwiec

Print Name (First, Last)

Filomena Kropiwiec

Original Signature (electronic, copies or stamps not accepted)

12-16-21

Date

Applicant's initials FK

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Filomena Kropiwiec

Print Name (First, Last)

Filomena Kropiwiec — 12-16-21

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, Filomena Kropiwiec, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Filomena Kropiwiec — 12-16-21

Original Signature — **Date**

Subscribed and Sworn to before me this 16 day of December 2021

Notary Public Signature

OFFICIAL SEAL
MARK CALLOW
NOTARY PUBLIC, STATE OF ILLINOIS
LAKE COUNTY
MY COMMISSION EXPIRES 11/13/2024

(Seal)

Applicant's initials FK

FILOMENA KROPIWIEC

432 N Ridge Road. • Wauconda IL. 60084
(847) - 774 - 3621
mkropiwiec@medline.com

CORE COMPETENCIES

Distribution Center Professional who is flexible, versatile, and demonstrates capabilities of operating in a fast growing and changing environment.

Management: Manage daily operations efficiently and safely to reduce operational costs.

Team Leadership: Provide direction and guidance to supervisors and team members as an approachable manager.

Customer Service: Ensure customer service through accuracy and on-time deliveries.

Tech Proficiency: Goods to Person Automation System, SAP, Catalyst 10.3, Pro-Track, Outlook, Excel, Word, PowerPoint, Kronos, PeopleSoft, Logic Tools.

Certifications: Florida Pharmacy State Board Shipping License.
California Pharmacy State Board Shipping License.

PROFESSIONAL EXPERIENCE

Medline Industries
Associate Director of Operations Aug 2019 - Present
Libertyville, IL

- Responsible for the management of the Warehouse Operations and Sales of 750 million.
- Direct and manage 4 Warehouse Managers.
- Manage the P&L controllable costs to meet overall Operations cost objectives.
- Compliance with regulatory agencies and customers audits.
    - VAWD, Medicare, Optum and Walgreens

Warehouse Manager Nov 2011 – Aug 2019
Libertyville, IL

- Responsible for the management of the daily Warehouse Operations.
- Direct and manage 2 supervisors and 75 hourly team members.
- Ensure customers receive their orders accurately and on time.
- Personally involved in the handling, distribution, shipping and record keeping of prescription drugs at the facility.
- Identify process improvements to help reduce costs and meet monthly KPIs.
    - Total Performance, In-bound service, Turnover, Errors per Ten Thousand Lines.
- Manage the safety program for the facility.
- Travel to other facilities to train local management or assist in implementing new systems.

Pepsi Beverages Company
Product Availability/Warehouse Manager May 2008 – Nov 2011
Chicago, IL

- Responsible for the management of the Warehouse Operations and Inventory of 25 million cases of finished goods into the Pepsi distribution network.
- Develop, review and forecast the Annul Operating Plan for the Warehouse.
- Manage the P&L controllable costs to meet overall Warehouse cost objectives.
- Improve loading accuracy to reduce overall out-of-stocks.
- Ensure that all safety training and standards are maintained.
- Identify process improvements to maximize on-time shipping.
- Direct and manage a team of 43 employees.

Pepsi Americas

Logistics Analyst June 2007 – May 2008
Schaumburg, IL

- Develop Annual Production and Sourcing Plan for the company.
- Utilize Logic Tools Software to create Network Optimization decisions for Senior Leadership.
- Analyze production efficiencies to optimize system capacity.
- Review and Maintain Supply Chain Key Performance Indicators.

Operations Analyst July 2005 – June 2007
Schaumburg, IL

- Develop a monthly forecasting tool for all the manufacturing plants to utilize.
- Prepare monthly and quarterly analytics for upper Management.
- Capital Planning, Forecasting and Annual Operating Plan.
- Review and Maintain Supply Chain Key Performance Indicators.
- Update Financials monthly for plants to review.

Sr. Business Process Analyst March 2004 – July 2005
Schaumburg, IL

- Write Company SOPs.
- Perform field audits.
- Complete Sarbanes-Oxley documentation and testing.
- Support PeopleSoft Inventory rollouts and training.

Operations Analyst June 2002 – March 2004
St. Louis, MO

- Implement new polices and procedures to resolve inventory issues.
- Assist the plant in achieving a passing audit for inventory control.
- Direct and manage the inventory staff and cashiers at the plant.
- Review weekly forecast information with the Plant Manager.
- Report monthly Key Performance Indicators.
- Capital Planning, Forecasting and Annual Operating Plan.

Corporate Accountant June 1999 – June 2002
Schaumburg, IL

- Perform monthly closing responsibilities.
- Perform monthly analysis and reconciliation's of income statements & balance sheet accounts.
- Perform quarterly balance sheet audits.
- Review monthly financial results and balance sheet accounts with Accounting Manager.
- Train new accountants on monthly closing procedures.
- Develop closing checklist for all accountants to follow.

EDUCATION

- B.S., Accounting - University of Wisconsin – Parkside, 1999
- B.S., Finance - University of Wisconsin – Parkside, 1999
- A.S., Accounting - College of Lake County, 1996

Medline Industries, LP
FEIN 36-2596612

Limited Partnership Partners:

PARTNERS	Business Address	General or Limited	% of Ownership	FEIN
Mozart GP, LLC	Three Lakes Drive Northfield IL 60093	General	0%	87-2508203
Medline Borrower, LP	Three Lakes Drive Northfield IL 60093	Limited	100%	87-2530238

PARENT COMPANY INFORMATION:
Medline Intermediate, LP
FEIN 87-2521736
State of Formation: IL
Managing Members:

BUSINESS ADDRESS AND PHONE NUMBER FOR ALL LISTED HERE:

THREE LAKES DRIVE
NORTHFIELD IL 60093
PHONE #: 847-949-5500

Title	Name	Address
President	Andrew J. Mills	[redacted] Woodbridge Lane Highland Park, IL 60035
CEO	Charles N. Mills	[redacted] Shoreline Court, Glencoe, IL 60022
COO	James D. Abrams	[redacted] Sheridan Road Highland Park, IL 60035
President of Operations	William K. Abington	[redacted] W Cook Ave Libertyville, IL 60048
President - QA/RA	Lara N. Simmons	[redacted] 60th Street Bristol, WI 53104

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Physical Address 2200Cornerstone Parkway

City Grayslake State IL Zip 60030

Mailing Address (if different from physical address) Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Lara Middle N Last Simmons

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Address [redacted]Lakes Drive

City Northfield State IL Zip 60093

Telephone [redacted] Email ralicensing@medline.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials LS

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Wisconsin - Parkside		1986 - 1991	
Address	**City**	**State**	**Zip**
900 Wood Rd	Kenosha	WI	53144
Diploma/Degree obtained, if any			
BA in Economics			

School Name		From - To (MM/YY – MM/YY)	
Waterford Union High School		1982-1986	
Address	**City**	**State**	**Zip**
611 W Main Street	Waterford	WI	53185
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1997 - Present	[redacted]60th Street	Bristol	WI	53104
From - To (MM/YY – MM/YY)	Address	City	State	Zip
N/A				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
N/A				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
N/A				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
N/A				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
N/A				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
N/A				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
N/A				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
N/A				
From - To (MM/YY – MM/YY)	Address	City	State	Zip
N/A				

Applicant's initials LS

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries, LP formerly known as Medline Industries, Inc.			1991 - Present	
Business Address	**City**		**State**	**Zip**
Three Lakes Drive	Northfield		IL	60093
Phone	**Title**			
847-949-5500	President QA/RA			
Description of Duties				
See Attached				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials LS

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

See Attachment

Original Signature (electronic, copies or stamps not accepted)

12/17/21
Date

Applicant's initials LS

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lara N. Simmons

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/17/21

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, Lara N. Simmons, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12/17/21

Date

Subscribed and Sworn to before me this 17 day of December 2021

Notary Public Signature

OFFICIAL SEAL
MARK CALLOW
NOTARY PUBLIC, STATE OF ILLINOIS
LAKE COUNTY
MY COMMISSION EXPIRES 11/13/2024

(Seal)

Applicant's initials LS

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Physical Address 2200 Cornerstone Parkway

City Grayslake State IL Zip 60030

Mailing Address (if different from physical address) Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.Medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Charles Middle N Last Mills

Alias(es, nicknames, name changes, etc.) Charlie

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Lakes Drive

City Northfield State IL Zip 60093

Telephone [redacted] Email ralicensing@medline

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials CM

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Cornell University		1979-1984	
Address	**City**	**State**	**Zip**
616 Thurston Avenue	Ithaca	NY	14853
Diploma/Degree obtained, if any			
Undergrad in 1983 and Masters in 1984			

School Name		From - To (MM/YY – MM/YY)	
New Trier West High School		1975-1979	
Address	**City**	**State**	**Zip**
7 Happ Road	Northfield	IL	60093
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2019-Present	[redacted] Shoreline Ct	Glencoe	IL	60022
2017-2019	[redacted] Ardsley Road	Winnetka	IL	60093
1999-2017	[redacted] South Ridge Road	Lake Forest	IL	60045
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials CM

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Medline Industries, LP formerly known as Medline Industries, Inc.			1986- Current
Business Address	**City**	**State**	**Zip**
Three Lakes Drive	Northfield	IL	60093
Phone	**Title**		
847-949-5500	CEO		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
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Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
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Business Name			From - To (MM/YY – MM/YY)
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Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials CM

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

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Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

See Attachment

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials CM

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Charles N. Mills

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12-27-21

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, Charles N. Mills, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12-27-21

Date

Subscribed and Sworn to before me this 27 day of December 2021

Notary Public Signature

OFFICIAL SEAL
MARK CALLOW
NOTARY PUBLIC, STATE OF ILLINOIS
LAKE COUNTY
MY COMMISSION EXPIRES 11/13/2024

(Seal)

Applicant's initials CM

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Physical Address 2200 Cornerstone Parkway

City Grayslake State IL Zip 60030

Mailing Address (if different from physical address) Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Andrew Middle J Last Mills

Alias(es, nicknames, name changes, etc.) Andy

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Lakes Drive

City Northfield State IL Zip 60093

Telephone [redacted] Email ralicensing@medline.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials AJM

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
J.L. Kellogg School of Management at Northwestern University		1983-1985	
Address	**City**	**State**	**Zip**
2211 Campus Dr	Evanston	IL	60208
Diploma/Degree obtained, if any			
MBA			
School Name		**From - To (MM/YY – MM/YY)**	
Tulane University		1979-1983	
Address	**City**	**State**	**Zip**
6823 St. Charles Avenue	New Orleans	LA	70118
Diploma/Degree obtained, if any			
Bachelor of Science			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
over 10 years	[redacted] Woodbridge Ln	Highland Park	IL	60035
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials AJM

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name		From - To (MM/YY – MM/YY)	
Medline Industries, LP formerly known as Medline Industries, Inc.		- current	
Business Address	**City**	**State**	**Zip**
Three Lakes Drive	Northfield	IL	60093
Phone	**Title**		
847-949-5500	President		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials AJM

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See Attachment

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials AJM

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Andrew J Mills

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12-27-21

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, Andrew J. Mills, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12-27-21

Date

Subscribed and Sworn to before me this 27 day of December 2021

Notary Public Signature

OFFICIAL SEAL
MARK CALLOW
NOTARY PUBLIC, STATE OF ILLINOIS
LAKE COUNTY
MY COMMISSION EXPIRES 11/13/2024

(Seal)

Applicant's initials AJM

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Medline Industries, LP

Physical Address: 2200 Cornerstone Parkway

City: Grayslake State: IL Zip: 60030

Mailing Address (if different from physical address): Three Lakes Drive

City: Northfield State: IL Zip: 60093

Telephone: 847-949-5500 Website: www.medline.com

Licensing Company Email: ralicensing@medline.com

Section 2: Personal Information

First: James Middle: D Last: Abrams

Alias(es, nicknames, name changes, etc.): Jimmy

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Lakes Drive

City: Northfield State: IL Zip: 60093

Telephone: [redacted] Email: ralicensing@medline.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: JDA

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
The University of Chicago Law School		1984-1987	
Address	**City**	**State**	**Zip**
1111 E 60th St	Chicago	IL	60637
Diploma/Degree obtained, if any			
Law Degree			

School Name		From - To (MM/YY – MM/YY)	
The University of Michigan		1980-1984	
Address	**City**	**State**	**Zip**
500 S State Street	Ann Arbor	MI	48109
Diploma/Degree obtained, if any			
Bachelor of Arts Degree			

School Name		From - To (MM/YY – MM/YY)	
Highland Park High School		1976-1980	
Address	**City**	**State**	**Zip**
433 Vine Avenue	Highland Park	IL	60035
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
Over 10 years	[redacted]s Sheridan Road	Highland Park	IL	60035
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials JDA

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Mesline Industries, LP formerly known as Medline Industries, Inc			1992 - Present	
Business Address		**City**	**State**	**Zip**
Three Lakes Drive		Northfield	IL	60093
Phone	**Title**			
847-949-5500	CHIEF OPERATING OFFICER			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials JDA

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See Attachment

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials JDA

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

James D. Abrams

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12-27-21

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, James D Abrams, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12-27-21

Date

Subscribed and Sworn to before me this 27 day of December 2021

Notary Public Signature

OFFICIAL SEAL
MARK CALLOW
NOTARY PUBLIC, STATE OF ILLINOIS
LAKE COUNTY
MY COMMISSION EXPIRES 11/13/2024

(Seal)

Applicant's initials JDA

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Medline Industries, LP

Physical Address: 2200 Cornerstone Parkway

City: Grayslake State: IL Zip: 60030

Mailing Address (if different from physical address): Three Lakes Drive RA Licensing - 3D

City: Northfield State: IL Zip: 60093

Telephone: 847-949-5500 Website: www.medline.com

Licensing Company Email: ralicensing@medline.com

Section 2: Personal Information

First: William Middle: K Last: Abbington

Alias(es, nicknames, name changes, etc.): Billy

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Lakes Drive RA Licensing - 3D

City: Northfield State: IL Zip: 60093

Telephone: [redacted] Email: ralicensing@medline.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials: WA

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Mississippi			
Address	**City**	**State**	**Zip**
University Circle	University	MS	38677
Diploma/Degree obtained, if any			
Bachelor of Science degree in Accounting			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
	[redacted] Cook Ave	Libertyville	IL	60048
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials WA

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries, LP Formerly known as Medline Industries, Inc.			1998 - Present	
Business Address		**City**	**State**	**Zip**
Three Lakes Drive		Northfield	IL	60093
Phone	**Title**			
847-949-5500	President of Operations			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials WA

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See Attachment

Will K [illegible]

Original Signature (electronic copies or stamps not accepted)

12/20/23

Date

Applicant's initials WA

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

William K Abington

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/22/21

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, William K Abington, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12/22/21

Date

Subscribed and Sworn to before me this 20 day of December 2021

Notary Public Signature

OFFICIAL SEAL
MARK CALLOW
NOTARY PUBLIC, STATE OF ILLINOIS
LAKE COUNTY
MY COMMISSION EXPIRES 11/13/2024

(Seal)

Applicant's initials WA

Medline Industries, Inc
Disciplinary History

Attachment 4

Date	Facility	Description of State Action	Corrective Actions
8/3/2005	1401 N. Universal Ave, Kansas City, MO 64120	**FILE CLOSED 2010** Medline Industries' Kansas City, MO license (#2003031660) was disciplined for failure to renew on-time and for insufficient temperature control procedures. Medline was placed on probation for 5 years. Throughout the probationary period, the state conducted multiple inspections of the facility and found Medline to be in compliance with all requirements. The probationary period closed in August 2010.	Medline's Regulatory Affairs Department was significantly expanded to include a team of 7 Licensing Specialist that monitor and ensure each of our 200+ licenses are renewed on-time. A temperature control room was also constructed at the facility to ensure product is stored at the appropriate temperature and humidity levels. These control rooms are now a standard feature at our distribution centers, and we have worked closely with VAWD throughout our distribution network to ensure that our temperature control facilities and procedures align with industry best practices.
12/7/2006	9101 Riverside Parkway, Lithia Springs, GA 30122	**FILE CLOSED 2008** Medline's Florida Certified Designated Representative at our Georgia facility resigned unexpectedly. The state of Florida suspended Medline's Florida Out of State Rx Drug Wholesale Distributor Permit (#23:1470) until a new licensed Designated Representative was hired at the facility.	To prevent a situation like this from occurring in the future, every Medline facility licensed in FL has multiple Florida Certified Designated Representatives on staff.
11/16/2007	10601 Southport Drive, Orlando, FL 32824 401 Commerce Blvd., Oldsmar, FL 34677 4750 118th Ave N Clearwater, FL 33762	**FILE CLOSED 2008** Medline Industries was cited for several violations including: failure to pass and maintain a pedigree that met Florida's specific requirements; having the wrong type of permit for activities being performed (in addition to the manufacturing permit that we had, Florida required that we also have a repacker permit); distribution of saline to an unauthorized recipient; and an Rx drug item was found at an unlicensed raw materials storage facility. Several of the violations were challenged and reduced substantially or removed during the settlement process. Medline was assessed and paid a fine for these violations. All issues were addressed and resolved to the satisfaction of the FL DOH. After duly notifying state authorities, as required, we were fined by New York (Cal. No. 27278) for out-of-state professional misconduct. In 2010, Medline made an unrelated business decision to close the Oldsmar and Clearwater facilities.	To address the pedigree issues, Medline instituted a Florida specific pedigree system to ensure that any pedigree shipments within our distribution network with potential to end up in Florida have the required Florida specific documentation. (Note - these requirements have since been preempted by federal law). To address the issue of having the wrong permit type, Medline secured a repackaging permit, in addition to the manufacturing permit the facility already had. To address the sale of saline to an unauthorized person, Medline instituted a new procedure for obtaining and maintaining customer licenses for all Rx drug purchases; this procedure generates an automatic block of any Rx drug orders by an unlicensed customer in our SAP system. The Rx drug item unintentionally stored at our raw materials facility was properly disposed of, and our waste disposal procedures were updated to ensure that this mistake would not recur.
11/26/2007	2708 NE Waldo Rd., Gainesville, FL	**FILE CLOSED 2008** Medline Industries' FL license (# 22:1022) was suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008 (Case # 2007-37412). In 2010, Medline made an unrelated business decision to close this facility.	After this inspection, Medline conducted a thorough review of its policies and procedures. Additionally, an internal auditing program was implemented to ensure that each distribution center is in compliance with internal policies and procedures, as well as state and federal regulations.
3/5/2008	149 New Camellia Blvd., Covington, LA 70433	**FILE CLOSED 2008** Medline Industries' license #4318 was cited for failure to properly maintain copies of current customer licenses on site (Louisiana Administrative Docket #2008006). Medline was assessed and paid a fine. After duly notifying state authorities, as required, we were fined by New York (Cal. No. 27278) for out-of-state professional misconduct.	In addition to storing copies of our customers' licenses at headquarters, we now store these licenses digitally so they can be accessed by our distribution centers.
5/9/2008	5450 W. Stewart Ave., Wausau, WI	**FILE CLOSED 2009** Medline Industries' license (# 1116-045) was cited and fined by the Wisconsin Department of Regulation & Licensing during an inspection. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to have a dividing fence between the Medline managed portion of the facility and the hospital portion of the facility - even though all of the products were owned by the hospital. Medline was also cited for failure to access several policies and procedures during the inspection. Corrections were made and the facility was re-inspected, to the satisfaction of the state (Case #08 PHM 037). After duly notifying state authorities, as required, we were fined by the states of Hawaii (Case #PHA 2009-7-L) and New York (Cal. No. 27278) out-of-state professional misconduct. . In 2010, Medline made an unrelated business decision to close this facility.	Immediately after the inspection, Medline and the owner of the facility erected a locked fence to divide the faculty. Medline also reviewed all of its other facilities to make sure no similar situations existed. In addition, training on where and how to access current policies and procedures was increased for distribution center personnel. This training is in addition to the training they receive on the policies and procedures themselves.
8/21/2008	94-1420 Moaniani St., Waipahu, Hawaii	**FILE CLOSED 2013** Medline Industries' license (PWD 115) was fined $5000 and placed on probation for 5 years for failure to report the Florida and Missouri disciplinary actions within 30 days. While Medline filed the required reports, the 30 day deadline was missed. Probationary period ended August 2013. (Case # PHA 2008-17-L)	Medline takes this oversight very seriously and we have implemented a new process to notify the required boards of any future disciplinary actions within 10 days of a final action.
3/19/2010	1401 N. Universal Ave, Kansas City, MO 64120	**FILE CLOSED 2010** Medline applied for a Colorado Out of State Wholesaler license for the Missouri distribution center and was issued a conditional license by the CO Board of Pharmacy until the facility's MO probation period ended (approximately 5 months). The CO BOP was informed when the MO probationary period was completed, and subsequently removed the encumbered status of this facility's CO license.	See above for corrective actions related to the underlying sanction.
1/6/2021	1501 Harris Rd, Libertyville, IL 60048	**FILE CLOSED 2021** Medline Industries, Inc. License #01-1985050 received a fined $250 by the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file for the physician rather than the TDDD license for the facility. The facility's TDDD license at the time of the sale had expired, unbeknownst to Medline. Case No. A-2020-0054 I-2019-0972-B. The fine was paid on January 21, 2021 and the case was closed.	Medline takes this oversight very seriously. We reviewed our processes and updated our guidelines for the type of license required for business in Ohio to ensure proper type of licenses applied to the customer are valid and current. The TDDD Ohio licenses are reviewed on an annual basis to ensure compliance.

First Name	Last Name	Job Title	Location
FILOMENA	KROPIWIEC	Assoc Dir Operations	GRAYSLAKE
TRAVIS	SMITH	Dir Distribution Lab Product	GRAYSLAKE
MATTHEW	BARKER	Matl Handler QC	GRAYSLAKE
ANITA	LILLIBRIDGE	Mgr Maintenance	GRAYSLAKE
ACASIO	CASTREJON	Mgr Warehouse	GRAYSLAKE
JOSE	GALLEGOS	Mgr Warehouse	GRAYSLAKE
ANDY	IRVIN	Mgr Warehouse	GRAYSLAKE
BRANDON	O'DONNELL	Mgr Warehouse	GRAYSLAKE
MIKE	SAUL	Mgr Warehouse	GRAYSLAKE
SEBASH	SINCLAIR	Mgr Warehouse	GRAYSLAKE
MARY	BEESE	OPS-Branch Admin Sr	GRAYSLAKE
MEGAN	BAUER	OPS-Branch Administrator	GRAYSLAKE
CECILIA	PONCE	OPS-Branch Administrator	GRAYSLAKE
LISA	WILLEMS	OPS-Branch Administrator	GRAYSLAKE
ERIC	ALICEA	OPS-Branch Trainer	GRAYSLAKE
JACOB	DIXON	OPS-Branch Trainer	GRAYSLAKE
SAMUEL	EYNATTEN	OPS-Branch Trainer	GRAYSLAKE
COLIN	FELIX	OPS-Branch Trainer	GRAYSLAKE
ALAN	GARCIA	OPS-Branch Trainer	GRAYSLAKE
VANESSA	GONZALEZ	OPS-Branch Trainer	GRAYSLAKE
KALEB	HACKER	OPS-Branch Trainer	GRAYSLAKE
TIMOTHY	KOLINSKI	OPS-Branch Trainer	GRAYSLAKE
JONELL	LIM	OPS-Branch Trainer	GRAYSLAKE
JULIO	MARCOS	OPS-Branch Trainer	GRAYSLAKE
ALEXANDER	MURAYAMA	OPS-Branch Trainer	GRAYSLAKE
VIDAL	SANCHEZ GARCIA	OPS-Branch Trainer	GRAYSLAKE
DEMOND	TATUM	OPS-Branch Trainer	GRAYSLAKE
RENE	ROMAN	OPS-Branch Trainer OST	GRAYSLAKE
IVAN	ARROYO	OPS-Delivery Driver	GRAYSLAKE
ERIC	GREEN	OPS-Delivery Driver	GRAYSLAKE
COURTNEY	HALLIBURTON	OPS-Delivery Driver	GRAYSLAKE
STEVEN	LAMON	OPS-Delivery Driver	GRAYSLAKE
ALEXIS	MARTINEZ	OPS-Delivery Driver	GRAYSLAKE
TRECY	MEEKS	OPS-Delivery Driver	GRAYSLAKE
JOHN	SCHAEFGES	OPS-Delivery Driver	GRAYSLAKE
DIANA	SNARSKI	OPS-Delivery Driver	GRAYSLAKE
ROYDEN	STAGEN	OPS-Delivery Driver	GRAYSLAKE
MIKE	ALLISON	OPS-Driver I	GRAYSLAKE
MITCHELL	AVILA	OPS-Driver I	GRAYSLAKE
CARY	CAMPAGNA	OPS-Driver I	GRAYSLAKE
CARLOS	CINTORA	OPS-Driver I	GRAYSLAKE
DIRK	ELSNER	OPS-Driver I	GRAYSLAKE
KENNETH	GASCON	OPS-Driver I	GRAYSLAKE
KEVIN	PHARES	OPS-Driver I	GRAYSLAKE
MICHAEL	PIOTROWSKI	OPS-Driver I	GRAYSLAKE
DANIEL	VELEZ	OPS-Driver I	GRAYSLAKE

BRADLEY	WILLARD	OPS-Driver I	GRAYSLAKE
NICHOLAS	AGOSTO-KREGER	OPS-Driver II	GRAYSLAKE
GERALD	BANDEMER	OPS-Driver II	GRAYSLAKE
OMAR	BEDOLLA	OPS-Driver II	GRAYSLAKE
JASON	BLACK	OPS-Driver II	GRAYSLAKE
WILLIAM	BONGRATZ	OPS-Driver II	GRAYSLAKE
TIMOTHY	BORNTRAEGER	OPS-Driver II	GRAYSLAKE
EMMANUEL	BOUZI	OPS-Driver II	GRAYSLAKE
DORIAN	BRAXTON	OPS-Driver II	GRAYSLAKE
MICHAEL	BYNUM	OPS-Driver II	GRAYSLAKE
GUSTAVO	CACERES	OPS-Driver II	GRAYSLAKE
JAMES	COSTABILE	OPS-Driver II	GRAYSLAKE
LESLIE	DAVY	OPS-Driver II	GRAYSLAKE
MARK	DOBROWSKI	OPS-Driver II	GRAYSLAKE
ANTHONY	ELLIS	OPS-Driver II	GRAYSLAKE
GREGORY	ERLE	OPS-Driver II	GRAYSLAKE
HUMBERTO	ESTRADA	OPS-Driver II	GRAYSLAKE
MICHAEL	FERRIGAN	OPS-Driver II	GRAYSLAKE
VENTON	GAMMELL	OPS-Driver II	GRAYSLAKE
BENITO	GARCIA	OPS-Driver II	GRAYSLAKE
JESUS	GARCIA	OPS-Driver II	GRAYSLAKE
ORLANDO	GOMEZ-MURILLO	OPS-Driver II	GRAYSLAKE
JUAN	GONZALEZ	OPS-Driver II	GRAYSLAKE
FABIAN	GUZMAN	OPS-Driver II	GRAYSLAKE
CHRISTOPHER	GWALTNEY	OPS-Driver II	GRAYSLAKE
RAYMOND	HANRAHAN	OPS-Driver II	GRAYSLAKE
DAVID	HEIDEMANN	OPS-Driver II	GRAYSLAKE
MICHAEL	HERTEL	OPS-Driver II	GRAYSLAKE
DWAYNE	HINES	OPS-Driver II	GRAYSLAKE
JEFFREY	HUHNSTOCK	OPS-Driver II	GRAYSLAKE
CHARLES	KIMBLE	OPS-Driver II	GRAYSLAKE
THOMAS	KONKEL	OPS-Driver II	GRAYSLAKE
PETE	KOSUBENKO	OPS-Driver II	GRAYSLAKE
VINCENT	LICAVOLI	OPS-Driver II	GRAYSLAKE
JOSE	LOPEZ	OPS-Driver II	GRAYSLAKE
SHAWN	LUCAS	OPS-Driver II	GRAYSLAKE
JAMES	MARKELONIS	OPS-Driver II	GRAYSLAKE
CHARLES	MCCHRISTIAN	OPS-Driver II	GRAYSLAKE
CHRISTOPHER	MCROY	OPS-Driver II	GRAYSLAKE
RICK	MERLAK	OPS-Driver II	GRAYSLAKE
PEDRO	MONROY	OPS-Driver II	GRAYSLAKE
JOSE	MORALES-CAMPOS	OPS-Driver II	GRAYSLAKE
DONALD	O'ROURKE	OPS-Driver II	GRAYSLAKE
JACOB	PESCHKE	OPS-Driver II	GRAYSLAKE
DANIEL	PIERONI	OPS-Driver II	GRAYSLAKE
JEREMIE	PLACHCINSKI	OPS-Driver II	GRAYSLAKE
JAMES	PLIMMER	OPS-Driver II	GRAYSLAKE

NAHUM	RAMOS MENDEZ	OPS-Driver II	GRAYSLAKE
GRIGORIY	RASKIN	OPS-Driver II	GRAYSLAKE
JAMES	RIORDAN	OPS-Driver II	GRAYSLAKE
RICHARD	RUDY	OPS-Driver II	GRAYSLAKE
ERIN	SANDERS	OPS-Driver II	GRAYSLAKE
ROBERT	SCHULTZ	OPS-Driver II	GRAYSLAKE
RALPH	SHOOP	OPS-Driver II	GRAYSLAKE
AKEEM	SUTHERLAND	OPS-Driver II	GRAYSLAKE
JAMES	THOMAS	OPS-Driver II	GRAYSLAKE
ARTURO	TORRES	OPS-Driver II	GRAYSLAKE
DAVID	TOWNSEND	OPS-Driver II	GRAYSLAKE
TONY	TRAHIN	OPS-Driver II	GRAYSLAKE
ROGER	WEINHANDL	OPS-Driver II	GRAYSLAKE
JOHN	WILLIAMS	OPS-Driver II	GRAYSLAKE
STEPHEN	ZEGLEDI	OPS-Driver II	GRAYSLAKE
DANIEL	ZEGLER	OPS-Driver II	GRAYSLAKE
JOSE	MACIAS	OPS-Driver Ld	GRAYSLAKE
LEONARDO	RIVERA	OPS-Driver Ld	GRAYSLAKE
LUIS	SANCHEZ	OPS-Driver Ld	GRAYSLAKE
JASON	SMAJDA	OPS-Driver Ld	GRAYSLAKE
MICHAEL	BARNETT	OPS-Engineer Sr	GRAYSLAKE
IGNACIO	GOMEZ	OPS-Inventory Control Ld	GRAYSLAKE
DEREK	CAMPBELL	OPS-Inventory Coord	GRAYSLAKE
JUAN	CARRASCO	OPS-Inventory Coord	GRAYSLAKE
PRESTON	CLAY	OPS-Inventory Coord	GRAYSLAKE
EVA	HAYES	OPS-Inventory Coord	GRAYSLAKE
ALLEN	HURST	OPS-Inventory Coord	GRAYSLAKE
CHUCK	LAU	OPS-Inventory Coord	GRAYSLAKE
SALVATORE	LIMA	OPS-Inventory Coord	GRAYSLAKE
STEPHEN	LUNDEEN	OPS-Inventory Coord	GRAYSLAKE
SUSAN	MCCLURE	OPS-Inventory Coord	GRAYSLAKE
DENNIS	SORIANO	OPS-Inventory Coord	GRAYSLAKE
RUTH	ASGHAR	OPS-Inventory Coord Sr	GRAYSLAKE
CHARLES	BROWN	OPS-Inventory Coord Sr	GRAYSLAKE
COLLETTE	ESKRA	OPS-Inventory Coord Sr	GRAYSLAKE
ALEJANDRO	NAVARRO	OPS-Inventory Coord Sr	GRAYSLAKE
THOMAS	CASELLA	OPS-Janitor	GRAYSLAKE
WADE	COOK	OPS-Janitor	GRAYSLAKE
GRACE	FIEBELKORN	OPS-Janitor	GRAYSLAKE
JAMES	LYONS	OPS-Janitor	GRAYSLAKE
BRIANNA	MCDONALD	OPS-Janitor	GRAYSLAKE
JUSTIN	MCDONALD	OPS-Janitor	GRAYSLAKE
JOSHUA	OPLETAL	OPS-Janitor	GRAYSLAKE
NATHAN	OPLETAL	OPS-Janitor	GRAYSLAKE
ROBERT	BIELOWICZ	OPS-Maintenance Mechanic I	GRAYSLAKE
SCOTT	CORLETT	OPS-Maintenance Mechanic I	GRAYSLAKE
RUBEN	CORONA	OPS-Maintenance Mechanic I	GRAYSLAKE

BRIAN	HERWERTH	OPS-Maintenance Mechanic I	GRAYSLAKE
NICHOLAS	STOCKL	OPS-Maintenance Mechanic I	GRAYSLAKE
SCOTT	SPRADLIN	OPS-Maintenance Mechanic Si	GRAYSLAKE
JENNIFER	CERNE	OPS-MedTrans Branch Admin	GRAYSLAKE
SOFIA	EFFRON	OPS-MedTrans Branch Admin	GRAYSLAKE
RONEE	OECHSLE	OPS-MedTrans Branch Admin	GRAYSLAKE
JOHN	BARTLEY	OPS-Warehouse Clerk	GRAYSLAKE
SCOTT	GUNDY	OPS-Warehouse Clerk	GRAYSLAKE
ANGELYN	MERINO	OPS-Warehouse Clerk	GRAYSLAKE
KATARINA	PITTMAN	OPS-Warehouse Clerk	GRAYSLAKE
JENNIFER	SWEENEY	OPS-Warehouse Clerk	GRAYSLAKE
ABIGAIL	BRENDEMIHL	OPS-Warehouse Ld	GRAYSLAKE
COREY	LANGE	OPS-Warehouse Ld	GRAYSLAKE
JOSE	ACEVEDO	OPS-Warehouse Operator	GRAYSLAKE
JACOB	ADAMS	OPS-Warehouse Operator	GRAYSLAKE
DEVIN	AGUIAR	OPS-Warehouse Operator	GRAYSLAKE
EVANGELINA	AGUILAR	OPS-Warehouse Operator	GRAYSLAKE
FRANCIS	ALCEGAIRE	OPS-Warehouse Operator	GRAYSLAKE
IBETH	ALMENDAREZ	OPS-Warehouse Operator	GRAYSLAKE
EVELYN	ALVARENGA	OPS-Warehouse Operator	GRAYSLAKE
LUGARDO	AMBRIZ	OPS-Warehouse Operator	GRAYSLAKE
JACOB	ANAYA	OPS-Warehouse Operator	GRAYSLAKE
TAMMY	ANDERSEN	OPS-Warehouse Operator	GRAYSLAKE
BENJAMIN	ANDERSON	OPS-Warehouse Operator	GRAYSLAKE
ASHLEY	ARANDA	OPS-Warehouse Operator	GRAYSLAKE
BORIS	ARIAS	OPS-Warehouse Operator	GRAYSLAKE
ROBERTO	ARIZMENDI	OPS-Warehouse Operator	GRAYSLAKE
LADRENA	ARMOND	OPS-Warehouse Operator	GRAYSLAKE
DIANA	ARREDONDO	OPS-Warehouse Operator	GRAYSLAKE
KARLA	ARTEAGA	OPS-Warehouse Operator	GRAYSLAKE
RAUL	ARTEAGA	OPS-Warehouse Operator	GRAYSLAKE
ALEJANDRO	ARZATE	OPS-Warehouse Operator	GRAYSLAKE
JAVIER	ATILANO	OPS-Warehouse Operator	GRAYSLAKE
AMANDO	AVILA	OPS-Warehouse Operator	GRAYSLAKE
CYNTHIA	AYALA	OPS-Warehouse Operator	GRAYSLAKE
HAROLD	BAILEY	OPS-Warehouse Operator	GRAYSLAKE
CHRISTIAN	BALASE-STRIBLING	OPS-Warehouse Operator	GRAYSLAKE
HAILEY	BALL	OPS-Warehouse Operator	GRAYSLAKE
RICARDO	BANUELOS	OPS-Warehouse Operator	GRAYSLAKE
MARIA	BARRIENTOS	OPS-Warehouse Operator	GRAYSLAKE
ANDJELKO	BARRON	OPS-Warehouse Operator	GRAYSLAKE
BENITO	BARRON	OPS-Warehouse Operator	GRAYSLAKE
MICHELLE	BARRON	OPS-Warehouse Operator	GRAYSLAKE
JUAN	BASILIO	OPS-Warehouse Operator	GRAYSLAKE
MATTHEW	BASSETT	OPS-Warehouse Operator	GRAYSLAKE
JOHANNA	BASURTO	OPS-Warehouse Operator	GRAYSLAKE
MATTHEW	BAUMANN	OPS-Warehouse Operator	GRAYSLAKE

RANDY	BAYLON	OPS-Warehouse Operator	GRAYSLAKE
HANNAH	BECKER	OPS-Warehouse Operator	GRAYSLAKE
BRAY	BENITEZ	OPS-Warehouse Operator	GRAYSLAKE
MARQUINN	BENJAMIN	OPS-Warehouse Operator	GRAYSLAKE
CHRISTOPHER	BENNETT	OPS-Warehouse Operator	GRAYSLAKE
MALARIE	BERRY	OPS-Warehouse Operator	GRAYSLAKE
THOMAS	BIANCHI	OPS-Warehouse Operator	GRAYSLAKE
ALEXANDER	BILOTTI	OPS-Warehouse Operator	GRAYSLAKE
VINCENT	BITNER	OPS-Warehouse Operator	GRAYSLAKE
MICHAEL	BJURMAN	OPS-Warehouse Operator	GRAYSLAKE
AKEEM	BLUE	OPS-Warehouse Operator	GRAYSLAKE
KEVIN	BOLANOS	OPS-Warehouse Operator	GRAYSLAKE
LACEY	BOLTON	OPS-Warehouse Operator	GRAYSLAKE
JOHN	BONCZKOWSKI	OPS-Warehouse Operator	GRAYSLAKE
ULYSES	BORJAS	OPS-Warehouse Operator	GRAYSLAKE
COREY	BRINSON	OPS-Warehouse Operator	GRAYSLAKE
RICHARD	BROSE	OPS-Warehouse Operator	GRAYSLAKE
CLIFFORD	BROWN	OPS-Warehouse Operator	GRAYSLAKE
RANAY	BROWN	OPS-Warehouse Operator	GRAYSLAKE
TYRELL	BROWN	OPS-Warehouse Operator	GRAYSLAKE
LARRY	BRYSON	OPS-Warehouse Operator	GRAYSLAKE
TONERAY	BUCKHALTER	OPS-Warehouse Operator	GRAYSLAKE
WILLIAM	BUDGE	OPS-Warehouse Operator	GRAYSLAKE
KIMBERLY	BURMAN	OPS-Warehouse Operator	GRAYSLAKE
ALEXANDER	BURTZ	OPS-Warehouse Operator	GRAYSLAKE
RODOLFO	BUSTAMANTE	OPS-Warehouse Operator	GRAYSLAKE
MIGUEL	CABRAL	OPS-Warehouse Operator	GRAYSLAKE
PABLO	CABRIELES	OPS-Warehouse Operator	GRAYSLAKE
ELISHA	CADETTE	OPS-Warehouse Operator	GRAYSLAKE
CASSIUS	CALLAHAN	OPS-Warehouse Operator	GRAYSLAKE
SUSANA	CAMACHO	OPS-Warehouse Operator	GRAYSLAKE
DEMORE	CAMPBELL	OPS-Warehouse Operator	GRAYSLAKE
YOLANBUS	CAMPBELL	OPS-Warehouse Operator	GRAYSLAKE
CASEY	CANTRELL	OPS-Warehouse Operator	GRAYSLAKE
ETHAN	CARAS	OPS-Warehouse Operator	GRAYSLAKE
MARCO	CARBAJAL	OPS-Warehouse Operator	GRAYSLAKE
DANIELA	CARCAMO	OPS-Warehouse Operator	GRAYSLAKE
JORGE	CARDENAS	OPS-Warehouse Operator	GRAYSLAKE
STEFANY	CARDENAS	OPS-Warehouse Operator	GRAYSLAKE
THOMAS	CARDONA	OPS-Warehouse Operator	GRAYSLAKE
FRANCISCO	CARRANZA	OPS-Warehouse Operator	GRAYSLAKE
RAFAEL	CARRANZA	OPS-Warehouse Operator	GRAYSLAKE
RONALDO	CARRANZA	OPS-Warehouse Operator	GRAYSLAKE
RAUL	CASTELO	OPS-Warehouse Operator	GRAYSLAKE
ANDREW	CASTREJON	OPS-Warehouse Operator	GRAYSLAKE
JOSEPH	CERONE	OPS-Warehouse Operator	GRAYSLAKE
BENITO	CERVANTES OVALLE	OPS-Warehouse Operator	GRAYSLAKE

CHRISTOPHER	CHAGOYA	OPS-Warehouse Operator	GRAYSLAKE
SIMBA	CHEAR	OPS-Warehouse Operator	GRAYSLAKE
MICHAEL	CHISELKO	OPS-Warehouse Operator	GRAYSLAKE
ANSELMO	CLARA	OPS-Warehouse Operator	GRAYSLAKE
ERIC	CLARK	OPS-Warehouse Operator	GRAYSLAKE
JOSEPH	CLARKE	OPS-Warehouse Operator	GRAYSLAKE
ROBERT	CLARKE	OPS-Warehouse Operator	GRAYSLAKE
JESUS	COLON JR	OPS-Warehouse Operator	GRAYSLAKE
ANDREW	COLWELL	OPS-Warehouse Operator	GRAYSLAKE
CASBURN	COOKE	OPS-Warehouse Operator	GRAYSLAKE
MICHAEL	CORCORAN	OPS-Warehouse Operator	GRAYSLAKE
JOHN	CORRIDON	OPS-Warehouse Operator	GRAYSLAKE
CHARLES	COSYNS	OPS-Warehouse Operator	GRAYSLAKE
GRAYSON	COUTY	OPS-Warehouse Operator	GRAYSLAKE
ANDREAS	CROMACK	OPS-Warehouse Operator	GRAYSLAKE
JUN	CRUZ	OPS-Warehouse Operator	GRAYSLAKE
MICHAEL	CUMMINGS	OPS-Warehouse Operator	GRAYSLAKE
NATHAN	DANIEL	OPS-Warehouse Operator	GRAYSLAKE
INIKI	DAVIS	OPS-Warehouse Operator	GRAYSLAKE
IVAN	DELEON	OPS-Warehouse Operator	GRAYSLAKE
LEBRON	DEVOST	OPS-Warehouse Operator	GRAYSLAKE
HERIBERTO	DIRCIO	OPS-Warehouse Operator	GRAYSLAKE
FELIPE	DOMINGUEZ	OPS-Warehouse Operator	GRAYSLAKE
KYLE	DORSEY	OPS-Warehouse Operator	GRAYSLAKE
DAVID	DOW	OPS-Warehouse Operator	GRAYSLAKE
ANDRE	DRAKE	OPS-Warehouse Operator	GRAYSLAKE
DORIS	DUBON	OPS-Warehouse Operator	GRAYSLAKE
JASON	DURAN	OPS-Warehouse Operator	GRAYSLAKE
DAMIEN	ELLIS	OPS-Warehouse Operator	GRAYSLAKE
ABDIEL	ESPINOZA	OPS-Warehouse Operator	GRAYSLAKE
OTHA	EVANS	OPS-Warehouse Operator	GRAYSLAKE
CHRISTOPHER	FELDMAN	OPS-Warehouse Operator	GRAYSLAKE
ERIC	FERNANDEZ	OPS-Warehouse Operator	GRAYSLAKE
JESUS	FIGUEROA	OPS-Warehouse Operator	GRAYSLAKE
LEANNE	FISCHER	OPS-Warehouse Operator	GRAYSLAKE
REBECCA	FITZGERALD	OPS-Warehouse Operator	GRAYSLAKE
ANGEL	FLORES	OPS-Warehouse Operator	GRAYSLAKE
ANTIOCO	FLORES	OPS-Warehouse Operator	GRAYSLAKE
HECTOR	FLORES	OPS-Warehouse Operator	GRAYSLAKE
COLIS	FORT	OPS-Warehouse Operator	GRAYSLAKE
KORDARRO	FOXIE	OPS-Warehouse Operator	GRAYSLAKE
ADAM	FRANKLIN	OPS-Warehouse Operator	GRAYSLAKE
KEVIN	FUENTES	OPS-Warehouse Operator	GRAYSLAKE
VIDAL	FUENTES	OPS-Warehouse Operator	GRAYSLAKE
JEANNA	GAINES	OPS-Warehouse Operator	GRAYSLAKE
NICK	GALAN	OPS-Warehouse Operator	GRAYSLAKE
MARICELA	GALAVIZ	OPS-Warehouse Operator	GRAYSLAKE

DALIA	GALINDO	OPS-Warehouse Operator	GRAYSLAKE
EMMANUEL	GALLEGOS	OPS-Warehouse Operator	GRAYSLAKE
JONATHAN	GALLEGOS	OPS-Warehouse Operator	GRAYSLAKE
TYLER	GALUSKA	OPS-Warehouse Operator	GRAYSLAKE
EDWARD	GAMMEL	OPS-Warehouse Operator	GRAYSLAKE
JONATHAN	GARCIA	OPS-Warehouse Operator	GRAYSLAKE
MIGUEL	GARCIA	OPS-Warehouse Operator	GRAYSLAKE
LEONARDO	GARCIA GUADARRAMA	OPS-Warehouse Operator	GRAYSLAKE
ILIANA	GARCIA SANDOVAL	OPS-Warehouse Operator	GRAYSLAKE
KENNETH	GARRISON	OPS-Warehouse Operator	GRAYSLAKE
BRANDON	GILLISON	OPS-Warehouse Operator	GRAYSLAKE
TERRANCE	GIVENS	OPS-Warehouse Operator	GRAYSLAKE
KEVIN	GOEBEL	OPS-Warehouse Operator	GRAYSLAKE
KIANA LYNN	GOGO	OPS-Warehouse Operator	GRAYSLAKE
ADAN	GOMEZ	OPS-Warehouse Operator	GRAYSLAKE
JOSE	GOMEZ	OPS-Warehouse Operator	GRAYSLAKE
GUSTAVO	GONZALEZ	OPS-Warehouse Operator	GRAYSLAKE
JASON	GONZALEZ	OPS-Warehouse Operator	GRAYSLAKE
MARC	GONZALEZ	OPS-Warehouse Operator	GRAYSLAKE
MARIO	GONZALEZ	OPS-Warehouse Operator	GRAYSLAKE
EVERTON	GRAHAM	OPS-Warehouse Operator	GRAYSLAKE
MARCO	GRANADOS	OPS-Warehouse Operator	GRAYSLAKE
KENNETH	GRANT	OPS-Warehouse Operator	GRAYSLAKE
ALBERT	GREEN	OPS-Warehouse Operator	GRAYSLAKE
SARABJIT	GREWAL	OPS-Warehouse Operator	GRAYSLAKE
TORREY	GRIFFIN	OPS-Warehouse Operator	GRAYSLAKE
MICHAEL	GROBLEWSKI	OPS-Warehouse Operator	GRAYSLAKE
KURT	GUDELLA	OPS-Warehouse Operator	GRAYSLAKE
JUAN	GUERRA	OPS-Warehouse Operator	GRAYSLAKE
DIANE	GUNDERSON	OPS-Warehouse Operator	GRAYSLAKE
LAZARO	GUTIERREZ	OPS-Warehouse Operator	GRAYSLAKE
ULISES	GUZMAN	OPS-Warehouse Operator	GRAYSLAKE
MARY	GUZMAN RENTERIA	OPS-Warehouse Operator	GRAYSLAKE
EVIE	HAKEEM	OPS-Warehouse Operator	GRAYSLAKE
SCOTT	HARTLIEB	OPS-Warehouse Operator	GRAYSLAKE
BRANDON	HENDRICKSON	OPS-Warehouse Operator	GRAYSLAKE
KEV	HENLON	OPS-Warehouse Operator	GRAYSLAKE
ADRIANA	HERNANDEZ	OPS-Warehouse Operator	GRAYSLAKE
LUCIO	HERNANDEZ	OPS-Warehouse Operator	GRAYSLAKE
OSCAR	HERNANDEZ	OPS-Warehouse Operator	GRAYSLAKE
FLAVIA	HERNANDEZ MARTINEZ	OPS-Warehouse Operator	GRAYSLAKE
TORSHEILL	HIBBLER	OPS-Warehouse Operator	GRAYSLAKE
KEITH	HICKS	OPS-Warehouse Operator	GRAYSLAKE
KYLE	HODERA	OPS-Warehouse Operator	GRAYSLAKE
WILLIAM	HOLLAND	OPS-Warehouse Operator	GRAYSLAKE
MATTHEW	HOLMES	OPS-Warehouse Operator	GRAYSLAKE
CARLOS	HONORATO	OPS-Warehouse Operator	GRAYSLAKE

KYLE	HOULIHAN	OPS-Warehouse Operator	GRAYSLAKE
BRANDON	HOYE	OPS-Warehouse Operator	GRAYSLAKE
OLIVIA	INFANTE-LEDESMA	OPS-Warehouse Operator	GRAYSLAKE
AARON	JACOBSON	OPS-Warehouse Operator	GRAYSLAKE
RIPONJEET	JAWANDA	OPS-Warehouse Operator	GRAYSLAKE
CRISTIAN	JIMENEZ	OPS-Warehouse Operator	GRAYSLAKE
HECTOR	JIMENEZ	OPS-Warehouse Operator	GRAYSLAKE
IRMA	JIMENEZ	OPS-Warehouse Operator	GRAYSLAKE
JESUS	JIMENEZ	OPS-Warehouse Operator	GRAYSLAKE
DAVID	JOHNSON	OPS-Warehouse Operator	GRAYSLAKE
HAROLD	JOHNSON	OPS-Warehouse Operator	GRAYSLAKE
JERRICK	JOHNSON	OPS-Warehouse Operator	GRAYSLAKE
MARCUS	JOHNSON	OPS-Warehouse Operator	GRAYSLAKE
CARLOS	JOYA	OPS-Warehouse Operator	GRAYSLAKE
OMAR	JUAREZ	OPS-Warehouse Operator	GRAYSLAKE
RAFAEL	JUAREZ	OPS-Warehouse Operator	GRAYSLAKE
MOHAMED	KAMBAL	OPS-Warehouse Operator	GRAYSLAKE
BRANDON	KEASKOWSKI	OPS-Warehouse Operator	GRAYSLAKE
DYLAN	KEEHN	OPS-Warehouse Operator	GRAYSLAKE
BROCK	KELLEHER	OPS-Warehouse Operator	GRAYSLAKE
CHRISTOPHER	KENNY	OPS-Warehouse Operator	GRAYSLAKE
KATHY	KETEL	OPS-Warehouse Operator	GRAYSLAKE
DAVID	KIRBY	OPS-Warehouse Operator	GRAYSLAKE
CASSANDRA	KITA	OPS-Warehouse Operator	GRAYSLAKE
SILVANA	KLONOWSKI	OPS-Warehouse Operator	GRAYSLAKE
JASON	KLUZAK	OPS-Warehouse Operator	GRAYSLAKE
ADAM	KRAMER	OPS-Warehouse Operator	GRAYSLAKE
NOAH	KRAUS	OPS-Warehouse Operator	GRAYSLAKE
LORENA	LARA	OPS-Warehouse Operator	GRAYSLAKE
MARK	LAROUSSA	OPS-Warehouse Operator	GRAYSLAKE
TIMOTHY	LARSON	OPS-Warehouse Operator	GRAYSLAKE
TIMOTHY	LAVIN	OPS-Warehouse Operator	GRAYSLAKE
ADRIAN	LEBRON	OPS-Warehouse Operator	GRAYSLAKE
KELLY	LEE	OPS-Warehouse Operator	GRAYSLAKE
NATHANIEL	LIEB	OPS-Warehouse Operator	GRAYSLAKE
JOSHUA	LIM	OPS-Warehouse Operator	GRAYSLAKE
FRANKLIN	LOPER	OPS-Warehouse Operator	GRAYSLAKE
ALEJANDRO	LOPEZ	OPS-Warehouse Operator	GRAYSLAKE
EDIN	LOPEZ	OPS-Warehouse Operator	GRAYSLAKE
JUAN	LOPEZ MARTINEZ	OPS-Warehouse Operator	GRAYSLAKE
CARLOS	LOPEZ-GARCIA	OPS-Warehouse Operator	GRAYSLAKE
MAXINE	LUCIANO	OPS-Warehouse Operator	GRAYSLAKE
TABATHA	LUCIANO	OPS-Warehouse Operator	GRAYSLAKE
CHAD	LUKE	OPS-Warehouse Operator	GRAYSLAKE
AUSTIN	LULOW	OPS-Warehouse Operator	GRAYSLAKE
MICHAEL	LUMPP	OPS-Warehouse Operator	GRAYSLAKE
LAWRENCE	MACHADO	OPS-Warehouse Operator	GRAYSLAKE

GABRIELA	MAGANA	OPS-Warehouse Operator	GRAYSLAKE
MICHAEL	MAHONEY	OPS-Warehouse Operator	GRAYSLAKE
TYLER	MALONE	OPS-Warehouse Operator	GRAYSLAKE
ANDREA	MANCILLA	OPS-Warehouse Operator	GRAYSLAKE
ANTHONY	MARAVILLA	OPS-Warehouse Operator	GRAYSLAKE
JOSE	MARBAN	OPS-Warehouse Operator	GRAYSLAKE
ANGEL	MARCOS	OPS-Warehouse Operator	GRAYSLAKE
HOLDEN	MARSH	OPS-Warehouse Operator	GRAYSLAKE
ALONSO	MARTINEZ	OPS-Warehouse Operator	GRAYSLAKE
JUDITH	MARTINEZ	OPS-Warehouse Operator	GRAYSLAKE
ALONDRA	MATA	OPS-Warehouse Operator	GRAYSLAKE
AMISADAI	MAZON	OPS-Warehouse Operator	GRAYSLAKE
SEAN	MCADAMS	OPS-Warehouse Operator	GRAYSLAKE
TERRENCE	MCCLINTON	OPS-Warehouse Operator	GRAYSLAKE
AMIRI	MCCULLOUGH	OPS-Warehouse Operator	GRAYSLAKE
PATRICIA	MCGHEE	OPS-Warehouse Operator	GRAYSLAKE
ANTHONY	MEDINA	OPS-Warehouse Operator	GRAYSLAKE
TYLER	MEDINA	OPS-Warehouse Operator	GRAYSLAKE
IVANN	MELCHOR	OPS-Warehouse Operator	GRAYSLAKE
ODALIZ	MENDEZ	OPS-Warehouse Operator	GRAYSLAKE
ROBERTO	MENDEZ FELICIANO	OPS-Warehouse Operator	GRAYSLAKE
ERIC	MENDOZA	OPS-Warehouse Operator	GRAYSLAKE
STEVEN	MENDOZA	OPS-Warehouse Operator	GRAYSLAKE
ANTHONY	MERINO	OPS-Warehouse Operator	GRAYSLAKE
JERRY	MESCHICK	OPS-Warehouse Operator	GRAYSLAKE
SEAN	MIGNAGARAY	OPS-Warehouse Operator	GRAYSLAKE
BRETT	MILD	OPS-Warehouse Operator	GRAYSLAKE
JACQUELINE	MILLER	OPS-Warehouse Operator	GRAYSLAKE
MICHAEL	MILLER	OPS-Warehouse Operator	GRAYSLAKE
ISAIAH	MINJARES	OPS-Warehouse Operator	GRAYSLAKE
JACK	MINORINI	OPS-Warehouse Operator	GRAYSLAKE
ZACHARY	MISKELL	OPS-Warehouse Operator	GRAYSLAKE
GREGORY	MITCHELL	OPS-Warehouse Operator	GRAYSLAKE
MICHAEL	MITCHELL	OPS-Warehouse Operator	GRAYSLAKE
JAIDDAN	MOFFETT	OPS-Warehouse Operator	GRAYSLAKE
SARAH	MOLSEN	OPS-Warehouse Operator	GRAYSLAKE
YOLANDA	MONTERO	OPS-Warehouse Operator	GRAYSLAKE
PABLO	MONTES	OPS-Warehouse Operator	GRAYSLAKE
RAUL	MONTESINOS	OPS-Warehouse Operator	GRAYSLAKE
CARTER	MOORE	OPS-Warehouse Operator	GRAYSLAKE
JEROME	MOORE	OPS-Warehouse Operator	GRAYSLAKE
AGUSTIN	MORALES	OPS-Warehouse Operator	GRAYSLAKE
CARLA	MORALES	OPS-Warehouse Operator	GRAYSLAKE
EDUARDO	MORALES	OPS-Warehouse Operator	GRAYSLAKE
JEFFREY	MORALES	OPS-Warehouse Operator	GRAYSLAKE
JULIO	MORALES	OPS-Warehouse Operator	GRAYSLAKE
NOEL	MORALES	OPS-Warehouse Operator	GRAYSLAKE

STEPHANIE	MORALES	OPS-Warehouse Operator	GRAYSLAKE
GLORIA	MURUA HILL	OPS-Warehouse Operator	GRAYSLAKE
RAFAEL	NAVA	OPS-Warehouse Operator	GRAYSLAKE
LUISA	NAVARRETE VEGA	OPS-Warehouse Operator	GRAYSLAKE
BRYAN	NAVARRO	OPS-Warehouse Operator	GRAYSLAKE
JEFFREY	NOFTZ	OPS-Warehouse Operator	GRAYSLAKE
ALEJANDRO	OCAMPO	OPS-Warehouse Operator	GRAYSLAKE
ANTONIO	OCAMPO	OPS-Warehouse Operator	GRAYSLAKE
VINCENT	ONSONGO	OPS-Warehouse Operator	GRAYSLAKE
RAFAEL	ORELLANA	OPS-Warehouse Operator	GRAYSLAKE
CARLOS	OROZCO	OPS-Warehouse Operator	GRAYSLAKE
JOSE	ORTEGA	OPS-Warehouse Operator	GRAYSLAKE
ALEJANDRO	ORTEGA-MARTINEZ	OPS-Warehouse Operator	GRAYSLAKE
GILBERTO	ORTIZ	OPS-Warehouse Operator	GRAYSLAKE
RAMIRO	ORTIZ	OPS-Warehouse Operator	GRAYSLAKE
REBECA	ORTIZ	OPS-Warehouse Operator	GRAYSLAKE
RAMON	PACHECO	OPS-Warehouse Operator	GRAYSLAKE
JONATHAN	PALACIOS	OPS-Warehouse Operator	GRAYSLAKE
FERNANDO	PALESTINA	OPS-Warehouse Operator	GRAYSLAKE
EMMA	PALMA	OPS-Warehouse Operator	GRAYSLAKE
NICHOLAS	PANOSIAN	OPS-Warehouse Operator	GRAYSLAKE
MACKINZIE	PARKER	OPS-Warehouse Operator	GRAYSLAKE
ERRICK	PARKS	OPS-Warehouse Operator	GRAYSLAKE
DAMIAN	PASILLAS	OPS-Warehouse Operator	GRAYSLAKE
GAVIN	PATERSON	OPS-Warehouse Operator	GRAYSLAKE
DEBORAH	PAYNE	OPS-Warehouse Operator	GRAYSLAKE
AMELIA	PEAVEY	OPS-Warehouse Operator	GRAYSLAKE
DANIEL	PEREIRA	OPS-Warehouse Operator	GRAYSLAKE
JOSE	PEREZ	OPS-Warehouse Operator	GRAYSLAKE
SHANE	PETERSON	OPS-Warehouse Operator	GRAYSLAKE
CHRISTOPHER	PHILIPP	OPS-Warehouse Operator	GRAYSLAKE
MICHAEL	PHILYAW	OPS-Warehouse Operator	GRAYSLAKE
JEREMY	PINEDA	OPS-Warehouse Operator	GRAYSLAKE
ARMANDO	PINEDA ALVAREZ	OPS-Warehouse Operator	GRAYSLAKE
JUAN	PIRITA	OPS-Warehouse Operator	GRAYSLAKE
JIMMY	PITTS	OPS-Warehouse Operator	GRAYSLAKE
GIUSEPPE	PIZZO	OPS-Warehouse Operator	GRAYSLAKE
TIMOTHY	PLACE	OPS-Warehouse Operator	GRAYSLAKE
GLENN	POLO	OPS-Warehouse Operator	GRAYSLAKE
JUAN	PONCE	OPS-Warehouse Operator	GRAYSLAKE
KEVIN	PONCE	OPS-Warehouse Operator	GRAYSLAKE
OSCAR	PONCE	OPS-Warehouse Operator	GRAYSLAKE
JESSE	PORCAYO	OPS-Warehouse Operator	GRAYSLAKE
JESUS	PORCAYO	OPS-Warehouse Operator	GRAYSLAKE
TERRY	PRESLEY	OPS-Warehouse Operator	GRAYSLAKE
DAWSON	PRICE	OPS-Warehouse Operator	GRAYSLAKE
ERIC	QUINTANA	OPS-Warehouse Operator	GRAYSLAKE

LORENZO	QUINTANA	OPS-Warehouse Operator	GRAYSLAKE
CORAL	RAMIREZ	OPS-Warehouse Operator	GRAYSLAKE
HUGO	RAMIREZ	OPS-Warehouse Operator	GRAYSLAKE
JOCELYN	RAMIREZ	OPS-Warehouse Operator	GRAYSLAKE
MARIEL	RAMIREZ PERALTA	OPS-Warehouse Operator	GRAYSLAKE
ALLAMANDA	RAMOS	OPS-Warehouse Operator	GRAYSLAKE
CRISTIAN	RAMOS	OPS-Warehouse Operator	GRAYSLAKE
LARRY	RAMSEY	OPS-Warehouse Operator	GRAYSLAKE
ALEXANDER	REDMOND	OPS-Warehouse Operator	GRAYSLAKE
EDUARDO	REPIZO	OPS-Warehouse Operator	GRAYSLAKE
ANGELA	REYES	OPS-Warehouse Operator	GRAYSLAKE
PATRICIA	REYNOLDS	OPS-Warehouse Operator	GRAYSLAKE
DONALD	RIGGS	OPS-Warehouse Operator	GRAYSLAKE
NATHANIEL	RIOS	OPS-Warehouse Operator	GRAYSLAKE
EDITH	RITA	OPS-Warehouse Operator	GRAYSLAKE
PAUL	RITT	OPS-Warehouse Operator	GRAYSLAKE
CHRISTIAN	RIVERA	OPS-Warehouse Operator	GRAYSLAKE
JACOB	RIVETTE	OPS-Warehouse Operator	GRAYSLAKE
ANDRE	ROBERTS	OPS-Warehouse Operator	GRAYSLAKE
KENNETH	ROBERTS	OPS-Warehouse Operator	GRAYSLAKE
ALAMO	ROBLES	OPS-Warehouse Operator	GRAYSLAKE
BRYAN	RODRIGUEZ	OPS-Warehouse Operator	GRAYSLAKE
DELYLA	RODRIGUEZ	OPS-Warehouse Operator	GRAYSLAKE
JAIRO	RODRIGUEZ	OPS-Warehouse Operator	GRAYSLAKE
JUAN	RODRIGUEZ	OPS-Warehouse Operator	GRAYSLAKE
JUSTIN	RODRIGUEZ	OPS-Warehouse Operator	GRAYSLAKE
LETICIA	RODRIGUEZ	OPS-Warehouse Operator	GRAYSLAKE
MELISSA	RODRIGUEZ	OPS-Warehouse Operator	GRAYSLAKE
ENRIQUE	RODRIGUEZ ARRONA	OPS-Warehouse Operator	GRAYSLAKE
DALIA	RODRIGUEZ VAZQUEZ	OPS-Warehouse Operator	GRAYSLAKE
SANDRA	RODRIGUEZ-FLORES	OPS-Warehouse Operator	GRAYSLAKE
SHEAMUS	RONAYNE	OPS-Warehouse Operator	GRAYSLAKE
JOEL	ROSARIO	OPS-Warehouse Operator	GRAYSLAKE
RAUL	ROSILES	OPS-Warehouse Operator	GRAYSLAKE
RICHARD	ROWE	OPS-Warehouse Operator	GRAYSLAKE
GERARDO	RUELAS	OPS-Warehouse Operator	GRAYSLAKE
BRIAN	RUIZ	OPS-Warehouse Operator	GRAYSLAKE
JOSYLIN	RUIZ	OPS-Warehouse Operator	GRAYSLAKE
JUAN	RUIZ	OPS-Warehouse Operator	GRAYSLAKE
LESBIA	RUIZ	OPS-Warehouse Operator	GRAYSLAKE
LARRY	RUY	OPS-Warehouse Operator	GRAYSLAKE
DENNIS	RYAN	OPS-Warehouse Operator	GRAYSLAKE
RONALD	RYTINA	OPS-Warehouse Operator	GRAYSLAKE
GABRIEL	SALDANA	OPS-Warehouse Operator	GRAYSLAKE
MIGUEL	SALGADO	OPS-Warehouse Operator	GRAYSLAKE
FILEMON	SALINAS	OPS-Warehouse Operator	GRAYSLAKE
HECTOR	SANCHEZ	OPS-Warehouse Operator	GRAYSLAKE

JOEL	SANCHEZ	OPS-Warehouse Operator	GRAYSLAKE
OSCAR	SANCHEZ	OPS-Warehouse Operator	GRAYSLAKE
RUDY	SANCHEZ-LOPEZ	OPS-Warehouse Operator	GRAYSLAKE
CHRISTOPHER	SANDRIK	OPS-Warehouse Operator	GRAYSLAKE
KYLE	SANDRIK	OPS-Warehouse Operator	GRAYSLAKE
RYAN	SANVICTORES	OPS-Warehouse Operator	GRAYSLAKE
BUNA	SATH	OPS-Warehouse Operator	GRAYSLAKE
JENNIFER	SENERCHIA	OPS-Warehouse Operator	GRAYSLAKE
SOCORRO	SEPULVEDA	OPS-Warehouse Operator	GRAYSLAKE
JENNIFER	SHEIL	OPS-Warehouse Operator	GRAYSLAKE
HEATHER	SIBISKI	OPS-Warehouse Operator	GRAYSLAKE
MATTHEW	SIMMONS	OPS-Warehouse Operator	GRAYSLAKE
BHARBHUR	SINGH	OPS-Warehouse Operator	GRAYSLAKE
MANDEEP	SINGH	OPS-Warehouse Operator	GRAYSLAKE
MELVIN	SMITH	OPS-Warehouse Operator	GRAYSLAKE
XAVIER	SMITH	OPS-Warehouse Operator	GRAYSLAKE
DULCE	SOLANO GOMEZ	OPS-Warehouse Operator	GRAYSLAKE
ROMAN	SOLIS	OPS-Warehouse Operator	GRAYSLAKE
DANIEL	SONENSHEIN	OPS-Warehouse Operator	GRAYSLAKE
CARMINE	SORRENTINO	OPS-Warehouse Operator	GRAYSLAKE
JORGE	SOSA	OPS-Warehouse Operator	GRAYSLAKE
BRAYAN	SOTELO	OPS-Warehouse Operator	GRAYSLAKE
DAVID	SOTELO	OPS-Warehouse Operator	GRAYSLAKE
ROBERTO	SOTELO	OPS-Warehouse Operator	GRAYSLAKE
ESDAKA	SOUKON	OPS-Warehouse Operator	GRAYSLAKE
RAVEN	SPENCER	OPS-Warehouse Operator	GRAYSLAKE
JOHN	STANG	OPS-Warehouse Operator	GRAYSLAKE
CAMERON	STEPHENS	OPS-Warehouse Operator	GRAYSLAKE
KYLE	STRUTZ	OPS-Warehouse Operator	GRAYSLAKE
RYAN	SWIFT	OPS-Warehouse Operator	GRAYSLAKE
CHARLENE	SWITZER	OPS-Warehouse Operator	GRAYSLAKE
DINA	SZYMANSKI	OPS-Warehouse Operator	GRAYSLAKE
MELISSA	TAFOLLA	OPS-Warehouse Operator	GRAYSLAKE
KYLE	TAMALUNAS	OPS-Warehouse Operator	GRAYSLAKE
JESUS	TAMEZ	OPS-Warehouse Operator	GRAYSLAKE
EFRAIN	TAPIA	OPS-Warehouse Operator	GRAYSLAKE
PATRICK	TAPIA	OPS-Warehouse Operator	GRAYSLAKE
MARZELL	TAYLOR	OPS-Warehouse Operator	GRAYSLAKE
ANTONIO	TELLEZ	OPS-Warehouse Operator	GRAYSLAKE
NAYELLI	TELLEZ	OPS-Warehouse Operator	GRAYSLAKE
KYLE	TEWKSBURY	OPS-Warehouse Operator	GRAYSLAKE
JONATHAN	THOMAS	OPS-Warehouse Operator	GRAYSLAKE
ERIC	THOMPSON	OPS-Warehouse Operator	GRAYSLAKE
CALEEN	TOKARZ	OPS-Warehouse Operator	GRAYSLAKE
LUIS	TORRES	OPS-Warehouse Operator	GRAYSLAKE
VIRGINIA	TORRES	OPS-Warehouse Operator	GRAYSLAKE
YARITZA	TORRES	OPS-Warehouse Operator	GRAYSLAKE

ANA	TOVAR	OPS-Warehouse Operator	GRAYSLAKE
ROGER	TOVAR	OPS-Warehouse Operator	GRAYSLAKE
VICTOR	TOVAR	OPS-Warehouse Operator	GRAYSLAKE
CHIU-FUNG	TSENG	OPS-Warehouse Operator	GRAYSLAKE
GARETT	TURNER	OPS-Warehouse Operator	GRAYSLAKE
JAYLAH	TURNER	OPS-Warehouse Operator	GRAYSLAKE
JASMINE	URIOSTEGUI	OPS-Warehouse Operator	GRAYSLAKE
CHRISTIAN	VARGAS	OPS-Warehouse Operator	GRAYSLAKE
ENRIQUE	VARGAS	OPS-Warehouse Operator	GRAYSLAKE
EVIN	VARGAS	OPS-Warehouse Operator	GRAYSLAKE
AGUSTIN	VASQUEZ	OPS-Warehouse Operator	GRAYSLAKE
JAMES	VAUGHN	OPS-Warehouse Operator	GRAYSLAKE
ERIC	VAZQUEZ	OPS-Warehouse Operator	GRAYSLAKE
ANA	VELASQUEZ	OPS-Warehouse Operator	GRAYSLAKE
LUIS	VENTURA	OPS-Warehouse Operator	GRAYSLAKE
ROY	VENTURA	OPS-Warehouse Operator	GRAYSLAKE
JOSE	VERA	OPS-Warehouse Operator	GRAYSLAKE
OSVALDO	VERGARA	OPS-Warehouse Operator	GRAYSLAKE
ANNA	VERZAL	OPS-Warehouse Operator	GRAYSLAKE
ADAM	VILLARREAL	OPS-Warehouse Operator	GRAYSLAKE
DAVID	WAGNER	OPS-Warehouse Operator	GRAYSLAKE
DONALD	WAGNER	OPS-Warehouse Operator	GRAYSLAKE
KEVIN	WAGNER	OPS-Warehouse Operator	GRAYSLAKE
TIERA	WALLACE-JOHNSON	OPS-Warehouse Operator	GRAYSLAKE
RICHARD	WALLIN	OPS-Warehouse Operator	GRAYSLAKE
JAMES	WALSH	OPS-Warehouse Operator	GRAYSLAKE
RAYLEN	WASHINGTON	OPS-Warehouse Operator	GRAYSLAKE
KIMBERLY	WASSON	OPS-Warehouse Operator	GRAYSLAKE
HUNTER	WEIKEL	OPS-Warehouse Operator	GRAYSLAKE
WILLIAM	WEINERT	OPS-Warehouse Operator	GRAYSLAKE
DANA	WELLS	OPS-Warehouse Operator	GRAYSLAKE
PATRICK	WELLS	OPS-Warehouse Operator	GRAYSLAKE
MENIA	WERTH	OPS-Warehouse Operator	GRAYSLAKE
ANGELO	WHITE	OPS-Warehouse Operator	GRAYSLAKE
COURTNEY	WHITE	OPS-Warehouse Operator	GRAYSLAKE
MICHAEL	WIDENER	OPS-Warehouse Operator	GRAYSLAKE
CHRISTOPHER	WILLIAMS	OPS-Warehouse Operator	GRAYSLAKE
LARRY	WILLIAMS	OPS-Warehouse Operator	GRAYSLAKE
PHILIP	WISNIEWSKI	OPS-Warehouse Operator	GRAYSLAKE
FRANCES	WOOD	OPS-Warehouse Operator	GRAYSLAKE
JUSTIN	WRIGHT	OPS-Warehouse Operator	GRAYSLAKE
SHANE	WRIGHT	OPS-Warehouse Operator	GRAYSLAKE
URIEL	YBARRA	OPS-Warehouse Operator	GRAYSLAKE
JEREMY	YOUNG	OPS-Warehouse Operator	GRAYSLAKE
RAMIL	YU	OPS-Warehouse Operator	GRAYSLAKE
KIMBERLY	ZABRESKY	OPS-Warehouse Operator	GRAYSLAKE
JOLANTA	ZAK	OPS-Warehouse Operator	GRAYSLAKE

JOSUE	ZAMORA PEREZ	OPS-Warehouse Operator	GRAYSLAKE
ISAAC	ZAMORANO	OPS-Warehouse Operator	GRAYSLAKE
KARINA	ZAPATA	OPS-Warehouse Operator	GRAYSLAKE
MICHAEL	GLEN	Pharmacist	GRAYSLAKE
WILLIAM	INGALLS	Sr Dir Operations	GRAYSLAKE
WALTER	WEATHERSBY	Sr Mgr Medtrans	GRAYSLAKE
JUAN	GARCIA	Sr Supv Warehouse	GRAYSLAKE
FERNANDO	GONZALEZ	Sr Supv Warehouse	GRAYSLAKE
TIFFANY	PEREZ	Sr Supv Warehouse	GRAYSLAKE
AMY	SHARER	Supv Inventory Ctrl	GRAYSLAKE
JUAN	GALAVIZ	Supv Maintenance	GRAYSLAKE
KARL	NUNNE	Supv Maintenance	GRAYSLAKE
ROBERT	OPLETAL	Supv MedTrans	GRAYSLAKE
FABIAN	ROSALES	Supv MedTrans	GRAYSLAKE
BRIAN	TEUNE	Supv MedTrans	GRAYSLAKE
ERIC	KLEIN	Supv Training Facility	GRAYSLAKE
JAIME	BACA	Supv Warehouse	GRAYSLAKE
JAMES	BREHM	Supv Warehouse	GRAYSLAKE
ALFREDO	CARRENO	Supv Warehouse	GRAYSLAKE
JUSTIN	CONWAY	Supv Warehouse	GRAYSLAKE
CHRISTOPHER	DEVINE	Supv Warehouse	GRAYSLAKE
NICHOLAS	MADL	Supv Warehouse	GRAYSLAKE
PATRYK	MICHALSKI	Supv Warehouse	GRAYSLAKE
JUSTIN	ODOM	Supv Warehouse	GRAYSLAKE
ERIC	PENG	Supv Warehouse	GRAYSLAKE
ERIC	PRITT	Supv Warehouse	GRAYSLAKE
JOSEPH	RAGAN	Supv Warehouse	GRAYSLAKE
ALLAN	REE	Supv Warehouse	GRAYSLAKE
GEORGE	SLIWA	Supv Warehouse	GRAYSLAKE
GLENN	STROTHER	Supv Warehouse	GRAYSLAKE
JHONNY	TELLEZ	Supv Warehouse	GRAYSLAKE
DOUGLAS	TONG-MORRISON	Supv Warehouse	GRAYSLAKE
DAVID	WHATLING	Supv Warehouse	GRAYSLAKE

Medline Industries, Inc.
[illegible]
medline.com

November 5, 2020

List of Facilities for Nevada State Board of Pharmacy Bond No. 105625536

Location 1: Medline Industries, Inc. One Medline Place Mundelein, IL 60060	Location 9: Medline Industries, Inc. 16415 Cosmos St Moreno Valley, CA 92551
Location 2: Medline Industries, Inc. 1501 Harris Road Libertyville, IL 60048	Location 10: Medline Industries, Inc. 2200 Cornerstone Parkway Grayslake, IL 60030
Location 3: Medline Industries, Inc. 42500 Winchester Road Temecula, CA 92590	
Location 4: Medline Industries, Inc. 1820 S 5200 W Salt Lake City, UT 84104	
Location 5: Medline Industries, Inc. 1960 W Miro Way Rialto, CA 92376	
Location 6: Medline Industries, Inc. 5701 Promontory Parkway, Ste 100 Tracy, CA 95377	
Location 7: Medline Industries, Inc. 8787 W Buckeye Rd Tolleson, AZ 85353	
Location 8: Medline Industries, Inc. 3770 Hogum Bay Road NE Lacey, WA 98516	

GENERAL SURETY RIDER

To be attached and form a part of

Bond No.	105625536
For	Pharmaceutical Wholesaler Surety Bond
Dated effective	07/20/2015 (MONTH, DAY, YEAR)
Executed by	Medline Industries, LP., as Principal, (PRINCIPAL)
And by	Travelers Casualty and Surety Company of America, as Surety, (SURETY)
And in favor of	Nevada State Board of Pharmacy (OBLIGEE)

In consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

INFORMATION	FROM	TO
Principal Name	Medline Industries, Inc.	Medline Industries, LP.

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective **12/16/2021**

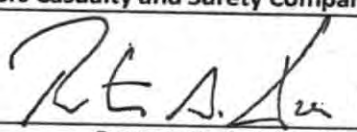
(MONTH, DAY, YEAR)

Signed and Sealed **12/16/2021**

(MONTH, DAY, YEAR)

Travelers Casualty and Surety Company of America

SURETY



BY

Peter S. Forker, ATTORNEY-IN-FACT

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS**, **Illinois**, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **21st** day of **April**, **2021**.

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **21st** day of **April**, **2021**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June**, **2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 16th day of December 2021

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Lake } ss.

On this 16th day of December, 2021, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
REBECCA M JOHLIE
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 9/22/24

Notary Public in the State of Illinois
County of Lake

S-0230/GE 10/99

XDP

GENERAL SURETY RIDER

To be attached and form a part of

Type of Bond: License & Permit

Bond No. : 105625536

Dated effective: 7/20/2015
(MONTH, DAY, YEAR)

executed by: Medline Industries, Inc. , as Principal,
(PRINCIPAL)

and by: Travelers Casualty and Surety Company of America , as Surety,
(SURETY)

and in favor of : Nevada State Board of Pharmacy .
(OBLIGEE)

In consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

Add Location: Medline Industries, Inc. 2200 Cornerstone Parkway, Grayslake, IL 60030

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective 11/5/2020
(MONTH, DAY, YEAR)

Signed and Sealed 11/5/2020
(MONTH, DAY, YEAR)

Travelers Casualty and Surety Company of America
SURETY

BY: _____
Peter S. Forker, ATTORNEY-IN-FACT

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Peter S. Forker** of **Rolling Meadows, Illinois**, their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **3rd** day of **February, 2017**.

State of Connecticut

City of Hartford ss.

By _____
Robert L. Raney, Senior Vice President

On this the **3rd** day of **February, 2017**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2021**

Marie C. Tetreault
Marie C. Tetreault, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 5th day of November 2020

Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney-in-Fact and the details of the bond to which the power is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Cook } ss.

On this 5th day of November , 2020 , before me personally appeared Peter S. Forker , known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America , the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

AMY E CALLAHAN
Official Seal
Notary Public - State of Illinois
My Commission Expires Jul 17, 2021

Amy E. Callahan
Notary Public in the State of Illinois
County of Cook

S-0230/GE 10/99

XDP

GENERAL SURETY RIDER

To be attached and form a part of:

Type of Bond: License & Permit

Bond No. : 105625536

Dated effective: 7/20/2011
(MONTH, DAY, YEAR)

Executed by: Medline Industries, Inc. , **as Principal,**
(PRINCIPAL)

and by: Travelers Casualty and Surety Company of America , **as Surety,**
(SURETY)

and in favor of : Nevada State Board of Pharmacy .
(OBLIGEE)

In consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to Add to and attach Schedule of Facilities to Bond No. 105625536

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective 7/20/2020
(MONTH, DAY, YEAR)

Signed and Sealed 9/22/2020
(MONTH, DAY, YEAR)

Travelers Casualty and Surety Company of America
SURETY

BY: _____
Peter S. Forker, ATTORNEY-IN-FACT

Medline Industries, Inc.
Three Lakes Drive
Northfield, IL 60093
1 847 949 5500
1 800 MEDLINE (633 5463)
medline.com

September 22, 2020

List of Facilities for Nevada State Board of Pharmacy Bond No. 105625536

B01-	Medline Industries, Inc. –	**One Medline Place, Mundelein, IL 60060**
B02-	Medline Industries, Inc. –	**1501 Harris Road, Libertyville, IL 60048**
B49-	Medline Industries, Inc. –	**42500 Winchester Road, Temecula, CA 92590**
B71-	Medline Industries, Inc. –	**1820 S 5200 W, Salt Lake City, UT 84104**
C09-	Medline Industries, Inc. –	**1960 W Miro Way, Rialto, CA 92376**
C46 –	Medline Industries, Inc. –	**5701 Promontory Parkway, Ste 100, Tracy, CA 95377**
C50 –	Medline Industries, Inc.-	**8787 W Buckeye Rd, Tolleson, AZ 85353**
C75-	Medline Industries, Inc. –	**3770 Hogum Bay Road NE, Lacey, WA 98516**
MXC-	Medline Industries, Inc.-	**16415 Cosmos St, Moreno Valley, CA 92551**

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Peter S. Forker** of **Rolling Meadows**, **Illinois**, their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **3rd** day of **February**, **2017.**

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **3rd** day of **February**, **2017**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June**, **2021**

Marie C Tetreault
Marie C. Tetreault, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 2nd day of September 2020.

Kevin E. Hughes
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney-in-Fact and the details of the bond to which the power is attached.

4FF

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ☒ Ownership Change ☐ Name Change ☐ Location Change (in-state only)	* If making a change, provide current license number: WH 02203	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☒ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ☒ No

Section 1: General Information

Facility Name: Medline Industries, LP

Physical Address: 1960 Miro Way

City: Rialto State: CA Zip: 92376

Mailing Address (if different from physical address): Three Lakes Drive

City: Northfield State: IL Zip: 60093

Telephone: 847-643-4508 Website: WWW.MEDLINE.COM

Name of Designated Representative (DR): Donald Sutphin

Licensing Company Email: ralicensing@medline.com DR Email: dsutphin@medline.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☒ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☒ Practitioners	☐ Controlled Substances
☒ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☒ Veterinary Legend Pharmaceuticals
☒ Others: Assisted Living, Surgical Centers, Nursing Homes	☒ Others: cosmetics

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	X	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Bracco Diagnostics Inc.
Address: 259 Prospect Plains Road Bldg H City: Monroe Township State: NJ Zip: 08831
Name: Guerbet LLC
Address: 821 Alexander Rd Ste 204 City: Princeton State: NJ Zip: 08540
Name: Team Technologies
Address: 5949 Commerce Blvd City: Morristown State: TN Zip: 37814
Name: Sage Products Inc
Address: 3909 Three Oaks Road City: Cary State: IL Zip: 60013

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name: Medline Industries, LP
Mailing Address: Three Lakes Drive
City: Northfield State: IL Zip: 60093
Telephone: 847 -643-4508 Email: ralicensing@medline.com
Contact Person Name: Tanya Hughes

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lara N. Simmons

Print Name of Authorized Person Submitting Application

Lara Simmons

Original signature of Authorized Person (copies or stamps not accepted)

12/17/21

Date

Board Use Only	Date Received: _____	Amount: 500 CHECK # 0101 227873

Nevada State Board Of Pharmacy

(Firm mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 10/09/2020
Amount: $ 525.00
Permit #: WH02203

MEDLINE INDUSTRIES, INC.
THREE LAKES DRIVE
NORTHFIELD IL 60093

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Wholesaler
Expires:10/31/2022
MEDLINE INDUSTRIES, INC.
THREE LAKES DRIVE
NORTHFIELD IL 60093

Trim ID Card to fit your wallet

Permit #
WH02203
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

NEVADA

STATE BOARD OF PHARMACY

Wholesaler

Expires: 10/31/2022
STATUS: Active

Permit Type: Wholesaler
Permit #: WH02203

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENCED

MEDLINE INDUSTRIES, INC.
THREE LAKES DRIVE
NORTHFIELD IL 60093

NONTRANSFERABLE

POST THIS PERMIT PROMINENTLY IN A CONSPICUOUS PLACE

BOARD OF PHARMACY

LICENSING DETAILS FOR: WLS 6877

NAME: MEDLINE INDUSTRIES, L.P.

LICENSE TYPE: WHOLESALER

LICENSE STATUS: CLEAR

ADDRESS

1960 W MIRO WAY
RIALTO CA 92376
SAN BERNARDINO COUNTY

ISSUANCE DATE

JANUARY 13, 2016

EXPIRATION DATE

JANUARY 1, 2023

CURRENT DATE / TIME

MARCH 2, 2022
7:41:48 AM

LICENSE RELATIONSHIPS

NAME: SUTPHIN, DONALD D

ADDRESS NOT DISCLOSED

LICENSE/REGISTRATION TYPE: DESIGNATED REPRESENTATIVE (WHOLESALER)

LICENSE NUMBER: 19908 **PRIMARY STATUS:** CLEAR

Medline Industries, LP
FEIN 36-2596612

Limited Partnership Partners:

PARTNERS	Business Address	General or Limited	% of Ownership	FEIN
Mozart GP, LLC	Three Lakes Drive Northfield IL 60093	General	0%	87-2508203
Medline Borrower, LP	Three Lakes Drive Northfield IL 60093	Limited	100%	87-2530238

PARENT COMPANY INFORMATION:
Medline Intermediate, LP
FEIN 87-2521736
State of Formation: IL
Managing Members:

BUSINESS ADDRESS AND PHONE NUMBER FOR ALL LISTED HERE:

THREE LAKES DRIVE
NORTHFIELD IL 60093
PHONE #: 847-949-5500

Title	Name	Address
President	Andrew J. Mills	[redacted] Woodbridge Lane Highland Park, IL 60035
CEO	Charles N. Mills	[redacted] Shoreline Court, Glencoe, IL 60022
COO	James D. Abrams	[redacted] Sheridan Road Highland Park, IL 60035
President of Operations	William K. Abington	[redacted] W Cook Ave Libertyville, IL 60048
President - QA/RA	Lara N. Simmons	[redacted]-60th Street Bristol, WI 53104

File Number S030704

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

MEDLINE INDUSTRIES, LP, HAVING REGISTERED IN THE STATE OF ILLINOIS ON SEPTEMBER 07, 2021, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE UNIFORM LIMITED PARTNERSHIP ACT (2001) OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LP/LLLP IN THE STATE OF ILLINOIS, HAVING FULFILLED ALL REQUIREMENTS OF SAID ACT WITH REGARD TO PAYMENT OF FEES, THE FILING OF ANNUAL REPORTS (IF APPLICABLE) AND NEITHER HAVING BEEN ADMINISTRATIVELY DISSOLVED BY THE SECRETARY OF STATE NOR HAVING VOLUNTARILY FILED A STATEMENT OF TERMINATION.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 9TH *day of* MARCH *A.D.* 2022 .

Jesse White

SECRETARY OF STATE

Authentication #: 2206800282

Authenticate at: https://www.ilsos.gov

NABP ACCREDITED
DRUG DISTRIBUTOR

Medline Industries, LP

located at

1960 W. Miro Way, Rialto, CA 92376

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

04/29/2021 - 04/28/2024
Period of Accreditation

1128

Medline Industries, Inc
Disciplinary History

Attachment 4

Date	Facility	Description of State Action	Corrective Actions
8/3/2005	1401 N. Universal Ave, Kansas City, MO 64120	**FILE CLOSED 2010** Medline Industries' Kansas City, MO license (#2003031660) was disciplined for failure to renew on-time and for insufficient temperature control procedures. Medline was placed on probation for 5 years. Throughout the probationary period, the state conducted multiple inspections of the facility and found Medline to be in compliance with all requirements. The probationary period closed in August 2010.	Medline's Regulatory Affairs Department was significantly expanded to include a team of 7 Licensing Specialist that monitor and ensure each of our 200+ licenses are renewed on-time. A temperature control room was also constructed at the facility to ensure product is stored at the appropriate temperature and humidity levels. These control rooms are now a standard feature at our distribution centers, and we have worked closely with VAWD throughout our distribution network to ensure that our temperature control facilities and procedures align with industry best practices.
12/7/2006	9101 Riverside Parkway, Lithia Springs, GA 30122	**FILE CLOSED 2008** Medline's Florida Certified Designated Representative at our Georgia facility resigned unexpectedly. The state of Florida suspended Medline's Florida Out of State Rx Drug Wholesale Distributor Permit (#23:1470) until a new licensed Designated Representative was hired at the facility.	To prevent a situation like this from occurring in the future, every Medline facility licensed in FL has multiple Florida Certified Designated Representatives on staff.
11/16/2007	10601 Southport Drive, Orlando, FL 32824 401 Commerce Blvd., Oldsmar, FL 34677 4750 118th Ave N Clearwater, FL 33762	**FILE CLOSED 2008** Medline Industries was cited for several violations including: failure to pass and maintain a pedigree that met Florida's specific requirements; having the wrong type of permit for activities being performed (in addition to the manufacturing permit that we had, Florida required that we also have a repacker permit); distribution of saline to an unauthorized recipient; and an Rx drug item was found at an unlicensed raw materials storage facility. Several of the violations were challenged and reduced substantially or removed during the settlement process. Medline was assessed and paid a fine for these violations. All issues were addressed and resolved to the satisfaction of the FL DOH. After duly notifying state authorities, as required, we were fined by New York (Cal. No. 27278) for out-of-state professional misconduct. In 2010, Medline made an unrelated business decision to close the Oldsmar and Clearwater facilities.	To address the pedigree issues, Medline instituted a Florida specific pedigree system to ensure that any pedigree shipments within our distribution network with potential to end up in Florida have the required Florida specific documentation. (Note - these requirements have since been preempted by federal law). To address the issue of having the wrong permit type, Medline secured a repackaging permit, in addition to the manufacturing permit the facility already had. To address the sale of saline to an unauthorized person, Medline instituted a new procedure for obtaining and maintaining customer licenses for all Rx drug purchases; this procedure generates an automatic block of any Rx drug orders by an unlicensed customer in our SAP system. The Rx drug item unintentionally stored at our raw materials facility was properly disposed of, and our waste disposal procedures were updated to ensure that this mistake would not recur.
11/26/2007	2708 NE Waldo Rd., Gainesville, FL	**FILE CLOSED 2008** Medline Industries' FL license (# 22:1022) was suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008 (Case # 2007-37412). In 2010, Medline made an unrelated business decision to close this facility.	After this inspection, Medline conducted a thorough review of its policies and procedures. Additionally, an internal auditing program was implemented to ensure that each distribution center is in compliance with internal policies and procedures, as well as state and federal regulations.
3/5/2008	149 New Camellia Blvd., Covington, LA 70433	**FILE CLOSED 2008** Medline Industries' license #4318 was cited for failure to properly maintain copies of current customer licenses on site (Louisiana Administrative Docket #2008006). Medline was assessed and paid a fine. After duly notifying state authorities, as required, we were fined by New York (Cal. No. 27278) for out-of-state professional misconduct.	In addition to storing copies of our customers' licenses at headquarters, we now store these licenses digitally so they can be accessed by our distribution centers.
5/9/2008	5450 W. Stewart Ave., Wausau, WI	**FILE CLOSED 2009** Medline Industries' license (# 1116-045) was cited and fined by the Wisconsin Department of Regulation & Licensing during an inspection. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to have a dividing fence between the Medline managed portion of the facility and the hospital portion of the facility - even though all of the products were owned by the hospital. Medline was also cited for failure to access several policies and procedures during the inspection. Corrections were made and the facility was re-inspected, to the satisfaction of the state (Case #08 PHM 037). After duly notifying state authorities, as required, we were fined by the states of Hawaii (Case #PHA 2009-7-L) and New York (Cal. No. 27278) out-of-state professional misconduct. . In 2010, Medline made an unrelated business decision to close this facility.	Immediately after the inspection, Medline and the owner of the facility erected a locked fence to divide the faculty. Medline also reviewed all of its other facilities to make sure no similar situations existed. In addition, training on where and how to access current policies and procedures was increased for distribution center personnel. This training is in addition to the training they receive on the policies and procedures themselves.
8/21/2008	54-1420 Moaniani St., Waipahu, Hawaii	**FILE CLOSED 2013** Medline Industries' license (PWD 115) was fined $5000 and placed on probation for 5 years for failure to report the Florida and Missouri disciplinary actions within 30 days. While Medline filed the required reports, the 30 day deadline was missed. Probationary period ended August 2013. (Case # PHA 2008-17-L)	Medline takes this oversight very seriously and we have implemented a new process to notify the required boards of any future disciplinary actions within 10 days of a final action.
3/19/2010	1401 N. Universal Ave, Kansas City, MO 64120	**FILE CLOSED 2010** Medline applied for a Colorado Out of State Wholesaler license for the Missouri distribution center and was issued a conditional license by the CO Board of Pharmacy until the facility's MO probation period ended (approximately 5 months). The CO BOP was informed when the MO probationary period was completed, and subsequently removed the encumbered status of this facility's CO license.	See above for corrective actions related to the underlying sanction.
1/6/2021	1501 Harris Rd, Libertyville, IL 60048	**FILE CLOSED 2021** Medline Industries, Inc. License #01-1985050 received a fined $250 by the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file for the physician rather than the TDDD license for the facility. The facility's TDDD license at the time of the sale had expired, unbeknownst to Medline. Case No. A-2020-0054 I-2019-0972-B. The fine was paid on January 21, 2021 and the case was closed.	Medline takes this oversight very seriously. We reviewed our processes and updated our guidelines for the type of license required for business in Ohio to ensure proper type of licenses applied to the customer are valid and current. The TDDD Ohio licenses are reviewed on an annual basis to ensure compliance.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Y

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Medline Industries, LP

Physical Address 1960 Miro Way

City Rialto State CA Zip 92376

Mailing Address (if different from physical address) Three Lakes Drive RA LIC 3-D

City Northfield State Illinois Zip 60093

Telephone 1-800-Medline Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Donald Middle David Last Sutphin

Alias(es, nicknames, name changes, etc.) Don

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Mistral Lane

City Irvine State CA Zip 92617

Telephone [redacted] Email dsutphin@medline.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials DS

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of California		1988 - 1992	
Address	City	State	Zip
900 University Ave	Riverside	CA	92521
Diploma/Degree obtained, if any			
Bachelor of Arts, Administrative Studies			

School Name		From - To (MM/YY – MM/YY)	
Yucaipa High School		09/1982 - 06/1986	
Address	City	State	Zip
33000 Yucaipa Blvd	Yucaipa	CA	92399
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2008-Present	[redacted] Mistral Lane	Irvine	CA	92617
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials DS

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name See Attached Resume			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
See Attached Resume				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials DS

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✔	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✔	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✔	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Please see attached Discipline History

Original Signature (electronic, copies or stamps not accepted)

1/10/2022
Date

Applicant's initials DS

I, Donald Sutphin, **certify that as the designated representative for** Medline Industries, LP,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Donald Sutphin

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/29/2021

Date

Applicant's initials DS

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Donald Sutphin

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/29/2021

Date

Please have this section completed in the presence of a Notary Public.

State of CALIFORNIA, ss. County of SAN BERNARDINO

I, DONALD SUTPHIN, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12/29/2021

Date

Subscribed and Sworn to before me this 29th day of DECEMBER 2021

Jacqueline Sanchez

Notary Public Signature

JACQUELINE SANCHEZ
Notary Public - California
San Bernardino County
Commission # 2258942
My Comm. Expires Sep 20, 2022
(Seal)

Applicant's initials DS

Don Sutphin
[redacted]Mistral Lane
Irvine, California 92617
[redacted]

EDUCATION

University of California, Riverside
Bachelors of Arts, Administrative Studies, 1992

SUMMARY OF QUALIFICATIONS

- Strong background in many areas including: Warehousing and distribution, wholesale and retail sales, building startup/shutdown and call center operations
- Familiar with retail, wholesale and warehouse management systems: SAP, Optum, Rapistan, People Soft, Catalyst, ProTrack and Symbol

PROFESSIONAL EXPERIENCE

Director of Operations - Rialto, California **(2008-Present) Medline**

- Responsibilities include: Reporting directly to the Vice President of Distribution for the west coast, overseeing the overall operation of a 1.1M square foot, 148 door distribution center operating 7 days a week with Symbol, Catalyst, SAP, ProTrack, Knapp, TGW and Fortna
- Oversee the overall operation of Medline's busiest building. Inbound is comprised of approximately 75 inbound trailers per week, 500 LTL pallets per day plus one each of a full 24' truck from UPS and FedEx each day. Outbound shipping handles 42,000 customer direct order lines daily going to Southern California and Las Vegas via private fleet, LTL and parcel carriers
- Outbound shipments total over $800M a year generated by over 12M transactions
- Direct reports include 1 Branch Manager, 4 Warehouse Manager, 21 Supervisors, 23 Team Leaders and 400 Team Members. Dotted line responsibility for private fleet of 70 trucks, Regional Training Supervisor, Human Resources, Recruiting and Maintenance Manager

MAJOR ACCOMPLISHMENTS

- Oversaw the successful startup of a 1.1M Sq. Ft., highly automated distribution center
- Successfully oversaw the implementation of ProTrack, a labor management system, and did so with minimal push back from Team Members
- Brought on $110M in business over a 6 week period with minimal service interruptions to existing or new customers
- Opened 2 additional buildings to support new business
- Addressed the performance issues of over 45 out of 67 Team Members during my first year
- Mentored several people that went on to be promoted to exempt level positions
- Branch received Medline's highest awards, "Branch of the Year" in 2010, 2012 and 2014, "Safety Branch of the Year" in 2010 and 2014 and "Accuracy Branch of the Year" in 2016

Target - Corona, California **(2004-2008)**
Store Team Leader

- Responsibilities include: Reporting directly to the District Team Leader, responsible for overseeing the overall operation of a 130K square foot Target store operating with Symbol, People Soft, and company developed systems
- Required to meet payroll goals while delivering a great looking store
- Sales for the store in 2007 were over $45M generated by over 1.2M transactions
- Store carried over $4.5M of product at any given time represented by over 75,000 SKUs
- Direct reports included 11 Executive Team Leaders, 23 Team Leaders and 200 to 300 Team Members depending on the time of year

MAJOR ACCOMPLISHMENTS

- Lead the 12th fastest growing store at Target in 2005. Sales grew from $28M per year in 2004 to over $35M in sales in 2005.
- Oversaw the remodeling of the store in early 2006 with minimal disruption to Team Members and Guests
- Received the People Development Award for the district in 2006 at the National Sales Meeting
- Worked as the Campus Recruiting Champion for the district. Responsible for finding and interviewing soon to be graduates from California State University, San Bernardino to fill open Executive Team Leader positions
- Lead 10 stores in the areas of payroll and sales forecasting as the District Forecast Champion
- Overcame staffing difficulties in a hard to hire store
- Awarded stock options in 2006, the first year I was eligible to receive them. Stock options are awarded to the top 1/3 of Target Store Managers

Grainger Industrial Supply - Mira Loma, California **(2002-2004)**
Inbound/Outbound Operations Manager

- Responsibilities included: Reporting directly to the Distribution Center Manager while overseeing the daily replenishment of 31 branches in Southern and Central California, Nevada and Arizona from a 330K square foot, 3 story, semi-automated distribution center
- Also responsible for overseeing the receipt of over $2.5M in product per week delivered via 70+ full trailers
- Oversaw the shipment of over 2.5K customer direct orders per day, totaling over $125M per year making our distribution center the largest shipper with UPS's Ontario facility and helping make the Grainger one of their top 5 customers nationwide
- Accountable for the building's inventory accuracy and coordinating the annual count of inventory valued at over $34M and represented by over 56K SKUs
- Inbound - Direct reports included 2 Managers, 3 Team Leads, 5 Specialist and over 70 Team Members
- Outbound - Direct reports included 3 Process Managers, 4 Team Leads, 5 Specialist and over 100 Team Members

MAJOR ACCOMPLISHMENTS

- Improved outbound productivity by 20% by developing and implementing process changes
- Improved order accuracy to customers and branches through awareness and process improvements

- Reduced pallet cost by over $100K per year through price negotiations and improved control processes
- Upon arriving at the building, calmed down a group of Team Members threatening unionization
- Assisted in the roll out of ProTrack, a system used to accurately measure individual and group performance
- While working inbound surveys showed improved Team Members satisfaction, in spite of the shift being overnight and the team being tasked with an ever increasing workload

Grainger Industrial Supply, Anaheim/Irwindale, California (1998-2001)
Branch Manager

- Responsibilities included: Reporting to the District Branch Operations Manager. Responsible for overall operation of the largest branch in California including counter, warehouse and call center operations
- Call center handled all of Orange County, California
- Branch had contact with over 350K customers and generated over $12M dollars in sales each year
- Responsibilities also included working with major accounts such as Disneyland, Pepsi and Miller Brewing
- Direct reports included 1 Customer Service Manager, 3 Team Leads and 25 Team Members

MAJOR ACCOMPLISHMENTS

- Branch was selected for a national pilot to test new methods of delivery
- 1 of 3 branches out of over 450 nationwide to have its showroom display photographed and posted on the company web site for other stores to view as an example of how to merchandize their showrooms
- Came in under headcount/payroll goals while supporting other branches with projects and day to day staffing
- Trained an incoming Regional Vice President on branch operations
- Scored over 95% on internal audit of processes making ours one of the top branches in the nation for process management
- Guided the branch through the conversion from a company developed order entry system to a more comprehensive system by SAP in preparation for Y2K

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Medline Industries, LP

Physical Address: 1960 Miro Way

City: Rialto State: CA Zip: 92376

Mailing Address (if different from physical address): Three Lakes Drive

City: Northfield State: IL Zip: 60093

Telephone: 847-949-5500 Website: www.medline.com

Licensing Company Email: ralicensing@medline.com

Section 2: Personal Information

First: Lara Middle: N Last: Simmons

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: [redacted] Lakes Drive

City: Northfield State: IL Zip: 60093

Telephone: [redacted] Email: ralicensing@medline.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: LS

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Wisconsin - Parkside		1986 - 1991	
Address	**City**	**State**	**Zip**
900 Wood Rd	Kenosha	WI	53144
Diploma/Degree obtained, if any			
BA in Economics			

School Name		From - To (MM/YY – MM/YY)	
Waterford Union High School		1982-1986	
Address	**City**	**State**	**Zip**
611 W Main Street	Waterford	WI	53185
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1997 - Present	[redacted] 60th Street	Bristol	WI	53104
From - To (MM/YY – MM/YY) N/A	Address	City	State	Zip
From - To (MM/YY – MM/YY) N/A	Address	City	State	Zip
From - To (MM/YY – MM/YY) N/A	Address	City	State	Zip
From - To (MM/YY – MM/YY) N/A	Address	City	State	Zip
From - To (MM/YY – MM/YY) N/A	Address	City	State	Zip
From - To (MM/YY – MM/YY) N/A	Address	City	State	Zip
From - To (MM/YY – MM/YY) N/A	Address	City	State	Zip
From - To (MM/YY – MM/YY) N/A	Address	City	State	Zip
From - To (MM/YY – MM/YY) N/A	Address	City	State	Zip

Applicant's initials LS

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Medline Industries, LP formerly known as Medline Industries, Inc.			1991 - Present
Business Address	**City**	**State**	**Zip**
Three Lakes Drive	Northfield	IL	60093
Phone	**Title**		
847-949-5500	President QA/RA		
Description of Duties			
See Attached			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials LS

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

See Attachment

Original Signature (electronic, copies or stamps not accepted)

12/17/21
Date

Applicant's initials LS

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lara N. Simmons

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/17/21

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, Lara N. Simmons, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12/17/21

Date

Subscribed and Sworn to before me this 17 day of December, 2021

Notary Public Signature

OFFICIAL SEAL
MARK CALLOW
NOTARY PUBLIC, STATE OF ILLINOIS
LAKE COUNTY
MY COMMISSION EXPIRES 11/13/2024

(Seal)

Applicant's initials LS

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Medline Industries, LP

Physical Address: 1960 Miro Way

City: Rialto State: CA Zip: 92376

Mailing Address (if different from physical address): Three Lakes Drive

City: Northfield State: IL Zip: 60093

Telephone: 847-949-5500 Website: www.Medline.com

Licensing Company Email: ralicensing@medline.com

Section 2: Personal Information

First: Charles Middle: N Last: Mills

Alias(es, nicknames, name changes, etc.): Charlie

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Lakes Drive

City: Northfield State: IL Zip: 60093

Telephone: [redacted] Email: ralicensing@medline

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: CM

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Cornell University		1979-1984	
Address	**City**	**State**	**Zip**
616 Thurston Avenue	Ithaca	NY	14853
Diploma/Degree obtained, if any			
Undergrad in 1983 and Masters in 1984			

School Name		From - To (MM/YY – MM/YY)	
New Trier West High School		1975-1979	
Address	**City**	**State**	**Zip**
7 Happ Road	Northfield	IL	60093
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2019-Present	[redacted] Shoreline Ct	Glencoe	IL	60022
2017-2019	[redacted] Ardsley Road	Winnetka	IL	60093
1999-2017	[redacted] South Ridge Road	Lake Forest	IL	60045
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials CM

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name		From - To (MM/YY – MM/YY)	
Medline Industries, LP formerly known as Medline Industries, Inc.		1986- Current	
Business Address	**City**	**State**	**Zip**
Three Lakes Drive	Northfield	IL	60093
Phone	**Title**		
847-949-5500	CEO		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials CM

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

See Attachment

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials CM

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Charles N. Mills

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12-27-21

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, Charles N. Mills, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12-27-21

Date

Subscribed and Sworn to before me this 27 day of December 2021.

Notary Public Signature

OFFICIAL SEAL
MARK CALLOW
NOTARY PUBLIC, STATE OF ILLINOIS
LAKE COUNTY
MY COMMISSION EXPIRES 11/13/2024

(Seal)

Applicant's initials CM

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Physical Address 1960 Miro Way

City Rialto State CA Zip 92376

Mailing Address (if different from physical address) Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Andrew Middle J Last Mills

Alias(es, nicknames, name changes, etc.) Andy

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted]Lakes Drive

City Northfield State IL Zip 60093

Telephone [redacted] Email ralicensing@medline.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials AJM

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
J.L. Kellogg School of Management at Northwestern University		1983-1985	
Address	**City**	**State**	**Zip**
2211 Campus Dr	Evanston	IL	60208
Diploma/Degree obtained, if any			
MBA			
School Name		**From - To (MM/YY – MM/YY)**	
Tulane University		1979-1983	
Address	**City**	**State**	**Zip**
6823 St. Charles Avenue	New Orleans	LA	70118
Diploma/Degree obtained, if any			
Bachelor of Science			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
over 10 years	[redacted] Woodbridge Ln	Highland Park	IL	60035
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials AJM

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Medline Industries, LP formerly known as Medline Industries, Inc.			- current
Business Address	**City**	**State**	**Zip**
Three Lakes Drive	Northfield	IL	60093
Phone	**Title**		
847-949-5500	President		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials AJM

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials AJM

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

See Attachment

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials AJM

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Andrew J Mills

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12-27-21

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, Andrew J. Mills, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12-27-21

Date

Subscribed and Sworn to before me this 27 day of December 2021

Notary Public Signature

OFFICIAL SEAL
MARK CALLOW
NOTARY PUBLIC, STATE OF ILLINOIS
LAKE COUNTY
MY COMMISSION EXPIRES 11/13/2024

(Seal)

Applicant's initials AJM

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Medline Industries, LP

Physical Address: 1960 Miro Way

City: Rialto State: CA Zip: 92376

Mailing Address (if different from physical address): Three Lakes Drive

City: Northfield State: IL Zip: 60093

Telephone: 847-949-5500 Website: www.medline.com

Licensing Company Email: ralicensing@medline.com

Section 2: Personal Information

First: James Middle: D Last: Abrams

Alias(es, nicknames, name changes, etc.): Jimmy

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]Lakes Drive

City: Northfield State: IL Zip: 60093

Telephone: [redacted] Email: ralicensing@medline.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: JDA

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
The University of Chicago Law School		1984-1987	
Address	**City**	**State**	**Zip**
1111 E 60th St	Chicago	IL	60637
Diploma/Degree obtained, if any			
Law Degree			

School Name		From - To (MM/YY – MM/YY)	
The University of Michigan		1980-1984	
Address	**City**	**State**	**Zip**
500 S State Street	Ann Arbor	MI	48109
Diploma/Degree obtained, if any			
Bachelor of Arts Degree			

School Name		From - To (MM/YY – MM/YY)	
Highland Park High School		1976-1980	
Address	**City**	**State**	**Zip**
433 Vine Avenue	Highland Park	IL	60035
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
Over 10 years	[redacted] Sheridan Road	Highland Park	IL	60035
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials JDA

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Mesline Industries, LP formerly known as Medline Industries, Inc			1992 - Present
Business Address	**City**	**State**	**Zip**
Three Lakes Drive	Northfield	IL	60093
Phone	**Title**		
847-949-5500	CHIEF OPERATING OFFICER		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials JDA

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See Attachment

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials JDA

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

James D. Abrams

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12-27-21

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, James D Abrams, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12-27-21

Date

Subscribed and Sworn to before me this 27 day of December 2021

Notary Public Signature

OFFICIAL SEAL
MARK CALLOW
NOTARY PUBLIC, STATE OF ILLINOIS
LAKE COUNTY
MY COMMISSION EXPIRES 11/13/2024

(Seal)

Applicant's initials JDA

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Physical Address 1960 Miro Way

City Rialto State CA Zip 92376

Mailing Address (if different from physical address) Three Lakes Drive RA Licensing - 3D

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First William Middle K Last Abbington

Alias(es, nicknames, name changes, etc.) Billy

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Lakes Drive RA Licensing - 3D

City Northfield State IL Zip 60093

Telephone [redacted] Email ralicensing@medline.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials WA

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Mississippi			
Address	**City**	**State**	**Zip**
University Circle	University	MS	38677
Diploma/Degree obtained, if any			
Bachelor of Science degree in Accounting			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
	[redacted] Cook Ave	Libertyville	IL	60048
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials WA

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name		From - To (MM/YY – MM/YY)	
Medline Industries, LP Formerly known as Medline Industries, Inc.		1998 - Present	
Business Address	**City**	**State**	**Zip**
Three Lakes Drive	Northfield	IL	60093
Phone	**Title**		
847-949-5500	President of Operations		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials WA

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See Attachment

Original Signature (electronic, copies or stamps not accepted)

12/20/24
Date

Applicant's initials WA

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

William K Abington

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/20/21

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, William K Abington, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12/20/21

Date

Subscribed and Sworn to before me this 20 day of December 2021

Notary Public Signature

OFFICIAL SEAL
MARK CALLOW
NOTARY PUBLIC, STATE OF ILLINOIS
LAKE COUNTY
MY COMMISSION EXPIRES 11/13/2024

(Seal)

Applicant's initials WA

First Name	Last Name	Job Title	Location
EFREM	HAWKINS	AVP Operations	RIALTO
DESTINY	ARCHULETA	Branch Office Clerk	RIALTO
STEPHANIE	MOO	Branch Office Clerk	RIALTO
DONALD	SUTPHIN	Dir Operations	RIALTO
ADAM	SPARKS	Mgr Engineering	RIALTO
DENNIS	AGUILAR	Mgr MedTrans	RIALTO
BARRY	JEFFS	Mgr Safety & Qual Compliance	RIALTO
ADAM	MINSON	Mgr Training Facility	RIALTO
ANGELICA	CHAVEZ	Mgr Warehouse	RIALTO
JOSE	LEYVA	Mgr Warehouse	RIALTO
TODD	OCHOA	Mgr Warehouse	RIALTO
ALICIA	DE LA CRUZ	Operations Support Spec Sr	RIALTO
ALEJANDRA	RINCON CONTRERAS	OPS-Branch Admin Sr	RIALTO
JACQUELINE	SANCHEZ	OPS-Branch Administrator	RIALTO
JESSICA	SNYDER	OPS-Branch Administrator	RIALTO
TAYLOR	AH FOOK	OPS-Branch Trainer	RIALTO
JOHN	ARAMBULA	OPS-Branch Trainer	RIALTO
KENIA	BERNAL	OPS-Branch Trainer	RIALTO
CESARIO	GARCIA	OPS-Branch Trainer	RIALTO
JOSE	GONZALEZ	OPS-Branch Trainer	RIALTO
NELSON	GONZALEZ	OPS-Branch Trainer	RIALTO
ELVIRA	HUERTA	OPS-Branch Trainer	RIALTO
MARTIN	LOPEZ	OPS-Branch Trainer	RIALTO
REYNA	MONTOYA	OPS-Branch Trainer	RIALTO
CAMERON	MUELA	OPS-Branch Trainer	RIALTO
GRISELDA	MUNGUIA REYNA	OPS-Branch Trainer	RIALTO
ERNESTO	RIOS	OPS-Branch Trainer	RIALTO
LINDA	RODRIGUEZ	OPS-Branch Trainer	RIALTO
MAVEL	SIFUENTES	OPS-Branch Trainer	RIALTO
OCTAVIO	VASQUEZ	OPS-Branch Trainer	RIALTO
DAVID	CASTILLO-CHAVEZ	OPS-Delivery Driver	RIALTO
ANDREW	GALLEGOS	OPS-Delivery Driver	RIALTO
JOSE	HARO	OPS-Delivery Driver	RIALTO
EDWARD	LANE	OPS-Delivery Driver	RIALTO
RUDY	MENDOZA	OPS-Delivery Driver	RIALTO
RICARDO	NAVA	OPS-Delivery Driver	RIALTO
JAIME	PALENCIA-THOMPSON	OPS-Delivery Driver	RIALTO
PEDRO	ALCANTAR	OPS-Driver I	RIALTO
AVERY	DARDEN	OPS-Driver I	RIALTO
ANGEL	DIAZ	OPS-Driver I	RIALTO
MANUEL	ESCALANTE	OPS-Driver I	RIALTO
JAIME	MARTINEZ	OPS-Driver I	RIALTO
JORGE	POLICARPO	OPS-Driver I	RIALTO
SAMUEL	ABRAM	OPS-Driver II	RIALTO
JOHN	ADAMS	OPS-Driver II	RIALTO
RODOLFO	AGUILAR	OPS-Driver II	RIALTO

ISAAC	ALVAREZ	OPS-Driver II	RIALTO
FRANK	ARELLANO	OPS-Driver II	RIALTO
JUAN	BANUELOS	OPS-Driver II	RIALTO
ARMANDO	BARRON	OPS-Driver II	RIALTO
RAFAEL	BRAVO	OPS-Driver II	RIALTO
JOHN	BROADDUS	OPS-Driver II	RIALTO
CHRISTOPHER	BROWN	OPS-Driver II	RIALTO
JOSE	CALZADA	OPS-Driver II	RIALTO
FRANCISCO	CAMACHO	OPS-Driver II	RIALTO
LEONARDO	CARREON	OPS-Driver II	RIALTO
ROBERT	CASTRO	OPS-Driver II	RIALTO
JAIME	CERVANTES	OPS-Driver II	RIALTO
BALTAZAR	CRUZ	OPS-Driver II	RIALTO
DAVID	DELCAMPO	OPS-Driver II	RIALTO
ANTHONY	DRAGO	OPS-Driver II	RIALTO
BRAD	EBBENSGAARD	OPS-Driver II	RIALTO
JOHN	FLORES	OPS-Driver II	RIALTO
JORGE	FLORES	OPS-Driver II	RIALTO
RICARDO	FRAYDE	OPS-Driver II	RIALTO
JOSE	GALVAN	OPS-Driver II	RIALTO
ROBERT	GARCES	OPS-Driver II	RIALTO
CARLOS	GARCIA	OPS-Driver II	RIALTO
JOSE	GARCIA	OPS-Driver II	RIALTO
FRANCISCO	GARCIA-AYALA	OPS-Driver II	RIALTO
RAMON	GARNICA	OPS-Driver II	RIALTO
MICHAEL	GARZA	OPS-Driver II	RIALTO
JUAN	GONZALEZ	OPS-Driver II	RIALTO
LUCIANO	GONZALEZ	OPS-Driver II	RIALTO
ROBERT	GONZALEZ	OPS-Driver II	RIALTO
ALEX	JEFFERSON	OPS-Driver II	RIALTO
DONALD	JEFFREY	OPS-Driver II	RIALTO
PIETER	KELDER JR.	OPS-Driver II	RIALTO
RONALD	KING	OPS-Driver II	RIALTO
SERGIO	LOPEZ	OPS-Driver II	RIALTO
JOSEPH	MARTINEZ	OPS-Driver II	RIALTO
JULIO	MENDEZ	OPS-Driver II	RIALTO
GUSTAVO	MENDOZA	OPS-Driver II	RIALTO
STEVE	MENDOZA	OPS-Driver II	RIALTO
DONALD	MEZA	OPS-Driver II	RIALTO
HERBERTH	MEZA	OPS-Driver II	RIALTO
MAURICE	MIMS	OPS-Driver II	RIALTO
JUAN	MORENO	OPS-Driver II	RIALTO
JESSE	OLIVAREZ	OPS-Driver II	RIALTO
LUIS	PARRA	OPS-Driver II	RIALTO
TONY	PASILLAS	OPS-Driver II	RIALTO
ROY	PITTMAN	OPS-Driver II	RIALTO
DAVID	PONCE	OPS-Driver II	RIALTO

SERGIO	QUEZADA	OPS-Driver II	RIALTO
MICHAEL	RANEY	OPS-Driver II	RIALTO
GERMAN	RIVERA	OPS-Driver II	RIALTO
ELIUD	SALAZAR	OPS-Driver II	RIALTO
CRESENCIO	SAMARO	OPS-Driver II	RIALTO
RAUL	SANCHEZ	OPS-Driver II	RIALTO
FERNANDO	SILVA	OPS-Driver II	RIALTO
MANDIP	SINGH	OPS-Driver II	RIALTO
DEL'SHON	STANLEY	OPS-Driver II	RIALTO
ARNOLD	STEPHENSON	OPS-Driver II	RIALTO
JUAN	TENORIO	OPS-Driver II	RIALTO
TRISHA	TORRES	OPS-Driver II	RIALTO
JAIME	TOVAR	OPS-Driver II	RIALTO
JOEY	VALDEZ	OPS-Driver II	RIALTO
FERNANDO	VALENZUELA	OPS-Driver II	RIALTO
JESUS	VASQUEZ	OPS-Driver II	RIALTO
DANIELLE	VEGA LOPEZ	OPS-Driver II	RIALTO
RONALD	VERDUGO	OPS-Driver II	RIALTO
JUAN	VILLALOBOS	OPS-Driver II	RIALTO
RANDALL	VILLEGAS	OPS-Driver II	RIALTO
STEVEN	WILLIAMS	OPS-Driver II	RIALTO
ROBERT	MINJARES	OPS-Driver Ld	RIALTO
JOSE	RAMIREZ	OPS-Driver Ld	RIALTO
ROBERT	RODRIGUEZ	OPS-Driver Ld	RIALTO
TIMOTHY	SENDOR	OPS-Driver Ld	RIALTO
SHANNON	WILLIAMS	OPS-Driver Ld	RIALTO
ART	MARTINEZ	OPS-Inventory Control Ld	RIALTO
MARIA	BENAVIDES	OPS-Inventory Coord	RIALTO
DAVID	CORZO	OPS-Inventory Coord	RIALTO
BRENDA	DIAZ	OPS-Inventory Coord	RIALTO
WINFRED	HARRIS	OPS-Inventory Coord	RIALTO
ANGEL	PEDRAZA	OPS-Inventory Coord	RIALTO
ALEX	YSLAS	OPS-Inventory Coord	RIALTO
MIA ANJELA	FERNANDEZ	OPS-Inventory Coord Sr	RIALTO
JESSICA	GALLEGOS	OPS-Inventory Coord Sr	RIALTO
KELLY	MARTIN	OPS-Inventory Coord Sr	RIALTO
VERONICA	SANTOS	OPS-Inventory Coord Sr	RIALTO
CHRIS	ARAGON	OPS-Janitor	RIALTO
CARLOS	AVINA	OPS-Janitor	RIALTO
CECILIA	CRUZ	OPS-Janitor	RIALTO
PRISCILLA	HERNANDEZ	OPS-Janitor	RIALTO
MONIKA	HUERTA	OPS-Janitor	RIALTO
CRISTIAN	JUAREZ DIAZ	OPS-Janitor	RIALTO
GABRIEL	LANE	OPS-Janitor	RIALTO
MARC	MORENO	OPS-Janitor	RIALTO
NORMA	PEREZ	OPS-Janitor	RIALTO
ANDY	RIVAS	OPS-Janitor	RIALTO

ARMANDO	RODRIGUEZ	OPS-Janitor	RIALTO
CELESTINO	RODRIGUEZ	OPS-Janitor	RIALTO
ISAAC	RODRIGUEZ	OPS-Janitor	RIALTO
ANDRES	VASQUEZ	OPS-Janitor	RIALTO
MANUEL	ORTIZ	OPS-Maintenance Mechanic I	RIALTO
CHARLES	VEGA	OPS-Maintenance Mechanic I	RIALTO
KENNETH	WILLIAMS	OPS-Maintenance Mechanic I	RIALTO
JOSE ALVARO	BELTRAN	OPS-Maintenance Mechanic II	RIALTO
JAMES	HARRISON	OPS-Maintenance Mechanic II	RIALTO
ODILON	LOPEZ	OPS-Maintenance Mechanic II	RIALTO
DAVID	ORTIZ	OPS-Maintenance Mechanic II	RIALTO
IVAN	RAMIREZ	OPS-Maintenance Mechanic II	RIALTO
CARLOS	RIVAS	OPS-Maintenance Mechanic II	RIALTO
PHILLIP	PEREZ	OPS-Maintenance Mechanic Sr	RIALTO
BRESIA	DERAS CONTRERAS	OPS-MedTrans Branch Admin	RIALTO
JULIA	LAMAS	OPS-MedTrans Branch Admin	RIALTO
SANDRA	NAVARRO	OPS-MedTrans Branch Admin	RIALTO
JEFFREY	GAUERT	OPS-Shuttle Driver	RIALTO
MICHELLE	ALMONTE	OPS-Warehouse Clerk	RIALTO
ERIKA	DE JIMENEZ	OPS-Warehouse Clerk	RIALTO
BERTHA	MARTIN	OPS-Warehouse Clerk	RIALTO
DAVID	ZAMORA	OPS-Warehouse Clerk	RIALTO
JOVANNY	DURAN	OPS-Warehouse Ld	RIALTO
TANNER	FINN	OPS-Warehouse Ld	RIALTO
ARMANDO	FREGOSO	OPS-Warehouse Ld	RIALTO
JAIME ANTONIO	MARTINEZ GUZMAN	OPS-Warehouse Ld	RIALTO
JENNIFER	MENJIVAR	OPS-Warehouse Ld	RIALTO
CYNTHIA	OROZCO	OPS-Warehouse Ld	RIALTO
DARRYL	SANCHEZ	OPS-Warehouse Ld	RIALTO
THOMAS	SAUCEDO	OPS-Warehouse Ld	RIALTO
CHRIS	CHAVEZ	OPS-Warehouse Ld OST	RIALTO
LYDIA	ABRAHAM	OPS-Warehouse Operator	RIALTO
SAMUEL	ABRAHAM	OPS-Warehouse Operator	RIALTO
JOSEPH	AGUILAR	OPS-Warehouse Operator	RIALTO
SANDRA	AGUILAR	OPS-Warehouse Operator	RIALTO
JOSE	ALCANTARA	OPS-Warehouse Operator	RIALTO
GILBERT	ALEJANDRE	OPS-Warehouse Operator	RIALTO
LLOYD	ALEX	OPS-Warehouse Operator	RIALTO
MATHEW	ALVAREZ	OPS-Warehouse Operator	RIALTO
ERIC	ANGELES	OPS-Warehouse Operator	RIALTO
JOSE	ARAUJO	OPS-Warehouse Operator	RIALTO
SUGHEY	ARGUMEDO	OPS-Warehouse Operator	RIALTO
DANIEL	ARMENDARIZ	OPS-Warehouse Operator	RIALTO
DOLORES	ARMENDARIZ	OPS-Warehouse Operator	RIALTO
JERMAINE	ARNOLD	OPS-Warehouse Operator	RIALTO
FELIPE	ARRIAGA	OPS-Warehouse Operator	RIALTO
JESS	ATILANO	OPS-Warehouse Operator	RIALTO

ROBERT	AVILA	OPS-Warehouse Operator	RIALTO
EMMANUEL	BAGONZA	OPS-Warehouse Operator	RIALTO
GABRIELA	BALLESTEROS	OPS-Warehouse Operator	RIALTO
ANDREW	BARAJAS	OPS-Warehouse Operator	RIALTO
MARCO	BARAJAS	OPS-Warehouse Operator	RIALTO
ALBERT	BARRAGAN	OPS-Warehouse Operator	RIALTO
JESUS	BAZAN	OPS-Warehouse Operator	RIALTO
SHALIEGH	BELL	OPS-Warehouse Operator	RIALTO
SOCORRO	BETANCOURT	OPS-Warehouse Operator	RIALTO
DARIN	BLOMQUIST	OPS-Warehouse Operator	RIALTO
DIANA	BONILLA	OPS-Warehouse Operator	RIALTO
BRITTNEY	BROWN	OPS-Warehouse Operator	RIALTO
DEVONN	BROWN	OPS-Warehouse Operator	RIALTO
DEVONN	BROWN	OPS-Warehouse Operator	RIALTO
MEGAN	BROWN	OPS-Warehouse Operator	RIALTO
OMAR	BUCIO	OPS-Warehouse Operator	RIALTO
THIENTRAN	BUI	OPS-Warehouse Operator	RIALTO
JAI	BURRELL	OPS-Warehouse Operator	RIALTO
MARIA	CACERES MURCIA	OPS-Warehouse Operator	RIALTO
CHRISTOPHER	CAMARILLO	OPS-Warehouse Operator	RIALTO
AARON	CAMPISE	OPS-Warehouse Operator	RIALTO
STEVEN	CAMPOS	OPS-Warehouse Operator	RIALTO
VICTORIA	CARO	OPS-Warehouse Operator	RIALTO
VINCENT	CARVAJAL	OPS-Warehouse Operator	RIALTO
DESTINY	CASTANEDA	OPS-Warehouse Operator	RIALTO
VINCENT	CASTILLO	OPS-Warehouse Operator	RIALTO
STEVEN	CEJNOWA	OPS-Warehouse Operator	RIALTO
MARIA	CERDA	OPS-Warehouse Operator	RIALTO
JOFFRE	CEVALLOS	OPS-Warehouse Operator	RIALTO
ROGER	CISNEROS	OPS-Warehouse Operator	RIALTO
HEATHER	CLEAR	OPS-Warehouse Operator	RIALTO
MEGAN	CORTES	OPS-Warehouse Operator	RIALTO
ANTHONY	CRUZ	OPS-Warehouse Operator	RIALTO
FREDDY	CRUZ	OPS-Warehouse Operator	RIALTO
JESUS	CRUZ	OPS-Warehouse Operator	RIALTO
LEANNA	CRUZ	OPS-Warehouse Operator	RIALTO
JORGE	CURIEL	OPS-Warehouse Operator	RIALTO
MARIAH	DAVIS	OPS-Warehouse Operator	RIALTO
RUBEN	DE LA TORRE	OPS-Warehouse Operator	RIALTO
TERESA	DEL BARBA	OPS-Warehouse Operator	RIALTO
ANGEL	DESALES	OPS-Warehouse Operator	RIALTO
PHILLIP	DIAZ	OPS-Warehouse Operator	RIALTO
CHRIS	DICKEY	OPS-Warehouse Operator	RIALTO
DAVID	DOMINGUEZ	OPS-Warehouse Operator	RIALTO
ANTONIO	DULANEY	OPS-Warehouse Operator	RIALTO
JULIETA	DURAN	OPS-Warehouse Operator	RIALTO
MARISELA	DURAN	OPS-Warehouse Operator	RIALTO

SADY	DYER	OPS-Warehouse Operator	RIALTO
VANESSA	ENRIQUEZ	OPS-Warehouse Operator	RIALTO
LUCIA	ESCALONA	OPS-Warehouse Operator	RIALTO
IMELDA	ESPINOZA MARTINEZ	OPS-Warehouse Operator	RIALTO
DORIAN	ESTES	OPS-Warehouse Operator	RIALTO
EDGAR	FIGUERROA	OPS-Warehouse Operator	RIALTO
MELVIN	FLOYD	OPS-Warehouse Operator	RIALTO
AZARIAS	FOULK	OPS-Warehouse Operator	RIALTO
FRANCISCO	GAMIZ	OPS-Warehouse Operator	RIALTO
KARINA	GARAVITO	OPS-Warehouse Operator	RIALTO
ERIC	GARCIA	OPS-Warehouse Operator	RIALTO
LEONARD	GARCIA	OPS-Warehouse Operator	RIALTO
PAOLA	GARCIA	OPS-Warehouse Operator	RIALTO
ANGEL	GARCIA ANGULO	OPS-Warehouse Operator	RIALTO
CRUZ	GASTELUM	OPS-Warehouse Operator	RIALTO
ANGEL	GONZALEZ	OPS-Warehouse Operator	RIALTO
GEORGE	GONZALEZ	OPS-Warehouse Operator	RIALTO
JUAN	GONZALEZ	OPS-Warehouse Operator	RIALTO
MARIO	GONZALEZ	OPS-Warehouse Operator	RIALTO
DEZIREE	GRANADOS	OPS-Warehouse Operator	RIALTO
OSCAR	GRANDE	OPS-Warehouse Operator	RIALTO
BRET	GREEN	OPS-Warehouse Operator	RIALTO
KAYLEE	GREVE	OPS-Warehouse Operator	RIALTO
DAVID	GRUBAUGH	OPS-Warehouse Operator	RIALTO
OSCAR	GUILLEN	OPS-Warehouse Operator	RIALTO
ROBERTO	GUTIERREZ	OPS-Warehouse Operator	RIALTO
RICHARD	HAYNES	OPS-Warehouse Operator	RIALTO
TYLER	HENDERSON	OPS-Warehouse Operator	RIALTO
FRANCISCO	HERNANDEZ	OPS-Warehouse Operator	RIALTO
HECTOR	HERNANDEZ	OPS-Warehouse Operator	RIALTO
JOSE	HERNANDEZ	OPS-Warehouse Operator	RIALTO
JOSE	HERNANDEZ	OPS-Warehouse Operator	RIALTO
VANESSA	HERNANDEZ	OPS-Warehouse Operator	RIALTO
FLORENTINO	HERRERA	OPS-Warehouse Operator	RIALTO
ANTOINETTE	HODGE	OPS-Warehouse Operator	RIALTO
ISAAC	HOLDER	OPS-Warehouse Operator	RIALTO
TAYLOR	HOLDER	OPS-Warehouse Operator	RIALTO
DANIEL	HUERTA	OPS-Warehouse Operator	RIALTO
BERTHA	ILIZALITURRI	OPS-Warehouse Operator	RIALTO
JUSTIN	JAROSH	OPS-Warehouse Operator	RIALTO
ELY	JIMENEZ	OPS-Warehouse Operator	RIALTO
JESUS	JIMENEZ	OPS-Warehouse Operator	RIALTO
ROSA	JIMENEZ	OPS-Warehouse Operator	RIALTO
ESMERALDA	JIMENEZ GUDINO	OPS-Warehouse Operator	RIALTO
ANTONETTE	JOINER	OPS-Warehouse Operator	RIALTO
MYJENTA	JONES	OPS-Warehouse Operator	RIALTO
JUAN	JUAREZ	OPS-Warehouse Operator	RIALTO

DAVID	JUAREZDIAZ	OPS-Warehouse Operator	RIALTO
BRENEISHA	KENDRICK	OPS-Warehouse Operator	RIALTO
ROSS	KLINGER	OPS-Warehouse Operator	RIALTO
SUSANA	LAZO	OPS-Warehouse Operator	RIALTO
MIGUEL	LEAL	OPS-Warehouse Operator	RIALTO
JESSE	LERMA	OPS-Warehouse Operator	RIALTO
LISA	LEUTHNER	OPS-Warehouse Operator	RIALTO
LEOBARDO	LOERA	OPS-Warehouse Operator	RIALTO
RICARDO	LOERA	OPS-Warehouse Operator	RIALTO
MITZI	LOEZA MUNOZ	OPS-Warehouse Operator	RIALTO
ALEX	LOPEZ	OPS-Warehouse Operator	RIALTO
DANIEL	LOPEZ	OPS-Warehouse Operator	RIALTO
DONALD	LOPEZ	OPS-Warehouse Operator	RIALTO
DYLAN	LOPEZ	OPS-Warehouse Operator	RIALTO
JUAN	LOPEZ	OPS-Warehouse Operator	RIALTO
SERGIO	LOPEZ	OPS-Warehouse Operator	RIALTO
STEVEN	LOPEZ	OPS-Warehouse Operator	RIALTO
SUNDAY	LOPEZ	OPS-Warehouse Operator	RIALTO
VICTOR	LOPEZ ESPELETA	OPS-Warehouse Operator	RIALTO
YAHAIRA	LOZADA	OPS-Warehouse Operator	RIALTO
STEVEN	LUCAS	OPS-Warehouse Operator	RIALTO
JOHNNY	LUCERO	OPS-Warehouse Operator	RIALTO
BRIAN	LUGO	OPS-Warehouse Operator	RIALTO
DENISE	MACHUCA	OPS-Warehouse Operator	RIALTO
MICHAEL	MACIAS	OPS-Warehouse Operator	RIALTO
ENRIQUE	MADRIGAL	OPS-Warehouse Operator	RIALTO
LILIA	MAGANA	OPS-Warehouse Operator	RIALTO
CHARLES	MAIZLAND	OPS-Warehouse Operator	RIALTO
DIANA	MARINEZ	OPS-Warehouse Operator	RIALTO
JOSE	MARQUEZ	OPS-Warehouse Operator	RIALTO
LAURA	MARQUEZ	OPS-Warehouse Operator	RIALTO
ROBERT	MARQUEZ JR.	OPS-Warehouse Operator	RIALTO
LINDA	MARROQUIN OSCAL	OPS-Warehouse Operator	RIALTO
JESUS	MARTHA	OPS-Warehouse Operator	RIALTO
ANTHONY	MARTINEZ	OPS-Warehouse Operator	RIALTO
GERARDO	MARTINEZ	OPS-Warehouse Operator	RIALTO
JAVIER	MARTINEZ	OPS-Warehouse Operator	RIALTO
SANDRA	MARTINEZ	OPS-Warehouse Operator	RIALTO
VALENTE	MARTINEZ	OPS-Warehouse Operator	RIALTO
JAWWIEFJOHN	MASDAL	OPS-Warehouse Operator	RIALTO
TESMEN	MATAUTIA	OPS-Warehouse Operator	RIALTO
ARTURO	MAYORGA	OPS-Warehouse Operator	RIALTO
RODNEY	MCALISTER	OPS-Warehouse Operator	RIALTO
KASEY	MCCARTY	OPS-Warehouse Operator	RIALTO
BRITTANY	MEDINA	OPS-Warehouse Operator	RIALTO
CARLOS	MEJIA	OPS-Warehouse Operator	RIALTO
FREDDY	MEJIA ORDONEZ	OPS-Warehouse Operator	RIALTO

MELITZA	MENDEZ GARCIA	OPS-Warehouse Operator	RIALTO
MIGUEL	MENDOZA	OPS-Warehouse Operator	RIALTO
SYLVIA	MENDOZA	OPS-Warehouse Operator	RIALTO
WILLIAM	MENDOZA	OPS-Warehouse Operator	RIALTO
ENRIQUE	MERAZ	OPS-Warehouse Operator	RIALTO
RICHARD	MERRIMAN	OPS-Warehouse Operator	RIALTO
CARLOS	MEZA MARTINEZ	OPS-Warehouse Operator	RIALTO
DYLAN	MICCICHE	OPS-Warehouse Operator	RIALTO
JOSEPH	MICIONI	OPS-Warehouse Operator	RIALTO
ANDRE	MILLAN	OPS-Warehouse Operator	RIALTO
ARMANDO	MIRANDA	OPS-Warehouse Operator	RIALTO
ABEL	MOLINERO CASTRO	OPS-Warehouse Operator	RIALTO
BRENDA	MONTES	OPS-Warehouse Operator	RIALTO
DOROTHY	MONZON	OPS-Warehouse Operator	RIALTO
ESMERALDA	MOO	OPS-Warehouse Operator	RIALTO
AGUEDA	MORALES	OPS-Warehouse Operator	RIALTO
ANDRES	MORALES	OPS-Warehouse Operator	RIALTO
JOSE	MORALES	OPS-Warehouse Operator	RIALTO
CHRISTIAN	MUNGUIA	OPS-Warehouse Operator	RIALTO
CHRISTOPHER	MUNOZ	OPS-Warehouse Operator	RIALTO
ERIC	MUNOZ	OPS-Warehouse Operator	RIALTO
JUANA	NUNEZ	OPS-Warehouse Operator	RIALTO
JAMES	OHIGASHI	OPS-Warehouse Operator	RIALTO
VANESSA	OLVERA	OPS-Warehouse Operator	RIALTO
MARISELA	OLVERA CASILLAS	OPS-Warehouse Operator	RIALTO
ARTURO	ORELLANA	OPS-Warehouse Operator	RIALTO
MAOLENG	OUK	OPS-Warehouse Operator	RIALTO
MAYRA	PADILLA	OPS-Warehouse Operator	RIALTO
DAVID	PALLARES	OPS-Warehouse Operator	RIALTO
HERRAL	PAULK	OPS-Warehouse Operator	RIALTO
KARINA	PELAYO	OPS-Warehouse Operator	RIALTO
JESUS	PEREZ	OPS-Warehouse Operator	RIALTO
KINNY	PEREZ	OPS-Warehouse Operator	RIALTO
MAVIAEL	PEREZ	OPS-Warehouse Operator	RIALTO
VIVIAN	PEREZ	OPS-Warehouse Operator	RIALTO
SERGIO	PONCE	OPS-Warehouse Operator	RIALTO
EUGENE	POOK	OPS-Warehouse Operator	RIALTO
KAREN	PRADO	OPS-Warehouse Operator	RIALTO
ANGEL	QUEZADA	OPS-Warehouse Operator	RIALTO
ELOY	QUIROZ	OPS-Warehouse Operator	RIALTO
ADRIANA	RAFAEL	OPS-Warehouse Operator	RIALTO
DESIREE	RAMIREZ	OPS-Warehouse Operator	RIALTO
MICHAEL	RAMIREZ	OPS-Warehouse Operator	RIALTO
YNESITA	RAMIREZ	OPS-Warehouse Operator	RIALTO
CECILIA	RAMOS	OPS-Warehouse Operator	RIALTO
HUGO	RANGEL	OPS-Warehouse Operator	RIALTO
JOANNA	RANGEL	OPS-Warehouse Operator	RIALTO

EDWARD	RAYA	OPS-Warehouse Operator	RIALTO
CINTIA	RECENDES	OPS-Warehouse Operator	RIALTO
JOEL	REGALADO	OPS-Warehouse Operator	RIALTO
DAVID	RENTERIA RAMIREZ	OPS-Warehouse Operator	RIALTO
CAROLINE	RESENDEZ-HERNANDEZ	OPS-Warehouse Operator	RIALTO
RUBEN	REYES LOPEZ	OPS-Warehouse Operator	RIALTO
JOSE	REYNEL	OPS-Warehouse Operator	RIALTO
TAVIEN	RICHARDSON	OPS-Warehouse Operator	RIALTO
ARLI	RINCON	OPS-Warehouse Operator	RIALTO
MARIO	RINCON	OPS-Warehouse Operator	RIALTO
ROBERTO	RINCON CONTRERAS	OPS-Warehouse Operator	RIALTO
MIKE	RIOS JR.	OPS-Warehouse Operator	RIALTO
EVERARDO	RIVERA	OPS-Warehouse Operator	RIALTO
JAMES	RIVERS	OPS-Warehouse Operator	RIALTO
ISAIAH	ROA	OPS-Warehouse Operator	RIALTO
DE'SHAWN	ROBERSON	OPS-Warehouse Operator	RIALTO
ISAAC	ROCHA	OPS-Warehouse Operator	RIALTO
ADA	RODRIGUEZ	OPS-Warehouse Operator	RIALTO
ELVIS	RODRIGUEZ	OPS-Warehouse Operator	RIALTO
IVAN	RODRIGUEZ	OPS-Warehouse Operator	RIALTO
KIMBERLY	RODRIGUEZ	OPS-Warehouse Operator	RIALTO
ORACIO	RODRIGUEZ	OPS-Warehouse Operator	RIALTO
TERESA	RODRIGUEZ	OPS-Warehouse Operator	RIALTO
LUIS	ROMERO	OPS-Warehouse Operator	RIALTO
MELISSA	ROMO	OPS-Warehouse Operator	RIALTO
TERESA	ROQUE	OPS-Warehouse Operator	RIALTO
JOSELITO	ROSALES	OPS-Warehouse Operator	RIALTO
ROSANNA	ROYBAL	OPS-Warehouse Operator	RIALTO
ANA	RUBIO	OPS-Warehouse Operator	RIALTO
CHRISTINA	RUBIO	OPS-Warehouse Operator	RIALTO
MICHAEL	RUIZ	OPS-Warehouse Operator	RIALTO
JANI	RULE	OPS-Warehouse Operator	RIALTO
THOMAS	SALCIDO GARCIA	OPS-Warehouse Operator	RIALTO
JOSE DE JESUS JAVI	SALGADO	OPS-Warehouse Operator	RIALTO
VANESSA	SALGADO BELTRAN	OPS-Warehouse Operator	RIALTO
BERTOLDO	SANCHEZ	OPS-Warehouse Operator	RIALTO
CAROLINA	SANCHEZ	OPS-Warehouse Operator	RIALTO
FRANCISCO	SANCHEZ	OPS-Warehouse Operator	RIALTO
JOSHUA	SANCHEZ	OPS-Warehouse Operator	RIALTO
CLAUDIO	SANDOVAL	OPS-Warehouse Operator	RIALTO
JESUS	SANDOVAL	OPS-Warehouse Operator	RIALTO
JOSHUA	SANQUIST	OPS-Warehouse Operator	RIALTO
KAREN	SANTOS	OPS-Warehouse Operator	RIALTO
HOSVALDO	SAUCEDO	OPS-Warehouse Operator	RIALTO
CINDY	SEGURA	OPS-Warehouse Operator	RIALTO
ELISSA-SERENE	SILVA	OPS-Warehouse Operator	RIALTO
BRANDON	SIMON	OPS-Warehouse Operator	RIALTO

DARITH	SING	OPS-Warehouse Operator	RIALTO
MARK	SNELL	OPS-Warehouse Operator	RIALTO
MARLENE	SOLANO	OPS-Warehouse Operator	RIALTO
BRIAN	SOTO	OPS-Warehouse Operator	RIALTO
SEANNEL	SPINKS	OPS-Warehouse Operator	RIALTO
ARMAND	STEWART	OPS-Warehouse Operator	RIALTO
NIGUEL	STREETS	OPS-Warehouse Operator	RIALTO
MARSHAY	SULLIVAN	OPS-Warehouse Operator	RIALTO
KEVIN	TAMAYO	OPS-Warehouse Operator	RIALTO
RANDY	TAMAYO	OPS-Warehouse Operator	RIALTO
WILLIAM	TAPIA	OPS-Warehouse Operator	RIALTO
SERGIO	TARIN	OPS-Warehouse Operator	RIALTO
DREW	TAYLOR	OPS-Warehouse Operator	RIALTO
JOSEPH	TAYLOR	OPS-Warehouse Operator	RIALTO
MICHAEL	TAYLOR	OPS-Warehouse Operator	RIALTO
TIM	THOMAS	OPS-Warehouse Operator	RIALTO
SYLVIA	THOMPSON	OPS-Warehouse Operator	RIALTO
ARTURO	TORRES	OPS-Warehouse Operator	RIALTO
FERNANDO	TORRES	OPS-Warehouse Operator	RIALTO
SUSIE	TORRES	OPS-Warehouse Operator	RIALTO
ELIZABETH	TOVAR	OPS-Warehouse Operator	RIALTO
SAMARIA	TOVAR	OPS-Warehouse Operator	RIALTO
ESTEEFANY	TRUJILLO	OPS-Warehouse Operator	RIALTO
JOSE	TRUJILLO	OPS-Warehouse Operator	RIALTO
DAVID	UNDERWOOD	OPS-Warehouse Operator	RIALTO
JESUS	VALENCIA	OPS-Warehouse Operator	RIALTO
MICHELL	VALENZUELA	OPS-Warehouse Operator	RIALTO
VERONICA	VALLADARES	OPS-Warehouse Operator	RIALTO
GRISELDA	VARGAS	OPS-Warehouse Operator	RIALTO
MARCO	VARGAS-MORA	OPS-Warehouse Operator	RIALTO
ANDRES	VASQUEZ	OPS-Warehouse Operator	RIALTO
JANET	VASQUEZ	OPS-Warehouse Operator	RIALTO
PABLO	VASQUEZ	OPS-Warehouse Operator	RIALTO
VICTOR	VASQUEZ	OPS-Warehouse Operator	RIALTO
MICHAEL	VEGA	OPS-Warehouse Operator	RIALTO
ERIC	VELASCO	OPS-Warehouse Operator	RIALTO
RAYMOND	VELASQUEZ	OPS-Warehouse Operator	RIALTO
RYAN	VELASQUEZ	OPS-Warehouse Operator	RIALTO
AJA	VENTRESCA	OPS-Warehouse Operator	RIALTO
JOSE	VERA	OPS-Warehouse Operator	RIALTO
GUADALUPE	VERDUGO	OPS-Warehouse Operator	RIALTO
ALEJANDRO	VIEYRA	OPS-Warehouse Operator	RIALTO
CHRISTOPHER	VILLA	OPS-Warehouse Operator	RIALTO
CARLOS	VILLALTA	OPS-Warehouse Operator	RIALTO
JENNIFER	VILLELA	OPS-Warehouse Operator	RIALTO
JOSE	VITAL	OPS-Warehouse Operator	RIALTO
JUAN	VITAL	OPS-Warehouse Operator	RIALTO

JABAREE	WALKER	OPS-Warehouse Operator	RIALTO
DOMINIQUE	WALSTON	OPS-Warehouse Operator	RIALTO
MARC	WATKINS	OPS-Warehouse Operator	RIALTO
ISAIAH	WHITEHEAD	OPS-Warehouse Operator	RIALTO
FAITH	WILCHER	OPS-Warehouse Operator	RIALTO
RONALD	WILKERSON	OPS-Warehouse Operator	RIALTO
CHRISTOPHER	WILLIAMS	OPS-Warehouse Operator	RIALTO
CONNOR	WILLIAMS	OPS-Warehouse Operator	RIALTO
RAYSHON	WILLIAMS	OPS-Warehouse Operator	RIALTO
ANGEL	ZUNIGA	OPS-Warehouse Operator	RIALTO
ALEJANDRO	GONZALEZ	OPS-Warehouse Operator OST	RIALTO
ANDREW	MANSELL	OPS-Warehouse Operator OST	RIALTO
CAMERON	NAZEMZADEH	Reg Dir Medtrans	RIALTO
RONALD	DAUGHERTY	Sr Mgr Medtrans	RIALTO
MANUEL	DELGADILLO	Sr Mgr Operations	RIALTO
PHILLIP	DIAZ	Supv Inventory Ctrl	RIALTO
RYAN	MARCHAND	Supv MedTrans	RIALTO
INES	ROMAN	Supv MedTrans	RIALTO
WILLIAM	LAKE	Supv Training Facility	RIALTO
ELIZABETH	AGRAS	Supv Warehouse	RIALTO
NICOLE	ALMONTE	Supv Warehouse	RIALTO
JESS	ATILANO	Supv Warehouse	RIALTO
ROLANDO	CASTILLO	Supv Warehouse	RIALTO
MOISES	FERNANDEZ RUIZ	Supv Warehouse	RIALTO
JESUS	FONSECA	Supv Warehouse	RIALTO
ANDREW	GARCIA	Supv Warehouse	RIALTO
IAN	HOOLE	Supv Warehouse	RIALTO
RAFAEL	JIMENEZ	Supv Warehouse	RIALTO
CAMRON	MCALPIN	Supv Warehouse	RIALTO
MARIBEL	MONTOYA	Supv Warehouse	RIALTO
CAROLINA	ORTEGA	Supv Warehouse	RIALTO
EDWIN	PALMA	Supv Warehouse	RIALTO
BEATRIZ	PEREZ	Supv Warehouse	RIALTO
LUIS	RAMIREZ-ORTEGA	Supv Warehouse	RIALTO
YANIRA	RINCON	Supv Warehouse	RIALTO
ANDRES	VELAZQUEZ	Supv Warehouse	RIALTO

GENERAL SURETY RIDER

To be attached and form a part of

Bond No.	107285092
For	Pharmaceutical Wholesaler Bond
Dated effective	08/06/2020 (MONTH, DAY, YEAR)
Executed by	Medline Industries, LP., as Principal, (PRINCIPAL)
And by	Travelers Casualty and Surety Company of America, as Surety, (SURETY)
And in favor of	Nevada State Board of Pharmacy (OBLIGEE)

In consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

INFORMATION	FROM	TO
Principal Name	Medline Industries, Inc.	Medline Industries, LP.

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective **12/16/2021**

(MONTH, DAY, YEAR)

Signed and Sealed **12/16/2021**

(MONTH, DAY, YEAR)

Travelers Casualty and Surety Company of America

SURETY

BY

Peter S. Forker, ATTORNEY-IN-FACT

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS**, **Illinois**, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **21st** day of **April, 2021**.

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **21st** day of **April, 2021**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 16th day of December 2021

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Lake } ss.

On this 16th day of December, 2021, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
REBECCA M JOHLIE
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 9/22/24

Notary Public in the State of Illinois
County of Lake

GENERAL SURETY RIDER

To be attached and form a part of

Type of Bond: License & Permit

Bond No. : 105625536

Dated effective: 7/20/2015
(MONTH, DAY, YEAR)

executed by: Medline Industries, Inc. , as Principal,
(PRINCIPAL)

and by: Travelers Casualty and Surety Company of America , as Surety,
(SURETY)

and in favor of : Nevada State Board of Pharmacy ,
(OBLIGEE)

In consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

Add Location: Medline Industries, Inc. 2200 Cornerstone Parkway, Grayslake, IL 60030

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective 11/5/2020
(MONTH, DAY, YEAR)

Signed and Sealed 11/5/2020
(MONTH, DAY, YEAR)

Travelers Casualty and Surety Company of America
SURETY

BY: _____
Peter S. Forker, ATTORNEY-IN-FACT



Medline Industries, Inc

medline.com

November 5, 2020

List of Facilities for Nevada State Board of Pharmacy Bond No. 105625536

Location 1: Medline Industries, Inc. One Medline Place Mundelein, IL 60060	Location 9: Medline Industries, Inc. 16415 Cosmos St Moreno Valley, CA 92551
Location 2: Medline Industries, Inc. 1501 Harris Road Libertyville, IL 60048	Location 10: Medline Industries, Inc. 2200 Cornerstone Parkway Grayslake, IL 60030
Location 3: Medline Industries, Inc. 42500 Winchester Road Temecula, CA 92590	
Location 4: Medline Industries, Inc. 1820 S 5200 W Salt Lake City, UT 84104	
Location 5: Medline Industries, Inc. 1960 W. Miro Way Rialto, CA 92376	
Location 6: Medline Industries, Inc 5701 Promontory Parkway, Ste 100 Tracy, CA 95377	
Location 7: Medline Industries, Inc. 8787 W. Buckeye Rd Tolleson, AZ 85353	
Location 8: Medline Industries, Inc. 3770 Hogum Bay Road NE Lacey, WA 98516	

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Peter S. Forker** of **Rolling Meadows, Illinois**, their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **3rd** day of **February, 2017**.

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **3rd** day of **February, 2017**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2021**

Marie C. Tetreault, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary, or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 5th day of November, 2018

Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney-in-Fact and the details of the bond to which the power is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Cook } ss

On this 5th day of November, 2020, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

AMY E CALLAHAN
Official Seal
Notary Public - State of Illinois
My Commission Expires Jul 17, 2021

Amy E. Callahan
Notary Public in the State of Illinois
County of Cook

S 0230/GE 10/99

KDP

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 105625536

Application/License No. _____

Medline Industries, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is One Medline Place, Mundelein, IL 60060 (Address of Applicant/Principal), as PRINCIPAL, and Travelers Casualty and Surety Company of America (Surety Company) a corporation organized under the laws of the state of Connecticut (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Tower Square, Hartford, CT 06183 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on July 20, 2011 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 20th day of July, 2011.

APPLICANT/PRINCIPAL

_____
Authorized Representative

SURETY COMPANY

_____
Surety Company's Representative

Peter S. Forker, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

Countersigned by:

_____
Nevada Resident Agent
Non

WARNING: THIS POWER OF ATTORNEY IS INVALID WITHOUT THE RED BORDER

TRAVELERS

POWER OF ATTORNEY

Farmington Casualty Company
Fidelity and Guaranty Insurance Company
Fidelity and Guaranty Insurance Underwriters, Inc.
St. Paul Fire and Marine Insurance Company
St. Paul Guardian Insurance Company

St. Paul Mercury Insurance Company
Travelers Casualty and Surety Company
Travelers Casualty and Surety Company of America
United States Fidelity and Guaranty Company

Attorney-In Fact No. 223615

Certificate No. 004219931

KNOW ALL MEN BY THESE PRESENTS: That St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company and St. Paul Mercury Insurance Company are corporations duly organized under the laws of the State of Minnesota, that Farmington Casualty Company, Travelers Casualty and Surety Company, and Travelers Casualty and Surety Company of America are corporations duly organized under the laws of the State of Connecticut, that United States Fidelity and Guaranty Company is a corporation duly organized under the laws of the State of Maryland, that Fidelity and Guaranty Insurance Company is a corporation duly organized under the laws of the State of Iowa, and that Fidelity and Guaranty Insurance Underwriters, Inc., is a corporation duly organized under the laws of the State of Wisconsin (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint

Amy E. Callahan, Peter S. Forker of Arlington Heights, Illinois, Becky A. Heaston, and Bradley S. Babcock

of the City of Waukesha, State of Wisconsin, their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed and their corporate seals to be hereto affixed, this 26th day of May, 2011.

Farmington Casualty Company
Fidelity and Guaranty Insurance Company
Fidelity and Guaranty Insurance Underwriters, Inc.
St. Paul Fire and Marine Insurance Company
St. Paul Guardian Insurance Company

St. Paul Mercury Insurance Company
Travelers Casualty and Surety Company
Travelers Casualty and Surety Company of America
United States Fidelity and Guaranty Company

State of Connecticut
City of Hartford ss.

By: George W. Thompson, Senior Vice President

On this the 26th day of May, 2011, before me personally appeared George W. Thompson, who acknowledged himself to be the Senior Vice President of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.
My Commission expires the 30th day of June, 2011.

MARIE C. TETREAULT NOTARY PUBLIC CONNECTICUT

Marie C. Tetreault, Notary Public

58440-4-09 Printed in U.S.A.

WARNING: THIS POWER OF ATTORNEY IS INVALID WITHOUT THE RED BORDER

WARNING: THIS POWER OF ATTORNEY IS INVALID WITHOUT THE RED BORDER

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, Kori M. Johanson, the undersigned, Assistant Secretary, of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 20th day of July, 20 11.

Kori M. Johanson, Assistant Secretary

To verify the authenticity of this Power of Attorney, call 1-800-421-3880 or contact us at www.travelersbond.com. Please refer to the Attorney-In-Fact number, the above-named individuals and the details of the bond to which the power is attached.

WARNING: THIS POWER OF ATTORNEY IS INVALID WITHOUT THE RED BORDER

4GG

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ☒ Ownership Change ☐ Name Change ☐ Location Change (in-state only)	* If making a change, provide current license number: WH 01765	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☒ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ☒ No

Section 1: General Information

Facility Name: Medline Industries, LP

Physical Address: 1820 S 5200 W

City: Salt Lake City State: UT Zip: 84104

Mailing Address (if different from physical address): Three Lakes Drive

City: Northfield State: IL Zip: 60093

Telephone: 847-643-4508 Website: WWW.MEDLINE.COM

Name of Designated Representative (DR): Ryan Ashby

Licensing Company Email: ralicensing@medline.com DR Email: rashby@medline.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☒ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☒ Practitioners	☐ Controlled Substances
☒ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☒ Veterinary Legend Pharmaceuticals
☒ Others: Assisted Living, Surgical Centers, Nursing Homes	☒ Others: cosmetics

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	X	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Bracco Diagnostics Inc.
Address: 259 Prospect Plains Road Bldg H City: Monroe Township State: NJ Zip: 08831
Name: Guerbet LLC
Address: 821 Alexander Rd Ste 204 City: Princeton State: NJ Zip: 08540
Name: Team Technologies
Address: 5949 Commerce Blvd City: Morristown State: TN Zip: 37814
Name: Sage Products Inc
Address: 3909 Three Oaks Road City: Cary State: IL Zip: 60013

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name: Medline Industries, LP
Mailing Address: Three Lakes Drive
City: Northfield State: IL Zip: 60093
Telephone: 847 -643-4508 Email: ralicensing@medline.com
Contact Person Name: Tanya Hughes

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lara N. Simmons

Print Name of Authorized Person Submitting Application

Lara N. Simmons

Original signature of Authorized Person (copies or stamps not accepted)

12/11/21

Date

Board Use Only	Date Received: _____	Amount: 500	check # 0101227868

Medline Industries, LP
FEIN 36-2596612

Limited Partnership Partners:

PARTNERS	Business Address	General or Limited	% of Ownership	FEIN
Mozart GP, LLC	Three Lakes Drive Northfield IL 60093	General	0%	87-2508203
Medline Borrower, LP	Three Lakes Drive Northfield IL 60093	Limited	100%	87-2530238

PARENT COMPANY INFORMATION:
Medline Intermediate, LP
FEIN 87-2521736
State of Formation: IL
Managing Members:

BUSINESS ADDRESS AND PHONE NUMBER FOR ALL LISTED HERE:

THREE LAKES DRIVE
NORTHFIELD IL 60093
PHONE #: 847-949-5500

Title	Name	Address
President	Andrew J. Mills	[redacted] Woodbridge Lane Highland Park, IL 60035
CEO	Charles N. Mills	[redacted] Shoreline Court, Glencoe, IL 60022
COO	James D. Abrams	[redacted] Sheridan Road Highland Park, IL 60035
President of Operations	William K. Abington	[redacted] W Cook Ave Libertyville, IL 60048
President - QA/RA	Lara N. Simmons	[redacted] 60th Street Bristol, WI 53104

STATE OF UTAH
DEPARTMENT OF COMMERCE
ACTIVE LICENSE

Medline Industries, LP

EFFECTIVE
12/29/2021

EXPIRATION
06/29/2022

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

12573636-1710 Pharmacy - Class C

Wholesaler

DBA: None Associated

IMPORTANT LICENSURE REMINDERS:

- Your license is valid until the expiration date listed on this form. Approximately 60 days prior to this expiration you will receive a renewal notice in the mail.
- Please note the address listed below. This is your public address of record for the division, and all future correspondence from the division will be mailed to this address. If you move, it is your responsibility to notify us directly of the change. Maintaining your current address with us is the easiest way to ensure continuous licensure.

MEDLINE INDUSTRIES, LP
1820 S 5200 W
SALT LAKE CITY UT 84104

Please visit our web site at www.dopl.utah.gov should you have any questions in the future.

STATE OF UTAH
DEPARTMENT OF COMMERCE

DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

ACTIVE LICENSE

EFFECTIVE DATE: **12/29/2021**

EXPIRATION DATE: **06/29/2022**

ISSUED TO: **Medline Industries, LP**
1820 S 5200 W
Salt Lake City UT 84104

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

12573636-1710 **Pharmacy - Class C** **Wholesaler**

DBAs: **None Associated**

Nevada State Board Of Pharmacy

(Firm mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 10/08/2020
Amount: $ 525.00
Permit #: WH01765

MEDLINE INDUSTRIES, INC.
THREE LAKES DRIVE
NORTHFIELD IL 60093

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Wholesaler
Expires:10/31/2022
MEDLINE INDUSTRIES, INC.
THREE LAKES DRIVE
NORTHFIELD IL 60093

Permit #
WH01765
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Wholesaler

Permit Type: Wholesaler
Permit #: WH01765

Expires: 10/31/2022
STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENCED

MEDLINE INDUSTRIES, INC.
THREE LAKES DRIVE
NORTHFIELD IL 60093

NONTRANSFERABLE

POST THIS PERMIT PROMINENTLY IN A CONSPICUOUS PLACE

Medline Industries, Inc
Disciplinary History

Attachment 4

Date	Facility	Description of State Action	Corrective Actions
8/3/2005	1401 N. Universal Ave, Kansas City, MO 64120	**FILE CLOSED 2010** Medline Industries' Kansas City, MO license (#2003031660) was disciplined for failure to renew on-time and for insufficient temperature control procedures. Medline was placed on probation for 5 years. Throughout the probationary period, the state conducted multiple inspections of the facility and found Medline to be in compliance with all requirements. The probationary period closed in August 2010.	Medline's Regulatory Affairs Department was significantly expanded to include a team of 7 Licensing Specialist that monitor and ensure each of our 200+ licenses are renewed on-time. A temperature control room was also constructed at the facility to ensure product is stored at the appropriate temperature and humidity levels. These control rooms are now a standard feature at our distribution centers, and we have worked closely with VAWD throughout our distribution network to ensure that our temperature control facilities and procedures align with industry best practices.
12/7/2006	9101 Riverside Parkway, Lithia Springs, GA 30122	**FILE CLOSED 2008** Medline's Florida Certified Designated Representative at our Georgia facility resigned unexpectedly. The state of Florida suspended Medline's Florida Out of State Rx Drug Wholesale Distributor Permit (#23:1470) until a new licensed Designated Representative was hired at the facility.	To prevent a situation like this from occurring in the future, every Medline facility licensed in FL has multiple Florida Certified Designated Representatives on staff.
11/16/2007	10601 Southport Drive, Orlando, FL 32824 401 Commerce Blvd., Oldsmar, FL 34677 4750 118th Ave N Clearwater, FL 33762	**FILE CLOSED 2008** Medline Industries was cited for several violations including: failure to pass and maintain a pedigree that met Florida's specific requirements; having the wrong type of permit for activities being performed (in addition to the manufacturing permit that we had, Florida required that we also have a repacker permit); distribution of saline to an unauthorized recipient; and an Rx drug item was found at an unlicensed raw materials storage facility. Several of the violations were challenged and reduced substantially or removed during the settlement process. Medline was assessed and paid a fine for these violations. All issues were addressed and resolved to the satisfaction of the FL DOH. After duly notifying state authorities, as required, we were fined by New York (Cal. No. 27278) for out-of-state professional misconduct. In 2010, Medline made an unrelated business decision to close the Oldsmar and Clearwater facilities.	To address the pedigree issues, Medline instituted a Florida specific pedigree system to ensure that any pedigree shipments within our distribution network with potential to end up in Florida have the required Florida specific documentation. (Note - these requirements have since been preempted by federal law). To address the issue of having the wrong permit type, Medline secured a repackaging permit, in addition to the manufacturing permit the facility already had. To address the sale of saline to an unauthorized person, Medline instituted a new procedure for obtaining and maintaining customer licenses for all Rx drug purchases; this procedure generates an automatic block of any Rx drug orders by an unlicensed customer in our SAP system. The Rx drug item unintentionally stored at our raw materials facility was properly disposed of, and our waste disposal procedures were updated to ensure that this mistake would not recur.
11/26/2007	2708 NE Waldo Rd., Gainesville, FL	**FILE CLOSED 2008** Medline Industries' FL license (# 22:1022) was suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008 (Case # 2007-37412). In 2010, Medline made an unrelated business decision to close this facility.	After this inspection, Medline conducted a thorough review of its policies and procedures. Additionally, an internal auditing program was implemented to ensure that each distribution center is in compliance with internal policies and procedures, as well as state and federal regulations.
3/5/2008	149 New Camellia Blvd., Covington, LA 70433	**FILE CLOSED 2008** Medline Industries' license #4318 was cited for failure to properly maintain copies of current customer licenses on site (Louisiana Administrative Docket #2008006). Medline was assessed and paid a fine. After duly notifying state authorities, as required, we were fined by New York (Cal. No. 27278) for out-of-state professional misconduct.	In addition to storing copies of our customers' licenses at headquarters, we now store these licenses digitally so they can be accessed by our distribution centers.
5/9/2008	5450 W. Stewart Ave., Wausau, WI	**FILE CLOSED 2009** Medline Industries' license (# 1116-045) was cited and fined by the Wisconsin Department of Regulation & Licensing during an inspection. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to have a dividing fence between the Medline managed portion of the facility and the hospital portion of the facility - even though all of the products were owned by the hospital. Medline was also cited for failure to access several policies and procedures during the inspection. Corrections were made and the facility was re-inspected, to the satisfaction of the state (Case #08 PHM 037). After duly notifying state authorities, as required, we were fined by the states of Hawaii (Case #PHA 2009-7-L) and New York (Cal. No. 27278) out-of-state professional misconduct. . In 2010, Medline made an unrelated business decision to close this facility.	Immediately after the inspection, Medline and the owner of the facility erected a locked fence to divide the faculty. Medline also reviewed all of its other facilities to make sure no similar situations existed. In addition, training on where and how to access current policies and procedures was increased for distribution center personnel. This training is in addition to the training they receive on the policies and procedures themselves.
8/21/2008	94-1420 Moaniani St., Waipahu, Hawaii	**FILE CLOSED 2013** Medline Industries' license (PWD 115) was fined $5000 and placed on probation for 5 years for failure to report the Florida and Missouri disciplinary actions within 30 days. While Medline filed the required reports, the 30 day deadline was missed. Probationary period ended August 2013. (Case # PHA 2008-17-L)	Medline takes this oversight very seriously and we have implemented a new process to notify the required boards of any future disciplinary actions within 10 days of a final action.
3/19/2010	1401 N. Universal Ave. Kansas City, MO 64120	**FILE CLOSED 2010** Medline applied for a Colorado Out of State Wholesaler license for the Missouri distribution center and was issued a conditional license by the CO Board of Pharmacy until the facility's MO probation period ended (approximately 5 months). The CO BOP was informed when the MO probationary period was completed, and subsequently removed the encumbered status of this facility's CO license.	See above for corrective actions related to the underlying sanction.
1/6/2021	1501 Harris Rd, Libertyville, IL 60048	**FILE CLOSED 2021** Medline Industries, Inc. License #01-1985050 received a fined $250 by the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file for the physician rather than the TDDD license for the facility. The facility's TDDD license at the time of the sale had expired, unbeknownst to Medline. Case No. A-2020-0054 I-2019-0972-B. The fine was paid on January 21, 2021 and the case was closed.	Medline takes this oversight very seriously. We reviewed our processes and updated our guidelines for the type of license required for business in Ohio to ensure proper type of licenses applied to the customer are valid and current. The TDDD Ohio licenses are reviewed on an annual basis to ensure compliance.

File Number S030704

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

MEDLINE INDUSTRIES, LP, HAVING REGISTERED IN THE STATE OF ILLINOIS ON SEPTEMBER 07, 2021, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE UNIFORM LIMITED PARTNERSHIP ACT (2001) OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LP/LLLP IN THE STATE OF ILLINOIS, HAVING FULFILLED ALL REQUIREMENTS OF SAID ACT WITH REGARD TO PAYMENT OF FEES, THE FILING OF ANNUAL REPORTS (IF APPLICABLE) AND NEITHER HAVING BEEN ADMINISTRATIVELY DISSOLVED BY THE SECRETARY OF STATE NOR HAVING VOLUNTARILY FILED A STATEMENT OF TERMINATION.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 9TH *day of* MARCH *A.D.* 2022 .

Jesse White

SECRETARY OF STATE

Authentication #: 2206800282

Authenticate at: https://www.ilsos.gov

NABP ACCREDITED
DRUG DISTRIBUTOR

Medline Industries, LP

located at

1820 S 5200 W, Salt Lake City, UT 84104

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

04/22/2021 - 04/21/2024
Period of Accreditation

1207

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Medline Industries, LP

Physical Address: 1820 S 5200 W

City: Salt Lake City State: Utah Zip: 84104

Mailing Address (if different from physical address): Three Lakes Drive RA LIC 3-D

City: Northfield State: Illinois Zip: 60093

Telephone: 1-800-Medline Website: www.medline.com

Licensing Company Email: ralicensing@medline.com

Section 2: Personal Information

First: Ryan Middle: Daniel Last: Ashby

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] North 200 East

City: Bountiful State: UT Zip: 84010

Telephone: [redacted] Email: rashby@medline.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: RA

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Weber State University		2009 - 2013	
Address	**City**	**State**	**Zip**
3848 Harrison Road	Ogden	Utah	84408
Diploma/Degree obtained, if any			
Bachelors of Science: Psychology/Work & Family Studies			

School Name		From - To (MM/YY – MM/YY)	
Viewmont High School		1996-2000	
Address	**City**	**State**	**Zip**
120 W 100 N	Bountiful	UT	84010
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/2007 - Present	[redacted]North 200 East	Bountiful	Utah	84010
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials RA

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name See attached Resume			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials RA

Business Name			From - To (MM/YY – MM/YY)	
See attached Resume				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials RA

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✔	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✔	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✔	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Please see attached Discipline History

Original Signature (electronic, copies or stamps not accepted)

12/16/2021
Date

Applicant's initials RA

I, Ryan Ashby, **certify that as the designated representative for**

Medline Industries, LP,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Ryan Ashby

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/14/2021

Date

Applicant's initials RA

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ryan Ashby

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/16/2021

Date

Please have this section completed in the presence of a Notary Public.

State of Utah, ss. County of Davis

I, Ryan Ashby, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12/17/2021

Date

Subscribed and Sworn to before me this 17th day of Dec 2021.

Notary Public Signature

KENT T ANDERSON
NOTARY PUBLIC • STATE OF UTAH
COMMISSION NO. 700603
COMM. EXP. 06/22/2022

(Seal)

Applicant's initials RA

RYAN ASHBY

[redacted]North 200 East, Bountiful, UT 84010
[redacted]

SUMMARY OF QUALIFICATIONS

- Proven Manager with ability to reduce overtime and turnover through positive employee relations
- Operations Manager with extensive front-of-house and back-of-house operations experience
- Lean Six Sigma Black Belt; planned, lead and coached 50+ projects resulting in over $1,000,000 in savings
- 17 years of supervisory experience, 12 in a warehouse/distribution setting
- Improvement focused; Project Leader with proven ability to cut costs and decrease staff turnover
- Expert inventory management utilizing detail-oriented methods and up-to-date technologies
- Ability to work in fast paced environments determining priorities and expediting orders
- Proven communicator by demonstrated leadership and relationship-building; drives results

WORK EXPERIENCE

Branch Manager **November 2019 – Current**

Medline Industries, Salt Lake City, Utah

- Ensure order fulfillment and production are completed. Plan, lead and measure all daily processes.
- Plan, lead and manage all human resource processes at the local facility. This includes staffing, performance management, compensation administration and training and development.
- Ensure efficient utilization and proper return. Manage all capital assigned to the distribution center.
- Ensure material is received and moved correctly. Oversee and monitor all aspects of inventory management.
- Support contract negotiations for new business. Provide timely responses to service failures and customer concerns.
- Ensure safe practices are followed. Monitor activities of the work team. Ensure housekeeping guidelines are followed.
- Oversee the maintenance of warehouse equipment and private truck fleet.

Warehouse Manager **September 2018 – November 2019**

Medline Industries, Salt Lake City, Utah

- Establishes operational procedures for activities such as verification of incoming and outgoing shipments, handling and disposition of materials, and keeping warehouse inventory current.
- Lead and measure all daily processes to ensure order fulfillment and production are completed with excellence on a daily basis.
- Partnership with the Director of Operations for resolving daily challenges and ensuring timely and accurate completion or order fulfillment for Operations.
- Support all human resource processes at local facility. This includes helping to sourcing and staffing all positions, support the performance management process, administer compensation when necessary, and training and development.
- Create a culture that promotes positive employee relations. Exposure to confidential information is restricted to salary information for respective supervisors, leads and hourly employees.
- Oversee daily and ongoing expenses to ensure that financial capital is used as efficiently as possible. Prepares work order for repairs and requisitions for replacement of equipment. Scheduling, tracking and expediting freight to inter-company and contact distributors. Work with carriers to resolve freight discrepancies;
- Monitor work and processes to ensure that product is moved correctly from trailer to racks to shipping.
- Support local sales representatives and sales leadership to deliver outstanding customer service. Support current business by providing timely responses to service failures and customer concerns.
- Monitors activities of work team to ensure that safe practices are in place and being demonstrated. Monitors building to ensure that proper housekeeping is being practiced. Give guidance to safety committee.

Black Belt Consultant **July 2015 – September 2018**

Cardinal Health, Salt Lake City, Utah

- Demonstrates experience in applying Lean Six Sigma improvement techniques and producing results for multiple locations
- Collaborates with customers and suppliers on improvement projects
- Lead Kaizen and Black Belt projects
- Mentors and trains Kaizen Leaders to certification; 100% of Kaizen Leaders trained have certified
- Participates in the development of EHS policies and QRA procedures to achieve specific goals

- Focus on completing projects that may have significant and long-term impact
- Provides solutions which may set precedent, allowing others to use project as a blueprint

Operations Supervisor **October 2012 – July 2015**
Cardinal Health, Salt Lake City, Utah

- Strong leadership led to decrease of 50% warehouse errors; through cost-saving measures saved company $25,000 in 12 months
- Strong decision making skills, often difficult and/or unpopular, by carefully weighing pros and cons and acting for the benefit of the work team; coaches/supports subordinates in their decision-making efforts
- Provides direction in discussing and creating development plans; proper techniques achieved
- Ability to align individual goals for self and others with work area/functional goals, regardless of obstacles
- Executes budgetary/ financial objectives set by regional manager, applies knowledge of profit drivers to work processes
- Identifies opportunities for long-term change within work team; develops and implements action plans striving for continuous improvement
- Works/brainstorms with team and directs solutions that contain the appropriate level of risk; ensures work team understands and supports the focus on operational excellence
- Actively builds relationships across functions/businesses bringing value to the company, encouraging the participation and perspectives of all team members, regardless of background; mentors and empowers others to achieve success
- Identifies staffing needs; interviews candidates and communicates needs to Human Resources
- Improves efficiency among a 50,000-employee company; hand-selected to conduct site audits and training at multiple locations leading to optimized processes and costs minimization
- Continually analyzing work areas and reports to upper management the effectiveness of operations
- Effective leader; top rated Operations Supervisor with an overall rating of 89% on the Voice of the Employee Survey

Warehouse Supervisor **June 2008 – October 2012**
Safelite Auto Glass, Salt Lake City, Utah

- Trained new warehouse employees to ensure proper safety and understanding of warehouse operations
- Participated in weekly meetings and conference calls, presents updated information and makes recommendations on logistical matters and personnel issues
- Ensured a safe and clean work environment, complying and enforcing company safety procedures, rules, and regulations
- Scheduled and supervised 20+ employees, highly skilled in arranging schedules and assigning tasks
- Read and interpreted profit and loss statements to determine where improvements are needed and identifying where success is occurring
- Facilitated results through customer compliments and complaints achieving problem analysis and resolution
- Frequently selected to travel within the Northwest Division to move warehouses, ensuring accurate stocking
- Hand selected to perform cycle count audits in suffering warehouses in the Northwest division, making recommendations for adjustments

Front End Supervisory / Operations Manager October 2003 – March 2008
Dick's Market, Centerville, Utah

- Scheduled and supervised 80+ employees
- Handled customer complaints/compliments effectively to ensure customer satisfaction.
- Handled corrective action for employees when needed.
- Monitored sales through automated controls, providing updated sale details. Used data to project demands of personnel and control costs.
- Planned and conducted meetings to discuss upcoming store promotions, improve sales, and report on department activities.

EDUCATION

Bachelors of Science: Psychology/Work & Family Studies
Weber State University, Ogden, Utah
Graduation: Spring 2013

High School Diploma
Viewmont High School
Graduation 2000

CERTIFICATION/LICENSURE

Lean Six Sigma Black Belt
Certification: August 2018
Forklift, Reach Truck, Order Picker Operator
Active Since: 2008
Lean Six Sigma Kaizen Leader and Sponsor
Active Since: 2014
DOT Hazardous Material Certified Trainer
Active Since: 2013

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Medline Industries, LP

Physical Address: 1820 S 5200 W

City: Salt Lake City State: UT Zip: 84104

Mailing Address (if different from physical address): Three Lakes Drive

City: Northfield State: IL Zip: 60093

Telephone: 847-949-5500 Website: www.medline.com

Licensing Company Email: ralicensing@medline.com

Section 2: Personal Information

First: Lara Middle: N Last: Simmons

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITI: [redacted] Sex ☐ M ■ F ☐ X

Mailing Address: [redacted] Lakes Drive

City: Northfield State: IL Zip: 60093

Telephone: [redacted] Email: ralicensing@medline.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: LS

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Wisconsin - Parkside		1986 - 1991	
Address	**City**	**State**	**Zip**
900 Wood Rd	Kenosha	WI	53144
Diploma/Degree obtained, if any			
BA in Economics			

School Name		From - To (MM/YY – MM/YY)	
Waterford Union High School		1982-1986	
Address	**City**	**State**	**Zip**
611 W Main Street	Waterford	WI	53185
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1997 - Present	[redacted] 60th Street	Bristol	WI	53104
From - To (MM/YY – MM/YY) N/A	Address	City	State	Zip
From - To (MM/YY – MM/YY) N/A	Address	City	State	Zip
From - To (MM/YY – MM/YY) N/A	Address	City	State	Zip
From - To (MM/YY – MM/YY) N/A	Address	City	State	Zip
From - To (MM/YY – MM/YY) N/A	Address	City	State	Zip
From - To (MM/YY – MM/YY) N/A	Address	City	State	Zip
From - To (MM/YY – MM/YY) N/A	Address	City	State	Zip
From - To (MM/YY – MM/YY) N/A	Address	City	State	Zip
From - To (MM/YY – MM/YY) N/A	Address	City	State	Zip

Applicant's initials LS

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Medline Industries, LP formerly known as Medline Industries, Inc.			From - To (MM/YY – MM/YY): 1991 - Present
Business Address: Three Lakes Drive	City: Northfield	State: IL	Zip: 60093
Phone: 847-949-5500	Title: President QA/RA		
Description of Duties: See Attached			

Business Name: N/A			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		
Description of Duties:			

Business Name: N/A			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		
Description of Duties:			

Business Name: N/A			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		
Description of Duties:			

Business Name: N/A			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		
Description of Duties:			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials LS

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See Attachment

Dan Simmon
Original Signature (electronic, copies or stamps not accepted)

12/17/21
Date

Applicant's initials LS

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lara N. Simmons

Print Name (First, Last)

Lara N Simmons

Original Signature (electronic, copies or stamps not accepted)

12/17/21

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, Lara N. Simmons, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Lara N Simmons

Original Signature

12/17/21

Date

Subscribed and Sworn to before me this 17 day of December 2021

Notary Public Signature

OFFICIAL SEAL
MARK CALLOW
NOTARY PUBLIC, STATE OF ILLINOIS
LAKE COUNTY
MY COMMISSION EXPIRES 11/13/2024

(Seal)

Applicant's initials LS

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Medline Industries, LP

Physical Address: 1820 S 5200 W

City: Salt Lake City State: UT Zip: 84104

Mailing Address (if different from physical address): Three Lakes Drive

City: Northfield State: IL Zip: 60093

Telephone: 847-949-5500 Website: www.Medline.com

Licensing Company Email: ralicensing@medline.com

Section 2: Personal Information

First: Charles Middle: N Last: Mills

Alias(es, nicknames, name changes, etc.): Charlie

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Lakes Drive

City: Northfield State: IL Zip: 60093

Telephone: [redacted] Email: ralicensing@medline

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: CM

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Cornell University		1979-1984	
Address	**City**	**State**	**Zip**
616 Thurston Avenue	Ithaca	NY	14853
Diploma/Degree obtained, if any			
Undergrad in 1983 and Masters in 1984			

School Name		From - To (MM/YY – MM/YY)	
New Trier West High School		1975-1979	
Address	**City**	**State**	**Zip**
7 Happ Road	Northfield	IL	60093
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2019-Present	[redacted]Shoreline Ct	Glencoe	IL	60022
2017-2019	[redacted] Ardsley Road	Winnetka	IL	60093
1999-2017	[redacted] South Ridge Road	Lake Forest	IL	60045

Applicant's initials CM

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name		From - To (MM/YY – MM/YY)	
Medline Industries, LP formerly known as Medline Industries, Inc.		1986- Current	
Business Address	**City**	**State**	**Zip**
Three Lakes Drive	Northfield	IL	60093
Phone	**Title**		
847-949-5500	CEO		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials CM

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See Attachment



Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials CM

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Charles N. Mills

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12-27-21

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, Charles N. Mills, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12-27-21

Date

Subscribed and Sworn to before me this 27 day of December 2021

Notary Public Signature

OFFICIAL SEAL
MARK CALLOW
NOTARY PUBLIC, STATE OF ILLINOIS
LAKE COUNTY
MY COMMISSION EXPIRES 11/13/2024

(Seal)

Applicant's initials CM

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Medline Industries, LP

Physical Address: 1820 S 5200 W

City: Salt Lake City State: UT Zip: 84104

Mailing Address (if different from physical address): Three Lakes Drive

City: Northfield State: IL Zip: 60093

Telephone: 847-949-5500 Website: www.medline.com

Licensing Company Email: ralicensing@medline.com

Section 2: Personal Information

First: Andrew Middle: J Last: Mills

Alias(es, nicknames, name changes, etc.): Andy

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Lakes Drive

City: Northfield State: IL Zip: 60093

Telephone: [redacted] Email: ralicensing@medline.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: AJM

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
J.L. Kellogg School of Management at Northwestern University		1983-1985	
Address	**City**	**State**	**Zip**
2211 Campus Dr	Evanston	IL	60208
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
Tulane University		1979-1983	
Address	**City**	**State**	**Zip**
6823 St. Charles Avenue	New Orleans	LA	70118
Diploma/Degree obtained, if any			
Bachelor of Science			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
over 10 years	[redacted] Woodbridge Ln	Highland Park	IL	60035
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials AJM

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Medline Industries, LP formerly known as Medline Industries, Inc.			- current
Business Address	**City**	**State**	**Zip**
Three Lakes Drive	Northfield	IL	60093
Phone	**Title**		
847-949-5500	President		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials AJM

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See Attachment

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials AJM

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Andrew J Mills

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12-27-2021

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, Andrew J. Mills, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12-27-2021

Date

Subscribed and Sworn to before me this 27 day of December, 2021

Notary Public Signature

OFFICIAL SEAL
MARK CALLOW
NOTARY PUBLIC, STATE OF ILLINOIS
LAKE COUNTY
MY COMMISSION EXPIRES 11/13/2024

(Seal)

Applicant's initials AJM

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Medline Industries, LP

Physical Address: 1820 S 5200 W

City: Salt Lake City State: UT Zip: 84104

Mailing Address (if different from physical address): Three Lakes Drive

City: Northfield State: IL Zip: 60093

Telephone: 847-949-5500 Website: www.medline.com

Licensing Company Email: ralicensing@medline.com

Section 2: Personal Information

First: James Middle: D Last: Abrams

Alias(es, nicknames, name changes, etc.): Jimmy

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]e Lakes Drive

City: Northfield State: IL Zip: 60093

Telephone: [redacted] Email: ralicensing@medline.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: JDA

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
The University of Chicago Law School		1984-1987	
Address	**City**	**State**	**Zip**
1111 E 60th St	Chicago	IL	60637
Diploma/Degree obtained, if any			
Law Degree			

School Name		From - To (MM/YY – MM/YY)	
The University of Michigan		1980-1984	
Address	**City**	**State**	**Zip**
500 S State Street	Ann Arbor	MI	48109
Diploma/Degree obtained, if any			
Bachelor of Arts Degree			

School Name		From - To (MM/YY – MM/YY)	
Highland Park High School		1976-1980	
Address	**City**	**State**	**Zip**
433 Vine Avenue	Highland Park	IL	60035
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
Over 10 years	[redacted] Sheridan Road	Highland Park	IL	60035
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials JDA

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Mesline Industries, LP formerly known as Medline Industries, Inc			1992 - Present
Business Address	**City**	**State**	**Zip**
Three Lakes Drive	Northfield	IL	60093
Phone	**Title**		
847-949-5500	CHIEF OPERATING OFFICER		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials JDA

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See Attachment

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials JDA

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

James D. Abrams

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12-27-21

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, James D Abrams, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12-27-21

Date

Subscribed and Sworn to before me this 27 day of December 2021

Notary Public Signature

OFFICIAL SEAL
MARK CALLOW
NOTARY PUBLIC, STATE OF ILLINOIS
LAKE COUNTY
MY COMMISSION EXPIRES 11/13/2024

(Seal)

Applicant's initials JDA

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Medline Industries, LP

Physical Address: 1820 S 5200 W

City: Salt Lake City State: UT Zip: 84104

Mailing Address (if different from physical address): Three Lakes Drive RA Licensing - 3D

City: Northfield State: IL Zip: 60093

Telephone: 847-949-5500 Website: www.medline.com

Licensing Company Email: ralicensing@medline.com

Section 2: Personal Information

First: William Middle: K Last: Abbington

Alias(es, nicknames, name changes, etc.): Billy

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]akes Drive RA Licensing - 3D

City: Northfield State: IL Zip: 60093

Telephon[redacted] Email: ralicensing@medline.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials: WA

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Mississippi			
Address	**City**	**State**	**Zip**
University Circle	University	MS	38677
Diploma/Degree obtained, if any			
Bachelor of Science degree in Accounting			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
	[redacted] Cook Ave	Libertyville	IL	60048
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials WA

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Medline Industries, LP Formerly known as Medline Industries, Inc.			1998 - Present	
Business Address		**City**	**State**	**Zip**
Three Lakes Drive		Northfield	IL	60093
Phone	**Title**			
847-949-5500	President of Operations			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials WA

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See Attachment

Original Signature (electronic, copies or stamps not accepted)

Date 12/20/24

Applicant's initials WA

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

William K Abington

Print Name (First, Last)

William K. Abington 12/20/21

Original Signature (electronic, copies or stamps not accepted) Date

---

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, William K Abington, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

William K Abington 12/20/21

Original Signature **Date**

Subscribed and Sworn to before me this 20 day of December 2021

Notary Public Signature

OFFICIAL SEAL
MARK CALLOW
NOTARY PUBLIC, STATE OF ILLINOIS
LAKE COUNTY
MY COMMISSION EXPIRES 11/13/2024

(Seal)

Applicant's initials WA

GENERAL SURETY RIDER

To be attached and form a part of

Bond No.	105625536
For	Pharmaceutical Wholesaler Surety Bond
Dated effective	07/20/2015 (MONTH, DAY, YEAR)
Executed by	Medline Industries, LP., as Principal, (PRINCIPAL)
And by	Travelers Casualty and Surety Company of America, as Surety, (SURETY)
And in favor of	Nevada State Board of Pharmacy (OBLIGEE)

In consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

INFORMATION	FROM	TO
Principal Name	Medline Industries, Inc.	Medline Industries, LP.

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective **12/16/2021**

(MONTH, DAY, YEAR)

Signed and Sealed **12/16/2021**

(MONTH, DAY, YEAR)

Travelers Casualty and Surety Company of America

SURETY

BY

Peter S. Forker, ATTORNEY-IN-FACT

Medline Industries, Inc.
Three Lakes Drive
Northfield, IL 60093
1 847 949 5500
1 800 MEDLINE (633 5463)
medline.com

September 22, 2020

List of Facilities for Nevada State Board of Pharmacy Bond No. 105625536

B01-	Medline Industries, Inc. –	**One Medline Place, Mundelein, IL 60060**
B02-	Medline Industries, Inc. –	**1501 Harris Road, Libertyville, IL 60048**
B49-	Medline Industries, Inc. –	**42500 Winchester Road, Temecula, CA 92590**
B71-	Medline Industries, Inc. –	**1820 S 5200 W, Salt Lake City, UT 84104**
C09-	Medline Industries, Inc. –	**1960 W Miro Way, Rialto, CA 92376**
C46 –	Medline Industries, Inc. –	**5701 Promontory Parkway, Ste 100, Tracy, CA 95377**
C50 –	Medline Industries, Inc.-	**8787 W Buckeye Rd, Tolleson, AZ 85353**
C75-	Medline Industries, Inc. –	**3770 Hogum Bay Road NE, Lacey, WA 98516**
MXC-	Medline Industries, Inc.-	**16415 Cosmos St, Moreno Valley, CA 92551**

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS**, **Illinois**, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **21st** day of **April**, **2021**.

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **21st** day of **April**, **2021**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June**, **2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 16th day of December 2024

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Lake } ss.

On this 16th day of December , 2021 , before me personally appeared Peter S. Forker , known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America , the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
REBECCA M JOHLIE
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 9/22/24

Notary Public in the State of Illinois
County of Lake

GENERAL SURETY RIDER

To be attached and form a part of:

Type of Bond: License & Permit

Bond No. : 105625536

Dated effective: 7/20/2011
(MONTH, DAY, YEAR)

Executed by: Medline Industries, Inc. , **as Principal,**
(PRINCIPAL)

and by: Travelers Casualty and Surety Company of America , **as Surety,**
(SURETY)

and in favor of : Nevada State Board of Pharmacy .
(OBLIGEE)

In consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to Add to and attach Schedule of Facilities to Bond No. 105625536

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective 7/20/2020
(MONTH, DAY, YEAR)

Signed and Sealed 9/22/2020
(MONTH, DAY, YEAR)

Travelers Casualty and Surety Company of America
SURETY

BY: _____
Peter S. Forker, ATTORNEY-IN-FACT

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Peter S. Forker** of **Rolling Meadows, Illinois**, their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **3rd** day of **February, 2017.**

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **3rd** day of **February, 2017**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2021**

Marie C. Tetreault
Marie C. Tetreault, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 22nd day of September 2020.

Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney-in-Fact and the details of the bond to which the power is attached.

GENERAL SURETY RIDER

To be attached and form a part of

Type of Bond: License & Permit

Bond No. : 105625536

Dated effective: 7/20/2015
(MONTH, DAY, YEAR)

executed by: Medline Industries, Inc. , as Principal,
(PRINCIPAL)

and by: Travelers Casualty and Surety Company of America , as Surety,
(SURETY)

and in favor of : Nevada State Board of Pharmacy .
(OBLIGEE)

In consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

Add Location: Medline Industries, Inc. 2200 Cornerstone Parkway, Grayslake, IL 60030

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective 11/5/2020
(MONTH, DAY, YEAR)

Signed and Sealed 11/5/2020
(MONTH, DAY, YEAR)

Travelers Casualty and Surety Company of America
SURETY

BY: _____
Peter S. Forker, ATTORNEY-IN-FACT

Medline Industries, Inc.
Three Lakes Drive
Northfield, IL 60093
1 847 949 5500
1 800 MEDLINE (633 5463)
medline.com

November 5, 2020

List of Facilities for Nevada State Board of Pharmacy Bond No. 105625536

Location 1: Medline Industries, Inc. One Medline Place Mundelein, IL 60060	Location 9: Medline Industries, Inc. 16415 Cosmos St Moreno Valley, CA 92551
Location 2: Medline Industries, Inc. 1501 Harris Road Libertyville, IL 60048	Location 10: Medline Industries, Inc. 2200 Cornerstone Parkway Grayslake, IL 60030
Location 3: Medline Industries, Inc. 42500 Winchester Road Temecula, CA 92590	
Location 4: Medline Industries, Inc. 1820 S 5200 W Salt Lake City, UT 84104	
Location 5: Medline Industries, Inc. 1960 W Miro Way Rialto, CA 92376	
Location 6: Medline Industries, Inc. 5701 Promontory Parkway, Ste 100 Tracy, CA 95377	
Location 7: Medline Industries, Inc. 8787 W Buckeye Rd Tolleson, AZ 85353	
Location 8: Medline Industries, Inc. 3770 Hogum Bay Road NE Lacey, WA 98516	

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Peter S. Forker** of **Rolling Meadows, Illinois**, their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **3rd** day of **February 2017**.

State of Connecticut

City of Hartford ss.

By _____
Robert L. Raney, Senior Vice President

On this the **3rd** day of **February, 2017**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2021**

Marie C Tetreault
Marie C. Tetreault, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of **Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company**, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 5th day of November 2020

Kevin E. Hughes
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney-in-Fact and the details of the bond to which the power is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Cook } ss.

On this 5th day of November, 2020, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

AMY E CALLAHAN
Official Seal
Notary Public - State of Illinois
My Commission Expires Jul 17, 2021

Amy E. Callahan
Notary Public in the State of Illinois
County of Cook

S-0230/GE 10/99

XDP

First Name	Last Name	Job Title	Location
RYAN	ASHBY	Dir Operations	SLC
TIANA	VOGAN	OPS-Branch Administrator	SLC
CHRISTOPHER	FATUR	OPS-Branch Trainer	SLC
PAUL	HENNEFER	OPS-Branch Trainer	SLC
MAYBELL	SIMP	OPS-Branch Trainer OST	SLC
SONE	ALOI	OPS-Delivery Driver	SLC
SANDRA	MCKAY	OPS-Driver I	SLC
WILLIAM	CONRAD	OPS-Driver II	SLC
JAMES	DAVIDSON	OPS-Driver II	SLC
DELVIN	GARRETT	OPS-Driver II	SLC
MATTHEW	KREITZ	OPS-Driver II	SLC
DOUGLAS	MCDONALD	OPS-Driver II	SLC
RUSS	MOOSMAN	OPS-Driver II	SLC
CLINT	MUIR	OPS-Driver II	SLC
JAMES	COFFMAN	OPS-Driver Ld	SLC
JOBE	RUDOLPH	OPS-Driver Ld	SLC
WILLIAM	GALLEGOS	OPS-Inventory Coord Sr	SLC
VILISONI	SOTELE	OPS-Inventory Coord Sr	SLC
DEVON	BIRKES	OPS-Warehouse Ld	SLC
BRADLEY	SZELAZKIEWICZ	OPS-Warehouse Ld	SLC
JAILENE	ALVAREZ	OPS-Warehouse Operator	SLC
BRANDY	ANMONTHA	OPS-Warehouse Operator	SLC
CHRISTIAN	BARNES	OPS-Warehouse Operator	SLC
KURTIS	BARNES	OPS-Warehouse Operator	SLC
BROCK	BARRETT	OPS-Warehouse Operator	SLC
BRAXTON	BARTON	OPS-Warehouse Operator	SLC
BRIAN	BIRKES	OPS-Warehouse Operator	SLC
DARIN	BROWN	OPS-Warehouse Operator	SLC
VERONICA	BUHLER	OPS-Warehouse Operator	SLC
CHARLING	CHAVEZ	OPS-Warehouse Operator	SLC
GESSEL	CHAVEZ	OPS-Warehouse Operator	SLC
BRIANNA	COLEMAN	OPS-Warehouse Operator	SLC
JENNY	FELICIANO	OPS-Warehouse Operator	SLC
JOSEPH	FELICIANO	OPS-Warehouse Operator	SLC
MICHAEL	FLANNERY	OPS-Warehouse Operator	SLC
TIM	GARCIA	OPS-Warehouse Operator	SLC
OSCAR	GONZALES	OPS-Warehouse Operator	SLC
AMY	HANSEN	OPS-Warehouse Operator	SLC
AARON	HARBERSON	OPS-Warehouse Operator	SLC
CAMERON	HARRISON	OPS-Warehouse Operator	SLC
FLORENCE	IRAKOZE	OPS-Warehouse Operator	SLC
RICARDO	MENDOZA	OPS-Warehouse Operator	SLC
VICTORIANO	NAVARRO	OPS-Warehouse Operator	SLC
JARED	OLSEN	OPS-Warehouse Operator	SLC
KARLITA	ORDONEZ	OPS-Warehouse Operator	SLC
TERESA	OROZCO	OPS-Warehouse Operator	SLC

CORY	ROADARMEL	OPS-Warehouse Operator	SLC
ZACHARY	ROBLEZ	OPS-Warehouse Operator	SLC
ERIKA	RODRIGUEZ	OPS-Warehouse Operator	SLC
PAULO	SALAZAR	OPS-Warehouse Operator	SLC
OLIVER	SCHMIDT	OPS-Warehouse Operator	SLC
JOSHUA	SHARP	OPS-Warehouse Operator	SLC
REGINAL	SINGER	OPS-Warehouse Operator	SLC
JOSEPH	SLATER	OPS-Warehouse Operator	SLC
MARIAH	SOMCHANMAVONG	OPS-Warehouse Operator	SLC
SONY	TJUNG	OPS-Warehouse Operator	SLC
ANA MARIA	TOLEDO CACERES	OPS-Warehouse Operator	SLC
JESSE	VALDEZ	OPS-Warehouse Operator	SLC
RICHARD	VILLANUEVA	OPS-Warehouse Operator	SLC
KYLYNN	WILLIAMS	OPS-Warehouse Operator	SLC
ANATOLIO	ZUNIGA	OPS-Warehouse Operator	SLC
SALVADOR	MEJIA	OPS-Warehouse Operator OST	SLC
RICHARD	MCCALL	Sr Dir Operations	SLC
JOSHUA	LINDSTROM	Supv MedTrans	SLC
TIMOTHY	BOSWELL	Supv Warehouse	SLC
WALKER	HUNTER	Supv Warehouse	SLC
JOSEPH	MOROZIN	Supv Warehouse	SLC

4HH

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ☒ Ownership Change ☐ Name Change ☐ Location Change (in-state only)	* If making a change, provide current license number: WH 03085	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☒ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ☒ No

Section 1: General Information

Facility Name: Medline Industries, LP

Physical Address: 3446 Highway 51N

City: Southaven State: MS Zip: 38672

Mailing Address (if different from physical address): Three Lakes Drive

City: Northfield State: IL Zip: 60093

Telephone: 847-643-4508 Website: WWW.MEDLINE.COM

Name of Designated Representative (DR): Bradley Hollen

Licensing Company Email: ralicensing@medline.com DR Email: bhollen@medline.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☒ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☒ Practitioners	☐ Controlled Substances
☒ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☒ Veterinary Legend Pharmaceuticals
☒ Others: Assisted Living, Surgical Centers, Nursing Homes	☒ Others: cosmetics

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	X	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Bracco Diagnostics Inc.
Address: 259 Prospect Plains Rd Bldg H City: Monroe Township State: NJ Zip: 08831

Name: Gurbert LLC
Address: 821 Alexander Rd Ste 204 City: Princeton State: NJ Zip: 08540

Name: Team Technologies
Address: 5949 Commerce Blvd City: Morristown State: TN Zip: 37814

Name: Sage Products Inc.
Address: 3909 Three Oaks Road City: Cary State: IL Zip: 60013

Section 4: Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name: Medline Industries, LP
Mailing Address: Three Lakes Drive
City: Northfield State: IL Zip: 60093
Telephone: 847 -643-4508 Email: ralicensing@medline.com
Contact Person Name: Tanya Hughes

Section 7: Sole Owner

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	X	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		X
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lara N. Simmons

Print Name of Authorized Person Submitting Application

Lara N Simmons

Original signature of Authorized Person (copies or stamps not accepted)

12/17/21

Date

Board Use Only	Date Received: _____	Amount: 500	Check #0101227863

Medline Industries, LP
FEIN 36-2596612

Limited Partnership Partners:

PARTNERS	Business Address	General or Limited	% of Ownership	FEIN
Mozart GP, LLC	Three Lakes Drive Northfield IL 60093	General	0%	87-2508203
Medline Borrower, LP	Three Lakes Drive Northfield IL 60093	Limited	100%	87-2530238

PARENT COMPANY INFORMATION:
Medline Intermediate, LP
FEIN 87-2521736
State of Formation: DE
Managing Members:

BUSINESS ADDRESS AND PHONE NUMBER FOR ALL LISTED HERE:

THREE LAKES DRIVE
NORTHFIELD IL 60093
PHONE #: 847-949-5500

Title	Name	Address
President	Andrew J. Mills	[redacted] Woodbridge Lane Highland Park, IL 60035
CEO	Charles N. Mills	[redacted] Shoreline Court, Glencoe, IL 60022
COO	James D. Abrams	[redacted] Sheridan Road Highland Park, IL 60035
President of Operations	William K. Abington	[redacted] W Cook Ave Libertyville, IL 60048
President - QA/RA	Lara N. Simmons	[redacted] 60th Street Bristol, WI 53104

Nevada State Board Of Pharmacy

(Firm mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 05/19/2021
Amount: $ 500.00
License #: WH03085

Medline Industries, Inc.
3446 Highway 51 N.
Southaven MS 38672

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Wholesaler
Expires:10/31/2022
Medline Industries, Inc.
3446 Highway 51 N.
Southaven MS 38672

Trim ID Card to fit your wallet

License #
WH03085
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

NEVADA

STATE BOARD OF PHARMACY

Wholesaler

Expires: 10/31/2022
STATUS: Active

License Type: Wholesaler
License #: WH03085

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Managing Pharmacist :

Medline Industries, Inc.
3446 Highway 51 N.
Southaven MS 38672

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Reprinted: 10/21/2021.

MISSISSIPPI
Board of Pharmacy

Permit #
18292 / 16.5

Drug Facility
Wholesale Distributor (In-State)

Medline Industries, LP

Permit Holder:
Bradley Hollen

3446 Highway 51N
Southaven, MS 38672
DeSoto

This permit is not transferable or assignable.

Issued: 03/04/2021
Renewed: 03/04/2021
Expires: 12/31/2022

Susa McCoy
Executive Director

Mississippi Board of Pharmacy | 6360 I-55 North | Suite 400 | Jackson, MS 39211
Phone: 601-899-8880 | Fax: 601-899-8851

Medline Industries, Inc
Disciplinary History

Attachment 4

Date	Facility	Description of State Action	Corrective Actions
8/3/2005	1401 N. Universal Ave, Kansas City, MO 64120	**FILE CLOSED 2010** Medline Industries' Kansas City, MO license (#2003031660) was disciplined for failure to renew on-time and for insufficient temperature control procedures. Medline was placed on probation for 5 years. Throughout the probationary period, the state conducted multiple inspections of the facility and found Medline to be in compliance with all requirements. The probationary period closed in August 2010.	Medline's Regulatory Affairs Department was significantly expanded to include a team of 7 Licensing Specialist that monitor and ensure each of our 200+ licenses are renewed on-time. A temperature control room was also constructed at the facility to ensure product is stored at the appropriate temperature and humidity levels. These control rooms are now a standard feature at our distribution centers, and we have worked closely with VAWD throughout our distribution network to ensure that our temperature control facilities and procedures align with industry best practices.
12/7/2006	9101 Riverside Parkway, Lithia Springs, GA 30122	**FILE CLOSED 2008** Medline's Florida Certified Designated Representative at our Georgia facility resigned unexpectedly. The state of Florida suspended Medline's Florida Out of State Rx Drug Wholesale Distributor Permit (#23.1470) until a new licensed Designated Representative was hired at the facility.	To prevent a situation like this from occurring in the future, every Medline facility licensed in FL has multiple Florida Certified Designated Representatives on staff.
11/16/2007	10601 Southport Drive, Orlando, FL 32824 401 Commerce Blvd., Oldsmar, FL 34677 4750 118th Ave N Clearwater, FL 33762	**FILE CLOSED 2008** Medline Industries was cited for several violations including: failure to pass and maintain a pedigree that met Florida's specific requirements; having the wrong type of permit for activities being performed (in addition to the manufacturing permit that we had, Florida required that we also have a repacker permit); distribution of saline to an unauthorized recipient; and an Rx drug item was found at an unlicensed raw materials storage facility. Several of the violations were challenged and reduced substantially or removed during the settlement process. Medline was assessed and paid a fine for these violations. All issues were addressed and resolved to the satisfaction of the FL DOH. After duly notifying state authorities, as required, we were fined by New York (Cal. No. 27278) for out-of-state professional misconduct. In 2010, Medline made an unrelated business decision to close the Oldsmar and Clearwater facilities.	To address the pedigree issues, Medline instituted a Florida specific pedigree system to ensure that any pedigree shipments within our distribution network with potential to end up in Florida have the required Florida specific documentation. (Note - these requirements have since been preempted by federal law). To address the issue of having the wrong permit type, Medline secured a repackaging permit, in addition to the manufacturing permit the facility already had. To address the sale of saline to an unauthorized person, Medline instituted a new procedure for obtaining and maintaining customer licenses for all Rx drug purchases; this procedure generates an automatic block of any Rx drug orders by an unlicensed customer in our SAP system. The Rx drug item unintentionally stored at our raw materials facility was properly disposed of, and our waste disposal procedures were updated to ensure that this mistake would not recur.
11/26/2007	2708 NE Waldo Rd., Gainesville, FL	**FILE CLOSED 2008** Medline Industries' FL license (# 22:1022) was suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008 (Case # 2007-37412). In 2010, Medline made an unrelated business decision to close this facility.	After this inspection, Medline conducted a thorough review of its policies and procedures. Additionally, an internal auditing program was implemented to ensure that each distribution center is in compliance with internal policies and procedures, as well as state and federal regulations.
3/5/2008	149 New Camellia Blvd., Covington, LA 70433	**FILE CLOSED 2008** Medline Industries' license #4318 was cited for failure to properly maintain copies of current customer licenses on site (Louisiana Administrative Docket #2008006). Medline was assessed and paid a fine. After duly notifying state authorities, as required, we were fined by New York (Cal. No. 27278) for out-of-state professional misconduct.	In addition to storing copies of our customers' licenses at headquarters, we now store these licenses digitally so they can be accessed by our distribution centers.
5/9/2008	5450 W. Stewart Ave., Wausau, WI	**FILE CLOSED 2009** Medline Industries' license (# 1116-045) was cited and fined by the Wisconsin Department of Regulation & Licensing during an inspection. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to have a dividing fence between the Medline managed portion of the facility and the hospital portion of the facility - even though all of the products were owned by the hospital. Medline was also cited for failure to access several policies and procedures during the inspection. Corrections were made and the facility was re-inspected, to the satisfaction of the state (Case #08 PHM 037). After duly notifying state authorities, as required, we were fined by the states of Hawaii (Case #PHA 2009-7-L) and New York (Cal. No. 27278) out-of-state professional misconduct. . In 2010, Medline made an unrelated business decision to close this facility.	Immediately after the inspection, Medline and the owner of the facility erected a locked fence to divide the faculty. Medline also reviewed all of its other facilities to make sure no similar situations existed. In addition, training on where and how to access current policies and procedures was increased for distribution center personnel. This training is in addition to the training they receive on the policies and procedures themselves.
8/21/2008	94-1420 Moaniani St., Waipahu, Hawaii	**FILE CLOSED 2013** Medline Industries' license (PWD 115) was fined $5000 and placed on probation for 5 years for failure to report the Florida and Missouri disciplinary actions within 30 days. While Medline filed the required reports, the 30 day deadline was missed. Probationary period ended August 2013. (Case # PHA 2008-17-L)	Medline takes this oversight very seriously and we have implemented a new process to notify the required boards of any future disciplinary actions within 10 days of a final action.
3/19/2010	1401 N. Universal Ave. Kansas City, MO 64120	**FILE CLOSED 2010** Medline applied for a Colorado Out of State Wholesaler license for the Missouri distribution center and was issued a conditional license by the CO Board of Pharmacy until the facility's MO probation period ended (approximately 5 months). The CO BOP was informed when the MO probationary period was completed, and subsequently removed the encumbered status of this facility's CO license.	See above for corrective actions related to the underlying sanction.
1/6/2021	1501 Harris Rd, Libertyville, IL 60048	**FILE CLOSED 2021** Medline Industries, Inc. License #01-1985050 received a fined $250 by the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file for the physician rather than the TDDD license for the facility. The facility's TDDD license at the time of the sale had expired, unbeknownst to Medline. Case No. A-2020-0054 I-2019-0972-B. The fine was paid on January 21, 2021 and the case was closed.	Medline takes this oversight very seriously. We reviewed our processes and updated our guidelines for the type of license required for business in Ohio to ensure proper type of licenses applied to the customer are valid and current. The TDDD Ohio licenses are reviewed on an annual basis to ensure compliance.

File Number S030704

STATE OF ILLINOIS

OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

MEDLINE INDUSTRIES, LP, HAVING REGISTERED IN THE STATE OF ILLINOIS ON SEPTEMBER 07, 2021, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE UNIFORM LIMITED PARTNERSHIP ACT (2001) OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LP/LLLP IN THE STATE OF ILLINOIS, HAVING FULFILLED ALL REQUIREMENTS OF SAID ACT WITH REGARD TO PAYMENT OF FEES, THE FILING OF ANNUAL REPORTS (IF APPLICABLE) AND NEITHER HAVING BEEN ADMINISTRATIVELY DISSOLVED BY THE SECRETARY OF STATE NOR HAVING VOLUNTARILY FILED A STATEMENT OF TERMINATION.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 9TH *day of* MARCH *A.D.* 2022 .

Jesse White

SECRETARY OF STATE

Authentication #: 2206800282

Authenticate at: https://www.ilsos.gov

NABP ACCREDITED

DRUG DISTRIBUTOR

Medline Industries, LP

located at

3446 Highway 51 N, Southaven, MS 38672

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

06/28/2021 - 06/27/2024
Period of Accreditation

1275

First Name	Last Name	Job Title	Location
MICHAEL	KUFORIJI	Assoc Mgr Warehouse	SOUTHAVEN
JEFFREY	THOMPSON	Dir Engineering	SOUTHAVEN
ROBERT	STANSFIELD	Dir Operations	SOUTHAVEN
MICHAEL	GOODRICH	Mgr Warehouse	SOUTHAVEN
BRADLEY	HOLLEN	Mgr Warehouse	SOUTHAVEN
CODY	MAYO	Mgr Warehouse	SOUTHAVEN
JONATHAN	PARKER	Mgr Warehouse	SOUTHAVEN
MARGARET	DAGASTINO	OPS-Branch Administrator	SOUTHAVEN
YOLANDA	GEORGE	OPS-Branch Administrator	SOUTHAVEN
BRITTANY	NEWSOM	OPS-Branch Administrator	SOUTHAVEN
KRISTIN	RUSSELL	OPS-Branch Administrator	SOUTHAVEN
FELICIA	BLAKE	OPS-Branch Trainer	SOUTHAVEN
MARCUS	BUGGS	OPS-Branch Trainer	SOUTHAVEN
JUSTIN	BUQUOI	OPS-Branch Trainer	SOUTHAVEN
COREY	GATES	OPS-Branch Trainer	SOUTHAVEN
FAMESHA	GLOVER	OPS-Branch Trainer	SOUTHAVEN
LATOYA	GREGORY	OPS-Branch Trainer	SOUTHAVEN
CYNTHIA	HALL	OPS-Branch Trainer	SOUTHAVEN
GARY	JOHNSON	OPS-Branch Trainer	SOUTHAVEN
TAMARA	PRIDE	OPS-Branch Trainer	SOUTHAVEN
ANGELO	SYKES	OPS-Branch Trainer	SOUTHAVEN
MARQUISHA	THOMAS	OPS-Branch Trainer	SOUTHAVEN
ROBERT	THOMPSON	OPS-Branch Trainer	SOUTHAVEN
DIANN	TURNER	OPS-Branch Trainer	SOUTHAVEN
QUAIN	WARD	OPS-Branch Trainer	SOUTHAVEN
CAMERON	BILLINGSLEY	OPS-Delivery Driver	SOUTHAVEN
LAZARUS	CALDWELL	OPS-Delivery Driver	SOUTHAVEN
CHRISTOPHER	WEBB	OPS-Driver I	SOUTHAVEN
KELVIN	BOVAN	OPS-Driver II	SOUTHAVEN
GERALD	BRITT	OPS-Driver II	SOUTHAVEN
RYAN	COVINGTON	OPS-Driver II	SOUTHAVEN
JOHNNY	DAVIS	OPS-Driver II	SOUTHAVEN
TYRONE	DYSON	OPS-Driver II	SOUTHAVEN
JOHN	FARRIS	OPS-Driver II	SOUTHAVEN
ERIC	GENTRY	OPS-Driver II	SOUTHAVEN
DARRELL	HARRISON	OPS-Driver II	SOUTHAVEN
LEKEVA	HILL	OPS-Driver II	SOUTHAVEN
MARK	HUGHES	OPS-Driver II	SOUTHAVEN
CHADDSTON	JONES	OPS-Driver II	SOUTHAVEN
TODD	KIRKPATRICK	OPS-Driver II	SOUTHAVEN
MICHAEL	MILLER	OPS-Driver II	SOUTHAVEN
JASON	REEVES	OPS-Driver II	SOUTHAVEN
MARCUS	ROOKS	OPS-Driver II	SOUTHAVEN
LEONARD	WESLEY	OPS-Driver II	SOUTHAVEN
DONELL	WILLIAMS	OPS-Driver II	SOUTHAVEN
RICHARD	PARR	OPS-Driver Ld	SOUTHAVEN

KEEFER	PODEWILS	OPS-Inventory Control Ld	SOUTHAVEN
DEMETRIA	BURNS	OPS-Inventory Coord	SOUTHAVEN
SONYA	CRAWFORD	OPS-Inventory Coord	SOUTHAVEN
ADAM	DICKEY	OPS-Inventory Coord	SOUTHAVEN
TYLER	MCGUIRE	OPS-Inventory Coord	SOUTHAVEN
MAHI	NDIAYE	OPS-Inventory Coord	SOUTHAVEN
JACOB	ROLLINS	OPS-Inventory Coord	SOUTHAVEN
MIKAL	WALKER	OPS-Inventory Coord	SOUTHAVEN
ADYL	KELLEY	OPS-Inventory Coord Sr	SOUTHAVEN
JAMES	CURTIS	OPS-Janitor	SOUTHAVEN
ARLANDO	HILL	OPS-Janitor	SOUTHAVEN
MICHAEL	JOHNSON	OPS-Janitor	SOUTHAVEN
CHRISTOPHER	TAYLOR	OPS-Janitor	SOUTHAVEN
FREDRICK	YARBROUGH	OPS-Janitor	SOUTHAVEN
CHAKA	LITTLE	OPS-Maintenance Mechanic I	SOUTHAVEN
BENJAMIN	FISH	OPS-Maintenance Mechanic II	SOUTHAVEN
CHRISTOPHER	HILL	OPS-Maintenance Mechanic II	SOUTHAVEN
MICHAEL	TRAHAN	OPS-Maintenance Mechanic II	SOUTHAVEN
ZACHARY	ADAMS	OPS-Maintenance Mechanic Sr	SOUTHAVEN
SELMA	JENNINGS	OPS-MedTrans Branch Admin	SOUTHAVEN
REGINALD	ECHOLS	OPS-Warehouse Clerk	SOUTHAVEN
TAMANESHIA	MURRY	OPS-Warehouse Clerk	SOUTHAVEN
QUENTIN	BALAMS	OPS-Warehouse Ld	SOUTHAVEN
MALVERTA	BRIGGS	OPS-Warehouse Ld	SOUTHAVEN
RASHEEDAH	BROOKINS	OPS-Warehouse Ld	SOUTHAVEN
NATRON	BROWN	OPS-Warehouse Ld	SOUTHAVEN
SANDRA	COLE	OPS-Warehouse Ld	SOUTHAVEN
JEREMY	GLOVER	OPS-Warehouse Ld	SOUTHAVEN
RAYMOND	JACKSON	OPS-Warehouse Ld	SOUTHAVEN
MIGUEL	MARTINEZ	OPS-Warehouse Ld	SOUTHAVEN
ANTHONY	MILLER	OPS-Warehouse Ld	SOUTHAVEN
JAMILAH	ABRAMS	OPS-Warehouse Operator	SOUTHAVEN
KARMESHA	ALLEN	OPS-Warehouse Operator	SOUTHAVEN
KENNETH	ALLEN	OPS-Warehouse Operator	SOUTHAVEN
BARTHOLOMEW	AMAECHI	OPS-Warehouse Operator	SOUTHAVEN
JASMINE	ANDERSON	OPS-Warehouse Operator	SOUTHAVEN
SAMYIA	ANDERSON	OPS-Warehouse Operator	SOUTHAVEN
LADARIUS	ARMSTEAD	OPS-Warehouse Operator	SOUTHAVEN
REAYATTA	AUSTIN	OPS-Warehouse Operator	SOUTHAVEN
TAMIKA	BAKER	OPS-Warehouse Operator	SOUTHAVEN
BRANDON	BARBER	OPS-Warehouse Operator	SOUTHAVEN
JADA	BELL	OPS-Warehouse Operator	SOUTHAVEN
DEMOND	BENSON	OPS-Warehouse Operator	SOUTHAVEN
CHRISTOPHER	BERRY	OPS-Warehouse Operator	SOUTHAVEN
SORIAH	BISHOP	OPS-Warehouse Operator	SOUTHAVEN
MORRIQUES	BOOKER	OPS-Warehouse Operator	SOUTHAVEN
DEJARVALIN	BOSS	OPS-Warehouse Operator	SOUTHAVEN

KENTRELL	BOWEN	OPS-Warehouse Operator	SOUTHAVEN
PATRICK	BOWMAN	OPS-Warehouse Operator	SOUTHAVEN
CARLA	BOYD	OPS-Warehouse Operator	SOUTHAVEN
ANDREON	BRADLEY	OPS-Warehouse Operator	SOUTHAVEN
JOEL	BRADLEY	OPS-Warehouse Operator	SOUTHAVEN
ISAAC	BRAGG	OPS-Warehouse Operator	SOUTHAVEN
JESSICA	BRANUM	OPS-Warehouse Operator	SOUTHAVEN
AARON	BRECHIN	OPS-Warehouse Operator	SOUTHAVEN
DAVID	BROWN	OPS-Warehouse Operator	SOUTHAVEN
KEITH	BROWN	OPS-Warehouse Operator	SOUTHAVEN
SCOTTY	BROWN	OPS-Warehouse Operator	SOUTHAVEN
STEPHANIE	BROWN	OPS-Warehouse Operator	SOUTHAVEN
STEPHANIE	BROWN	OPS-Warehouse Operator	SOUTHAVEN
TARSHA	BROWN	OPS-Warehouse Operator	SOUTHAVEN
BRENTSON	BRUNT	OPS-Warehouse Operator	SOUTHAVEN
KIARA	BRYANT	OPS-Warehouse Operator	SOUTHAVEN
MYSHONICA	BUFORD	OPS-Warehouse Operator	SOUTHAVEN
RASHUNDA	BURKINS	OPS-Warehouse Operator	SOUTHAVEN
APRIL	BUSH	OPS-Warehouse Operator	SOUTHAVEN
AUDREY	CAL	OPS-Warehouse Operator	SOUTHAVEN
CHARLES	CAMP	OPS-Warehouse Operator	SOUTHAVEN
JESSICA	CAMPBELL	OPS-Warehouse Operator	SOUTHAVEN
MARIA	CARIAS VILLALOBOS	OPS-Warehouse Operator	SOUTHAVEN
JESSICA	CHANDLER	OPS-Warehouse Operator	SOUTHAVEN
TALISICA	CHANDLER	OPS-Warehouse Operator	SOUTHAVEN
CRYSTAL	CLARK	OPS-Warehouse Operator	SOUTHAVEN
LINDA	COHEN	OPS-Warehouse Operator	SOUTHAVEN
CALEICIA	COLEMAN	OPS-Warehouse Operator	SOUTHAVEN
LATOSHA	COLLINS	OPS-Warehouse Operator	SOUTHAVEN
MARIA	COOKBEY	OPS-Warehouse Operator	SOUTHAVEN
KOREY	COOPER	OPS-Warehouse Operator	SOUTHAVEN
CARLOS	COPELAND	OPS-Warehouse Operator	SOUTHAVEN
TERESA	CORNELIO DE ROSALES	OPS-Warehouse Operator	SOUTHAVEN
HELLON	CRAIG	OPS-Warehouse Operator	SOUTHAVEN
RICKY	CRAIG	OPS-Warehouse Operator	SOUTHAVEN
TESHEENA	CURTIS	OPS-Warehouse Operator	SOUTHAVEN
WESLEY	CUSTER	OPS-Warehouse Operator	SOUTHAVEN
TYRIQUE	DARLING	OPS-Warehouse Operator	SOUTHAVEN
ASHTON	DAVIDSON	OPS-Warehouse Operator	SOUTHAVEN
BRIAN	DAVIS	OPS-Warehouse Operator	SOUTHAVEN
MARSHEON	DAVIS	OPS-Warehouse Operator	SOUTHAVEN
BENNETTA	DEAN	OPS-Warehouse Operator	SOUTHAVEN
KENESHIA	EASON	OPS-Warehouse Operator	SOUTHAVEN
LAWRENCE	EASON	OPS-Warehouse Operator	SOUTHAVEN
MARY	EASON	OPS-Warehouse Operator	SOUTHAVEN
KEVIN	ECHOLS II	OPS-Warehouse Operator	SOUTHAVEN
TERRENCE	EDWARDS	OPS-Warehouse Operator	SOUTHAVEN

JIMMY	ELY	OPS-Warehouse Operator	SOUTHAVEN
MATINA	EPPINGER	OPS-Warehouse Operator	SOUTHAVEN
MARLVIN	EVANS	OPS-Warehouse Operator	SOUTHAVEN
TAKITSHA	EVANS	OPS-Warehouse Operator	SOUTHAVEN
DERRICK	FAULKNER	OPS-Warehouse Operator	SOUTHAVEN
ILETA	FAVELL	OPS-Warehouse Operator	SOUTHAVEN
TONYA	FITZGERALD	OPS-Warehouse Operator	SOUTHAVEN
JERONE	FLOWERS	OPS-Warehouse Operator	SOUTHAVEN
ERIC	FOREST	OPS-Warehouse Operator	SOUTHAVEN
LAQUISHA	FOXX	OPS-Warehouse Operator	SOUTHAVEN
DAPHNE	FOXX-DAVIS	OPS-Warehouse Operator	SOUTHAVEN
RENADA	GARNER	OPS-Warehouse Operator	SOUTHAVEN
JULIUS	GEE	OPS-Warehouse Operator	SOUTHAVEN
JEFFERY	GILLIAM	OPS-Warehouse Operator	SOUTHAVEN
LAQUANA	GILLIAND	OPS-Warehouse Operator	SOUTHAVEN
DARON	GLADNEY	OPS-Warehouse Operator	SOUTHAVEN
TYRANNY	GREEN	OPS-Warehouse Operator	SOUTHAVEN
GERALD	GREER	OPS-Warehouse Operator	SOUTHAVEN
KATRINA	HAMILTON	OPS-Warehouse Operator	SOUTHAVEN
KRISTIN	HARPER	OPS-Warehouse Operator	SOUTHAVEN
SHAKIMBERLY	HARRIS	OPS-Warehouse Operator	SOUTHAVEN
TAVARAUS	HARRIS	OPS-Warehouse Operator	SOUTHAVEN
CADARIUS	HART	OPS-Warehouse Operator	SOUTHAVEN
CARLA	HATCHET	OPS-Warehouse Operator	SOUTHAVEN
TECHIARA	HAYDEN	OPS-Warehouse Operator	SOUTHAVEN
LAURA	HERMOSILLO	OPS-Warehouse Operator	SOUTHAVEN
GABRIEL	HIBLER	OPS-Warehouse Operator	SOUTHAVEN
DARYL	HILL	OPS-Warehouse Operator	SOUTHAVEN
LATICIE	HILL	OPS-Warehouse Operator	SOUTHAVEN
JOZLYN	HINES	OPS-Warehouse Operator	SOUTHAVEN
CORY	HOBBS	OPS-Warehouse Operator	SOUTHAVEN
CARNETTA	HODGES	OPS-Warehouse Operator	SOUTHAVEN
RONA	HOLLOMON	OPS-Warehouse Operator	SOUTHAVEN
MICHELLE	HOLLOWAY	OPS-Warehouse Operator	SOUTHAVEN
CARMEN	HOLMAN	OPS-Warehouse Operator	SOUTHAVEN
DANIELLE	HOLT	OPS-Warehouse Operator	SOUTHAVEN
ERICA	HOLT	OPS-Warehouse Operator	SOUTHAVEN
HENRY	HOUSTON	OPS-Warehouse Operator	SOUTHAVEN
CIERA	JACKSON	OPS-Warehouse Operator	SOUTHAVEN
EBONIE	JACKSON	OPS-Warehouse Operator	SOUTHAVEN
TIERRANI	JACKSON	OPS-Warehouse Operator	SOUTHAVEN
JALEXIS	JAMES	OPS-Warehouse Operator	SOUTHAVEN
PRINCETON	JAMES	OPS-Warehouse Operator	SOUTHAVEN
SHALETHA	JENNINGS	OPS-Warehouse Operator	SOUTHAVEN
LATONYA	JOHNSON	OPS-Warehouse Operator	SOUTHAVEN
MARQUITA	JOHNSON	OPS-Warehouse Operator	SOUTHAVEN
SHERITA	JOHNSON	OPS-Warehouse Operator	SOUTHAVEN

JESSICA	JONES	OPS-Warehouse Operator	SOUTHAVEN
KAMI	JONES	OPS-Warehouse Operator	SOUTHAVEN
KIRISTIEN	JONES	OPS-Warehouse Operator	SOUTHAVEN
MARLACEIA	JONES	OPS-Warehouse Operator	SOUTHAVEN
MARLEN	JONES	OPS-Warehouse Operator	SOUTHAVEN
ODAREIUS	JONES	OPS-Warehouse Operator	SOUTHAVEN
XAVIA	JONES	OPS-Warehouse Operator	SOUTHAVEN
MONTRELL	JORDAN	OPS-Warehouse Operator	SOUTHAVEN
MAKEITHRA	JOYCE	OPS-Warehouse Operator	SOUTHAVEN
TAUNDRI	JOYNER	OPS-Warehouse Operator	SOUTHAVEN
TOLERICO	KIRBY	OPS-Warehouse Operator	SOUTHAVEN
JACKSON	LAY	OPS-Warehouse Operator	SOUTHAVEN
BRIANNA	LEVINGSTON	OPS-Warehouse Operator	SOUTHAVEN
TAMMY	LEWIS	OPS-Warehouse Operator	SOUTHAVEN
XAVIER	LEWIS	OPS-Warehouse Operator	SOUTHAVEN
RHANDAL	LINZY	OPS-Warehouse Operator	SOUTHAVEN
RYAN	LOVE	OPS-Warehouse Operator	SOUTHAVEN
ANTANET	MACK	OPS-Warehouse Operator	SOUTHAVEN
TRISTAN	MARION	OPS-Warehouse Operator	SOUTHAVEN
DESHUN	MARSHALL	OPS-Warehouse Operator	SOUTHAVEN
BRITTANY	MASON	OPS-Warehouse Operator	SOUTHAVEN
DEEANDREA	MASSEY	OPS-Warehouse Operator	SOUTHAVEN
SARAH	MATTHEWS	OPS-Warehouse Operator	SOUTHAVEN
JUSTIN	MAXEY	OPS-Warehouse Operator	SOUTHAVEN
ANNIE	MCCLINTON	OPS-Warehouse Operator	SOUTHAVEN
JONATHAN	MCCOMB	OPS-Warehouse Operator	SOUTHAVEN
KATISHA	MCCUISTON	OPS-Warehouse Operator	SOUTHAVEN
SHARONDA	MCDONALD	OPS-Warehouse Operator	SOUTHAVEN
NATASHA	MCELROY	OPS-Warehouse Operator	SOUTHAVEN
MARIETTA	MCGHEE	OPS-Warehouse Operator	SOUTHAVEN
ZACHERY	MCKEE	OPS-Warehouse Operator	SOUTHAVEN
TIMOTHY	MEADOWS	OPS-Warehouse Operator	SOUTHAVEN
JOACHIM	MEANS	OPS-Warehouse Operator	SOUTHAVEN
EDWARD	MINOR	OPS-Warehouse Operator	SOUTHAVEN
MARY	MORGAN	OPS-Warehouse Operator	SOUTHAVEN
ALEXANDRIA	MORRIS	OPS-Warehouse Operator	SOUTHAVEN
LASHON	MORRIS	OPS-Warehouse Operator	SOUTHAVEN
TARI	MOSS	OPS-Warehouse Operator	SOUTHAVEN
SAM	MOTLEY	OPS-Warehouse Operator	SOUTHAVEN
BREANNA	MYERS	OPS-Warehouse Operator	SOUTHAVEN
JOSEPH	NEWLON	OPS-Warehouse Operator	SOUTHAVEN
SALISA	NEWSON	OPS-Warehouse Operator	SOUTHAVEN
YOLONDA	NEWSON	OPS-Warehouse Operator	SOUTHAVEN
TAKEISHA	NICHOLSON	OPS-Warehouse Operator	SOUTHAVEN
O'NEAL	NUGENT	OPS-Warehouse Operator	SOUTHAVEN
JARVIS	OLIVER	OPS-Warehouse Operator	SOUTHAVEN
COREY	PARHAM	OPS-Warehouse Operator	SOUTHAVEN

KYAIRA	PARKER	OPS-Warehouse Operator	SOUTHAVEN
LUQURETTA	PARNELL	OPS-Warehouse Operator	SOUTHAVEN
DEANGLEO	PAYNE	OPS-Warehouse Operator	SOUTHAVEN
DEYSI	PENA	OPS-Warehouse Operator	SOUTHAVEN
DOMINIQUE	PERKINS	OPS-Warehouse Operator	SOUTHAVEN
QUENTIN	PETTIES	OPS-Warehouse Operator	SOUTHAVEN
AMBER	PHILLIPS	OPS-Warehouse Operator	SOUTHAVEN
ERMA	PHILLIPS	OPS-Warehouse Operator	SOUTHAVEN
TANGALA	PHILLIPS	OPS-Warehouse Operator	SOUTHAVEN
WENONA	PINIY	OPS-Warehouse Operator	SOUTHAVEN
LAQUINTA	PIPKIN	OPS-Warehouse Operator	SOUTHAVEN
TIFFANY	POLK	OPS-Warehouse Operator	SOUTHAVEN
KENNETH	POSEY	OPS-Warehouse Operator	SOUTHAVEN
DIMITRIUS	PROVATOPOULOS	OPS-Warehouse Operator	SOUTHAVEN
SHUNTERRIA	QUALLS	OPS-Warehouse Operator	SOUTHAVEN
QUINCE	RAMSEY	OPS-Warehouse Operator	SOUTHAVEN
LAKENDA	RATLIFF	OPS-Warehouse Operator	SOUTHAVEN
MELISSA	READUS	OPS-Warehouse Operator	SOUTHAVEN
FRANK	REDMOND	OPS-Warehouse Operator	SOUTHAVEN
KAREAN	REEDSMITH	OPS-Warehouse Operator	SOUTHAVEN
TONYA	REEVES	OPS-Warehouse Operator	SOUTHAVEN
DAULTON	ROBERTS	OPS-Warehouse Operator	SOUTHAVEN
JONATHAN	RODRIGUEZ	OPS-Warehouse Operator	SOUTHAVEN
ARACELI	RODRIGUEZ-GUERRERO	OPS-Warehouse Operator	SOUTHAVEN
MELISSA	ROSALEZ	OPS-Warehouse Operator	SOUTHAVEN
RACHEL	RUNPIN	OPS-Warehouse Operator	SOUTHAVEN
OLGA	SAMAYOA	OPS-Warehouse Operator	SOUTHAVEN
JEREMY	SANDERS	OPS-Warehouse Operator	SOUTHAVEN
KATRINA	SANDERS	OPS-Warehouse Operator	SOUTHAVEN
WHITNEY	SANDERS	OPS-Warehouse Operator	SOUTHAVEN
JAMES	SAULSBERRY	OPS-Warehouse Operator	SOUTHAVEN
DANIEL	SEEVER	OPS-Warehouse Operator	SOUTHAVEN
ROBYN	SHELLY	OPS-Warehouse Operator	SOUTHAVEN
JAMES	SHELTON	OPS-Warehouse Operator	SOUTHAVEN
KAYLA	SHOLAR	OPS-Warehouse Operator	SOUTHAVEN
LADARIUS	SIMS	OPS-Warehouse Operator	SOUTHAVEN
NYQUEASHA	SIMS	OPS-Warehouse Operator	SOUTHAVEN
REGINALD	SIMS	OPS-Warehouse Operator	SOUTHAVEN
IESHA	SIPP	OPS-Warehouse Operator	SOUTHAVEN
KAYLA	SIPP	OPS-Warehouse Operator	SOUTHAVEN
ANTONIO	SMITH	OPS-Warehouse Operator	SOUTHAVEN
EZELL	SMITH	OPS-Warehouse Operator	SOUTHAVEN
LATASHA	SMITH	OPS-Warehouse Operator	SOUTHAVEN
DEVON	SPOONMORE	OPS-Warehouse Operator	SOUTHAVEN
RAVEN	ST.CLAIR	OPS-Warehouse Operator	SOUTHAVEN
ANITA	STEWART	OPS-Warehouse Operator	SOUTHAVEN
JOHNNY	STEWART	OPS-Warehouse Operator	SOUTHAVEN

ERICA	STIGLER	OPS-Warehouse Operator	SOUTHAVEN
TORRENCE	STOKES	OPS-Warehouse Operator	SOUTHAVEN
RANDY	SUELL	OPS-Warehouse Operator	SOUTHAVEN
JOHN	SULLIVAN	OPS-Warehouse Operator	SOUTHAVEN
CHRISTOPHER	TATE	OPS-Warehouse Operator	SOUTHAVEN
CHHOUNG	THACH	OPS-Warehouse Operator	SOUTHAVEN
NEKA	THOMAS	OPS-Warehouse Operator	SOUTHAVEN
DAVID	TODD	OPS-Warehouse Operator	SOUTHAVEN
REGINALD	TOLES	OPS-Warehouse Operator	SOUTHAVEN
JIMMIETTA	TRIBBLETT	OPS-Warehouse Operator	SOUTHAVEN
DARRELL	TRICE	OPS-Warehouse Operator	SOUTHAVEN
CARLA	TURNER	OPS-Warehouse Operator	SOUTHAVEN
SHEENA	UPCHURCH	OPS-Warehouse Operator	SOUTHAVEN
JENNIFER	VARGAS	OPS-Warehouse Operator	SOUTHAVEN
MARIA	VASQUEZ	OPS-Warehouse Operator	SOUTHAVEN
LASHONDA	VAUGHN	OPS-Warehouse Operator	SOUTHAVEN
CHRIS	VORTIS	OPS-Warehouse Operator	SOUTHAVEN
LATONYA	VORTIS	OPS-Warehouse Operator	SOUTHAVEN
ROBERT	WALKER	OPS-Warehouse Operator	SOUTHAVEN
JENNIFER	WALLS	OPS-Warehouse Operator	SOUTHAVEN
AMANDA	WARE	OPS-Warehouse Operator	SOUTHAVEN
KATRINA	WASHINGTON	OPS-Warehouse Operator	SOUTHAVEN
LEDARIA	WASHINGTON	OPS-Warehouse Operator	SOUTHAVEN
NIKOS	WATSON	OPS-Warehouse Operator	SOUTHAVEN
TRAVEYAS	WATSON	OPS-Warehouse Operator	SOUTHAVEN
MARQUELL	WEEKS	OPS-Warehouse Operator	SOUTHAVEN
DAPHNE	WELCH-ORMS	OPS-Warehouse Operator	SOUTHAVEN
EUGENE	WEST	OPS-Warehouse Operator	SOUTHAVEN
TAUREAN	WEST	OPS-Warehouse Operator	SOUTHAVEN
FREDDIE	WHITE	OPS-Warehouse Operator	SOUTHAVEN
JT	WHITE	OPS-Warehouse Operator	SOUTHAVEN
TRACY	WHITLOCK	OPS-Warehouse Operator	SOUTHAVEN
JACOB	WILABAY	OPS-Warehouse Operator	SOUTHAVEN
DARRIEL	WILKINS	OPS-Warehouse Operator	SOUTHAVEN
AMIR	WILLIAMS	OPS-Warehouse Operator	SOUTHAVEN
ANGELA	WILLIAMS	OPS-Warehouse Operator	SOUTHAVEN
ARMANDA	WILLIAMS	OPS-Warehouse Operator	SOUTHAVEN
ASHLEY	WILLIAMS	OPS-Warehouse Operator	SOUTHAVEN
ASHLEY	WILLIAMS	OPS-Warehouse Operator	SOUTHAVEN
CARLESTER	WILLIAMS	OPS-Warehouse Operator	SOUTHAVEN
CHAMEKIA	WILLIAMS	OPS-Warehouse Operator	SOUTHAVEN
JOSEPH	WILLIAMS	OPS-Warehouse Operator	SOUTHAVEN
SEQUOYAH	WILLIAMS	OPS-Warehouse Operator	SOUTHAVEN
TALETHIA	WILLIAMS	OPS-Warehouse Operator	SOUTHAVEN
MICHAEL	WINFREY	OPS-Warehouse Operator	SOUTHAVEN
TROMAN	WOODY	OPS-Warehouse Operator	SOUTHAVEN
MONTERIO	WRICE	OPS-Warehouse Operator	SOUTHAVEN

KELSEY	WRIGHT	OPS-Warehouse Operator	SOUTHAVEN
KENNETH	WRIGHT	OPS-Warehouse Operator	SOUTHAVEN
LATASHA	YANCEY	OPS-Warehouse Operator	SOUTHAVEN
DAVID	YOUNG	OPS-Warehouse Operator	SOUTHAVEN
MARVON	BECTON	OPS-Warehouse Operator OST	SOUTHAVEN
CORTEZ	TURNER	OPS-Warehouse Operator OST	SOUTHAVEN
BRIAN	WOODALL	OPS-Warehouse Operator OST	SOUTHAVEN
CORDELL	YOUNG	OPS-Warehouse Operator OST	SOUTHAVEN
TIMITHY	KRENNER	Sr Mgr Medtrans	SOUTHAVEN
WAYNE	SNELL	Sr Supv Warehouse	SOUTHAVEN
CHARLIE	SMITH	Supv Inventory Ctrl	SOUTHAVEN
MARK	MCGEE	Supv Maintenance	SOUTHAVEN
QUIVEN	BRITTON	Supv MedTrans	SOUTHAVEN
MOHAMADOU	BA	Supv Warehouse	SOUTHAVEN
VICTOR	BLEVINS	Supv Warehouse	SOUTHAVEN
RYAN	BOYLES	Supv Warehouse	SOUTHAVEN
LATOYA	BRIDGES	Supv Warehouse	SOUTHAVEN
DEBRA	CHENAILLE	Supv Warehouse	SOUTHAVEN
CASSANDRA	DAVIS	Supv Warehouse	SOUTHAVEN
EDDIE	DODSON	Supv Warehouse	SOUTHAVEN
NOAH	GALYEAN	Supv Warehouse	SOUTHAVEN
ADRIAN	HILL	Supv Warehouse	SOUTHAVEN
MICHAEL	HODERMAN	Supv Warehouse	SOUTHAVEN
CHRISTOPHER	HOLLOBAUGH	Supv Warehouse	SOUTHAVEN
LISA	PERREAULT	Supv Warehouse	SOUTHAVEN
CHARLES	RANDLES	Supv Warehouse	SOUTHAVEN
CARLOS	TAYLOR	Supv Warehouse	SOUTHAVEN

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Medline Industries, LP

Physical Address: 3446 Highway 51 N.

City: Southaven State: MS Zip: 38672

Mailing Address (if different from physical address): Three Lakes Drive RA LIC 3-D

City: Northfield State: Illinois Zip: 60093

Telephone: 1-800-Medline Website: www.medline.com

Licensing Company Email: ralicensing@medline.com

Section 2: Personal Information

First: Bradley Middle: James Last: Hollen

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]Mitchell Place

City: Olive Branch State: MS Zip: 38654

Telephone: [redacted] Email: bhollen@medline.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✓	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✓	
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: 1/2010 to: 1/2016

Military Occupation/Specialty: Indiana Air National Guard

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ■ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 630.329)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: BH

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Iupui		2016 - 2016	
Address	**City**	**State**	**Zip**
420 University Blvd	Indianapolis	IN	46202
Diploma/Degree obtained, if any			
Business Management			

School Name		From - To (MM/YY – MM/YY)	
Indiana State University		2008 - 2010	
Address	**City**	**State**	**Zip**
200 N 7th St.	Terre Haute	IN	47809
Diploma/Degree obtained, if any			
Business Management			

School Name		From - To (MM/YY – MM/YY)	
Brownsburg		2006 - 2009	
Address	**City**	**State**	**Zip**
1000 S Odell St	Brownsburg	IN	46112
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/2020 - Present	[redacted] Mitchell Place	Olive Branch	MS	38654
4/2018 - 3/2020	[redacted] Blue Sky Drive	Avon	IN	46123
1/2000 - 4/2018	[redacted] Mohawk Trail	Brownburg	IN	46234

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
See Attached Resume			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
See Attached Resume				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials BH

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Please see attached Discipline History

Original Signature (electronic, copies or stamps not accepted)

12.22.21
Date

Applicant's initials BH

I, Bradley Hollen, **certify that as the designated representative for**

Medline Industries, LP,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Bradley Hollen

Print Name (First, Last)

Bradley Hollen

Original Signature (electronic, copies or stamps not accepted)

12·22·21

Date

Applicant's initials BH

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Bradley Hollen

Print Name (First, Last)

Bradley Hollen — 12.22.21

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of ILLINOIS, ss. County of Lake

I, Bradley Hollen, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Bradley Hollen — 12.22.21

Original Signature — **Date**

Subscribed and Sworn to before me this 22 day of December 2021

Notary Public Signature

OFFICIAL SEAL
MARK CALLOW
NOTARY PUBLIC, STATE OF ILLINOIS
LAKE COUNTY
MY COMMISSION EXPIRES 11/13/2024

(Seal)

Applicant's initials BH

Bradley Hollen

[redacted]Mitchel Place
Olive Branch, MS 38654
[redacted]

Summary

Dependable Manager with 9+ years of employee supervision and warehouse management. Skilled at managing all aspects of the warehouse and staying safety compliant. Promoted to positions of increased responsibility given strong people skills and operational excellence.

Employment History

Medline Industries
Southaven, MS
April 2021-Present

-Promotes a safe work environment and enforces plant safety policies and procedures
-Supports Human Resource process throughout branch
-Supports Supervisor development and growth through one on one training sessions
-Supports local sales to support customer service
-Lead and support daily processes to ensure order fulfillment
- Personally involved in the handling, distribution, shipping and record keeping of prescription drugs at the facility.

Warehouse Manager
Memphis, TN
August 2020-April 2021

-Promotes a safe work environment and enforces plant safety policies and procedures
-Supports Human Resource process throughout branch
-Supports Supervisor development and growth through one on one training sessions
-Supports local sales to support customer service
-Lead and support daily processes to ensure order fulfillment
- Personally involved in the handling, distribution, shipping and record keeping of prescription drugs at the facility.

Medline Industries

Warehouse Manager
Plainfield, Indiana
January 2020-Present

-Promotes a safe work environment and enforces plant safety policies and procedures
-Supports Human Resource process throughout branch
-Supports Supervisor development and growth through one on one training sessions
-Supports local sales to support customer service
-Lead and support daily processes to ensure order fulfillment
- Personally involved in the handling, distribution, shipping and record keeping of prescription drugs at the facility.

LSC Communications

Operations Manager
Plainfield, Indiana
June 2019- January 2020

- Completes production plan by scheduling and assigning personnel
- Creates and revises systems and procedures
- Develop specific goals and plans to prioritize, organize, and accomplish group objectives
- Promotes safe work practices and enforces plant safety policies

Fastenal

Shipping Manager
Indianapolis, Indiana
August 2017 – June 2019

- Department loads 50 trailers at 40k lbs for 15 hubs around the country each day
- Department unloads 30 trailers a day
- 24/7 operations
- Schedules 3PL and outside freight
- Employee development
- Payroll
- Interview Process

Picking Manager

March 2015-August 2017

- Oversee 135 part time employees and 15 full time employees
- 30k picks a day
- In charge of 35 million dollars of inventory
- Cost reduction
- Employee development
- Payroll
- Interview Process

Receiving Manager

April 2012- March 2015

- Cost reduction
- Employee Retention
- Accounts payable/receivable
- 20 million dollars of inventory
- Payroll
- Interview Process

Receiving

August 2009- April 2012

- Employee training and development
- Accounts payable
- Cost of goods
- Cost reduction

Indiana Air National Guard
TACP
Terre Haute, Indiana
January 2010 – January 2016

- Time Management
- Critical thinking
- Training and supervision
- Teamwork

Languages

English: Native

German: Beginner
Spanish: Beginner

Education

Indiana State University
Business Management
Terre Haute, Indiana
Transferred May 2011

Iupui
Business Management
Indianapolis, Indiana
Deferred May 2016

References

Professional-Matthew Carter (765) 730-6286

Professional-Matthew Gohn (317) 397-6752

Personal-Aaron Kaiser (317) 682-8925

Personal-Ben Krushinski (317) 385-9710

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Physical Address 3446 Highway 51 N

City Southaven State MS Zip 38672

Mailing Address (if different from physical address) Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Lara Middle N Last Simmons

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Address [redacted] Lakes Drive

City Northfield State IL Zip 60093

Telephone [redacted] Email ralicensing@medline.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials LS

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Wisconsin - Parkside		1986 - 1991	
Address	**City**	**State**	**Zip**
900 Wood Rd	Kenosha	WI	53144
Diploma/Degree obtained, if any			
BA in Economics			

School Name		From - To (MM/YY – MM/YY)	
Waterford Union High School		1982-1986	
Address	**City**	**State**	**Zip**
611 W Main Street	Waterford	WI	53185
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1997 - Present	[redacted] 60th Street	Bristol	WI	53104
N/A				
N/A				
N/A				
N/A				
N/A				
N/A				
N/A				
N/A				
N/A				

Applicant's initials LS

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Medline Industries, LP formerly known as Medline Industries, Inc.			1991 - Present
Business Address	**City**	**State**	**Zip**
Three Lakes Drive	Northfield	IL	60093
Phone	**Title**		
847-949-5500	President QA/RA		
Description of Duties			
See Attached			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials LS

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials LS

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See Attachment

Dana N Simmons
Original Signature (electronic, copies or stamps not accepted)

10/11/21
Date

Applicant's initials LS

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lara N. Simmons

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/17/21

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, Lara N. Simmons, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12/17/21

Date

Subscribed and Sworn to before me this 17 day of December 2021

Notary Public Signature

OFFICIAL SEAL
MARK CALLOW
NOTARY PUBLIC, STATE OF ILLINOIS
LAKE COUNTY
MY COMMISSION EXPIRES 11/13/2024

(Seal)

Applicant's initials LS

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Medline Industries, LP

Physical Address: 3446 Highway 51 N

City: Southaven State: MS Zip: 38672

Mailing Address (if different from physical address): Three Lakes Drive

City: Northfield State: IL Zip: 60093

Telephone: 847-949-5500 Website: www.Medline.com

Licensing Company Email: ralicensing@medline.com

Section 2: Personal Information

First: Charles Middle: N Last: Mills

Alias(es, nicknames, name changes, etc.): Charlie

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Lakes Drive

City: Northfield State: IL Zip: 60093

Telephone: [redacted] Email: ralicensing@medline

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: CM

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Cornell University		1979-1984	
Address	**City**	**State**	**Zip**
616 Thurston Avenue	Ithaca	NY	14853
Diploma/Degree obtained, if any			
Undergrad in 1983 and Masters in 1984			

School Name		From - To (MM/YY – MM/YY)	
New Trier West High School		1975-1979	
Address	**City**	**State**	**Zip**
7 Happ Road	Northfield	IL	60093
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2019-Present	[redacted]Shoreline Ct	Glencoe	IL	60022
2017-2019	[redacted] Ardsley Road	Winnetka	IL	60093
1999-2017	[redacted]South Ridge Road	Lake Forest	IL	60045
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials CM

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Medline Industries, LP formerly known as Medline Industries, Inc.			1986- Current
Business Address	**City**	**State**	**Zip**
Three Lakes Drive	Northfield	IL	60093
Phone	**Title**		
847-949-5500	CEO		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials CM

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See Attachment

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials CM

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Charles N. Mills

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12-27-21

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, Charles N. Mills, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12-27-21

Date

Subscribed and Sworn to before me this 27 day of December 2021

Notary Public Signature

OFFICIAL SEAL
MARK CALLOW
NOTARY PUBLIC, STATE OF ILLINOIS
LAKE COUNTY
MY COMMISSION EXPIRES 11/13/2024

(Seal)

Applicant's initials CM

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Physical Address 3446 Highway 51 N

City Southaven State MS Zip 38672

Mailing Address (if different from physical address) Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline,com

Licensing Company Email ralicensing@medline.com

Section 2: Personal Information

First Andrew Middle J Last Mills

Alias(es, nicknames, name changes, etc.) Andy

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Lakes Drive

City Northfield State IL Zip 60093

Telephon [redacted] Email ralicensing@medline.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials AJM

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
J.L. Kellogg School of Management at Northwestern University		1983-1985	
Address	**City**	**State**	**Zip**
2211 Campus Dr	Evanston	IL	60208
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
Tulane University		1979-1983	
Address	**City**	**State**	**Zip**
6823 St. Charles Avenue	New Orleans	LA	70118
Diploma/Degree obtained, if any			
Bachelor of Science			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
over 10 years	[redacted] Woodbridge Ln	Highland Park	IL	60035
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials AJM

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Medline Industries, LP formerly known as Medline Industries, Inc.			- current
Business Address	**City**	**State**	**Zip**
Three Lakes Drive	Northfield	IL	60093
Phone	**Title**		
847-949-5500	President		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials AJM

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See Attachment

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials AJM

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Andrew J Mills

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12-27-21

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, Andrew J. Mills, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12-27-21

Date

Subscribed and Sworn to before me this 27 day of December 2021.

Notary Public Signature

OFFICIAL SEAL
MARK CALLOW
NOTARY PUBLIC, STATE OF ILLINOIS
LAKE COUNTY
MY COMMISSION EXPIRES 11/13/2024

(Seal)

Applicant's initials AJM

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Medline Industries, LP

Physical Address: 3446 Highway 51N

City: Southaven State: MS Zip: 38672

Mailing Address (if different from physical address): Three Lakes Drive

City: Northfield State: IL Zip: 60093

Telephone: 847-949-5500 Website: www.medline.com

Licensing Company Email: ralicensing@medline.com

Section 2: Personal Information

First: James Middle: D Last: Abrams

Alias(es, nicknames, name changes, etc.): Jimmy

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Lakes Drive

City: Northfield State: IL Zip: 60093

Telephone: [redacted] Email: ralicensing@medline.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: JDA

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
The University of Chicago Law School		1984-1987	
Address	**City**	**State**	**Zip**
1111 E 60th St	Chicago	IL	60637
Diploma/Degree obtained, if any			
Law Degree			

School Name		From - To (MM/YY – MM/YY)	
The University of Michigan		1980-1984	
Address	**City**	**State**	**Zip**
500 S State Street	Ann Arbor	MI	48109
Diploma/Degree obtained, if any			
Bachelor of Arts Degree			

School Name		From - To (MM/YY – MM/YY)	
Highland Park High School		1976-1980	
Address	**City**	**State**	**Zip**
433 Vine Avenue	Highland Park	IL	60035
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
Over 10 years	[redacted] Sheridan Road	Highland Park	IL	60035
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Mesline Industries, LP formerly known as Medline Industries, Inc			1992 - Present
Business Address	**City**	**State**	**Zip**
Three Lakes Drive	Northfield	IL	60093
Phone	**Title**		
847-949-5500	CHIEF OPERATING OFFICER		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
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Description of Duties			

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Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials JDA

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See Attachment

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials JDA

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

James D. Abrams

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12-27-21

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, James D Abrams, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12-27-21

Date

Subscribed and Sworn to before me this 27 day of December 2021

Notary Public Signature

OFFICIAL SEAL
MARK CALLOW
NOTARY PUBLIC, STATE OF ILLINOIS
LAKE COUNTY
MY COMMISSION EXPIRES 11/13/2024

(Seal)

Applicant's initials JDA

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Medline Industries, LP

Physical Address: 3446 Highway 51 N.

City: Southaven State: MS Zip: 38672

Mailing Address (if different from physical address): Three Lakes Drive RA Licensing - 3D

City: Northfield State: IL Zip: 60093

Telephone: 847-949-5500 Website: www.medline.com

Licensing Company Email: ralicensing@medline.com

Section 2: Personal Information

First: William Middle: K Last: Abbington

Alias(es, nicknames, name changes, etc.): Billy

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Lakes Drive RA Licensing - 3D

City: Northfield State: IL Zip: 60093

Telephone: [redacted] Email: ralicensing@medline.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials: WA

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Mississippi			
Address	**City**	**State**	**Zip**
University Circle	University	MS	38677
Diploma/Degree obtained, if any			
Bachelor of Science degree in Accounting			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
	[redacted]Cook Ave	Libertyville	IL	60048
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials WA

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Medline Industries, LP Formerly known as Medline Industries, Inc.			1998 - Present
Business Address	**City**	**State**	**Zip**
Three Lakes Drive	Northfield	IL	60093
Phone	**Title**		
847-949-5500	President of Operations		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials WA

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4,5,6 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See Attachment

Original Signature (electronic, copies or stamps not accepted)

Date 12/20/24

Applicant's initials WA

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

William K Abington

Print Name (First, Last)

William K. Abington — 12/20/21

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Lake

I, William K Abington, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

William K. Abington — 12/20/21

Original Signature — **Date**

Subscribed and Sworn to before me this 20 day of December 2021

Notary Public Signature

OFFICIAL SEAL
MARK CALLOW
NOTARY PUBLIC, STATE OF ILLINOIS
LAKE COUNTY
MY COMMISSION EXPIRES 11/13/2024

(Seal)

Applicant's initials WA

GENERAL SURETY RIDER

To be attached and form a part of

Bond No.	105625536
For	Pharmaceutical Wholesaler Surety Bond
Dated effective	07/20/2015 (MONTH, DAY, YEAR)
Executed by	Medline Industries, LP., as Principal, (PRINCIPAL)
And by	Travelers Casualty and Surety Company of America, as Surety, (SURETY)
And in favor of	Nevada State Board of Pharmacy (OBLIGEE)

In consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

INFORMATION	FROM	TO
Principal Name	Medline Industries, Inc.	Medline Industries, LP.

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective **12/16/2021**

(MONTH, DAY, YEAR)

Signed and Sealed **12/16/2021**

(MONTH, DAY, YEAR)

Travelers Casualty and Surety Company of America

SURETY

BY

Peter S. Forker, ATTORNEY-IN-FACT

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS**, **Illinois**, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **21st** day of **April, 2021**.

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **21st** day of **April, 2021**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 10th day of December 2021

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Lake } ss.

On this 16th day of December, 2021, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
REBECCA M JOHLIE
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 9/22/24

Notary Public in the State of Illinois
County of Lake

GENERAL SURETY RIDER

To be attached and form a part of:

Type of Bond: License & Permit

Bond No. : 105625536

Dated effective: 7/20/2011
(MONTH, DAY, YEAR)

Executed by: Medline Industries, Inc. , **as Principal,**
(PRINCIPAL)

and by: Travelers Casualty and Surety Company of America , **as Surety,**
(SURETY)

and in favor of : Nevada State Board of Pharmacy .
(OBLIGEE)

In consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to Add to and attach Schedule of Facilities to Bond No. 105625536

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective 7/20/2020
(MONTH, DAY, YEAR)

Signed and Sealed 9/22/2020
(MONTH, DAY, YEAR)

Travelers Casualty and Surety Company of America
SURETY

BY: _____
Peter S. Forker, ATTORNEY-IN-FACT

Medline Industries, Inc.
Three Lakes Drive
Northfield, IL 60093
1 847 949 5500
1 800 MEDLINE (633 5463)
medline.com

September 22, 2020

List of Facilities for Nevada State Board of Pharmacy Bond No. 105625536

B01-	Medline Industries, Inc. –	**One Medline Place, Mundelein, IL 60060**
B02-	Medline Industries, Inc. –	**1501 Harris Road, Libertyville, IL 60048**
B49-	Medline Industries, Inc. –	**42500 Winchester Road, Temecula, CA 92590**
B71-	Medline Industries, Inc. –	**1820 S 5200 W, Salt Lake City, UT 84104**
C09-	Medline Industries, Inc. –	**1960 W Miro Way, Rialto, CA 92376**
C46 –	Medline Industries, Inc. –	**5701 Promontory Parkway, Ste 100, Tracy, CA 95377**
C50 –	Medline Industries, Inc.-	**8787 W Buckeye Rd, Tolleson, AZ 85353**
C75-	Medline Industries, Inc. –	**3770 Hogum Bay Road NE, Lacey, WA 98516**
MXC-	Medline Industries, Inc.-	**16415 Cosmos St, Moreno Valley, CA 92551**

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Peter S. Forker** of **Rolling Meadows**, **Illinois**, their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **3rd** day of **February**, **2017.**

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **3rd** day of **February**, **2017**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June**, **2021**

Marie C. Tetreault
Marie C. Tetreault, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 22nd day of September 2020.

Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney-in-Fact and the details of the bond to which the power is attached.

GENERAL SURETY RIDER

To be attached and form a part of

Type of Bond: License & Permit

Bond No. : 105625536

Dated effective: 7/20/2015
(MONTH, DAY, YEAR)

executed by: Medline Industries, Inc. , **as Principal,**
(PRINCIPAL)

and by: Travelers Casualty and Surety Company of America , **as Surety,**
(SURETY)

and in favor of : Nevada State Board of Pharmacy .
(OBLIGEE)

In consideration of tbe mutual agreements herein contained the Principal and the Surety hereby consent to changing

Add Location: Medline Industries, Inc. 3446 Highway 51 N. Southaven, MS 38672

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective 3/29/2021
(MONTH, DAY, YEAR)

Signed and Sealed 3/29/2021
(MONTH, DAY, YEAR)

Travelers Casualty and Surety Company of America
SURETY

BY: _____
Peter S. Forker, ATTORNEY-IN-FACT

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Peter S. Forker** of **Rolling Meadows, Illinois**, their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **3rd** day of **February**. **2017.**

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **3rd** day of **February, 2017**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In **Witness Whereof**, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2021**

Marie C Tetreault
Marie C. Tetreault, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 24th day of March, 2021

Kevin E. Hughes
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney-in-Fact and the details of the bond to which the power is attached.

ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Lake } ss.

On this 29th day of March, 2021, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
REBECCA M JOHLIE
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 9/22/24

Notary Public in the State of Illinois
County of Lake

GENERAL SURETY RIDER

To be attached and form a part of

Type of Bond: License & Permit

Bond No. : 105625536

Dated effective: 7/20/2015
(MONTH, DAY, YEAR)

executed by: Medline Industries, Inc. , **as Principal,**
(PRINCIPAL)

and by: Travelers Casualty and Surety Company of America , **as Surety,**
(SURETY)

and in favor of : Nevada State Board of Pharmacy .
(OBLIGEE)

In consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

Add Location: Medline Industries, Inc. 5000 Premier Park, Saint Peters, MO 63376

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective 6/7/2021
(MONTH, DAY, YEAR)

Signed and Sealed 6/7/2021
(MONTH, DAY, YEAR)

Travelers Casualty and Surety Company of America
SURETY

BY: _____
Peter S. Forker, ATTORNEY-IN-FACT

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Peter S. Forker** of **Rolling Meadows, Illinois**, their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **3rd** day of **February, 2017.**

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **3rd** day of **February, 2017**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2021**

Marie C Tetreault
Marie C. Tetreault, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 7th day of June, 2021

Kevin E. Hughes
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney-in-Fact and the details of the bond to which the power is attached.

4II

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (08/12/2021)

Where is the facility located? ☐ Nevada ☑ Out-of-State

Is your facility a reverse distributor? ☐ Yes ☑ No

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☑ Ownership Change*	WH 01270	☑ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change* (in-state only)		☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: L. Perrigo Company

Physical Address: 900 Industrial Drive

City: Allegan State: MI Zip: 49010

Mailing Address (if different from physical address): 1025 Boulders Parkway, Suite 301

City: Richmond State: VA Zip: 23225

Telephone: 269-673-8451 Website: www.perrigo.com

Name of Designated Representative (DR): David Smalla

Licensing Company Email: DEAContact@perrigo.com DR Email: David.Smalla@perrigo.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies	☑ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☐ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
☑ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☑ Others: Chain pharmacy warehouses	☑ Others: OTC Pharmaceuticals and Devices

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Name: L. Perrigo Company
Address: 515 Eastern Avenue City: Allegan State: MI Zip: 49010
Name: L. Perrigo Company
Address: 13295 Reflections Drive City: Holland State: MI Zip: 49424
Name: Perrigo New York
Address: 1700 Bathgate Avenue City: Bronx State: NY Zip: 10457
Name: Ranir LLC
Address: 4701 E Paris Ave SE City: Grand Rapids State: MI Zip: 49512

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

State of Incorporation/Organization: Michigan
Parent Company (if any): Perrigo Company
Corporation/Organization Name: L. Perrigo Company
Mailing Address: 515 Eastern Avenue
City: Allegan State: MI Zip: 49010
Telephone: 269-673-8451 Email: DEAContact@perrigo.com
Contact Person Name: Eric Owen

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kathleen A Olgers

Print Name of Authorized Person Submitting Application

Kathleen A Olgers

Original signature of Authorized Person (copies or stamps not accepted)

1/7/2022

Date

Board Use Only	Date Received: _____	Amount: 500 check # 645229

The National Association of Boards of Pharmacy®

hereby awards

Verified-Accredited Wholesale Distributors®

Accreditation

to

Perrigo Pharmaceuticals Company

located at

900 Industrial Dr, Allegan, MI 49010

This facility has met all the Verified-Accredited Wholesale Distributors (VAWD) criteria set in place by the National Association of Boards of Pharmacy. The current status of this facility's accreditation may also be verified by visiting the VAWD section of the NABP website, located at www.nabp.pharmacy.

Carmen A. Catizone, Executive Director/Secretary

January 18, 2020 - January 17, 2023

Period of Accreditation

National Association of Boards of Pharmacy | 1600 Feehanville Drive, Mount Prospect, IL 60056 | www.nabp.pharmacy

1346

Home Licenses Enforcement

Advanced Search

Licensed Professional Information:
Wholesale Distributor 5306002204

Licensee Detail

License Type:
Wholesale Distributor

License Number:
5306002204

Organization Name:
L PERRIGO COMPANY

DBA Trade Name:

License Issue Date:
09/24/2004

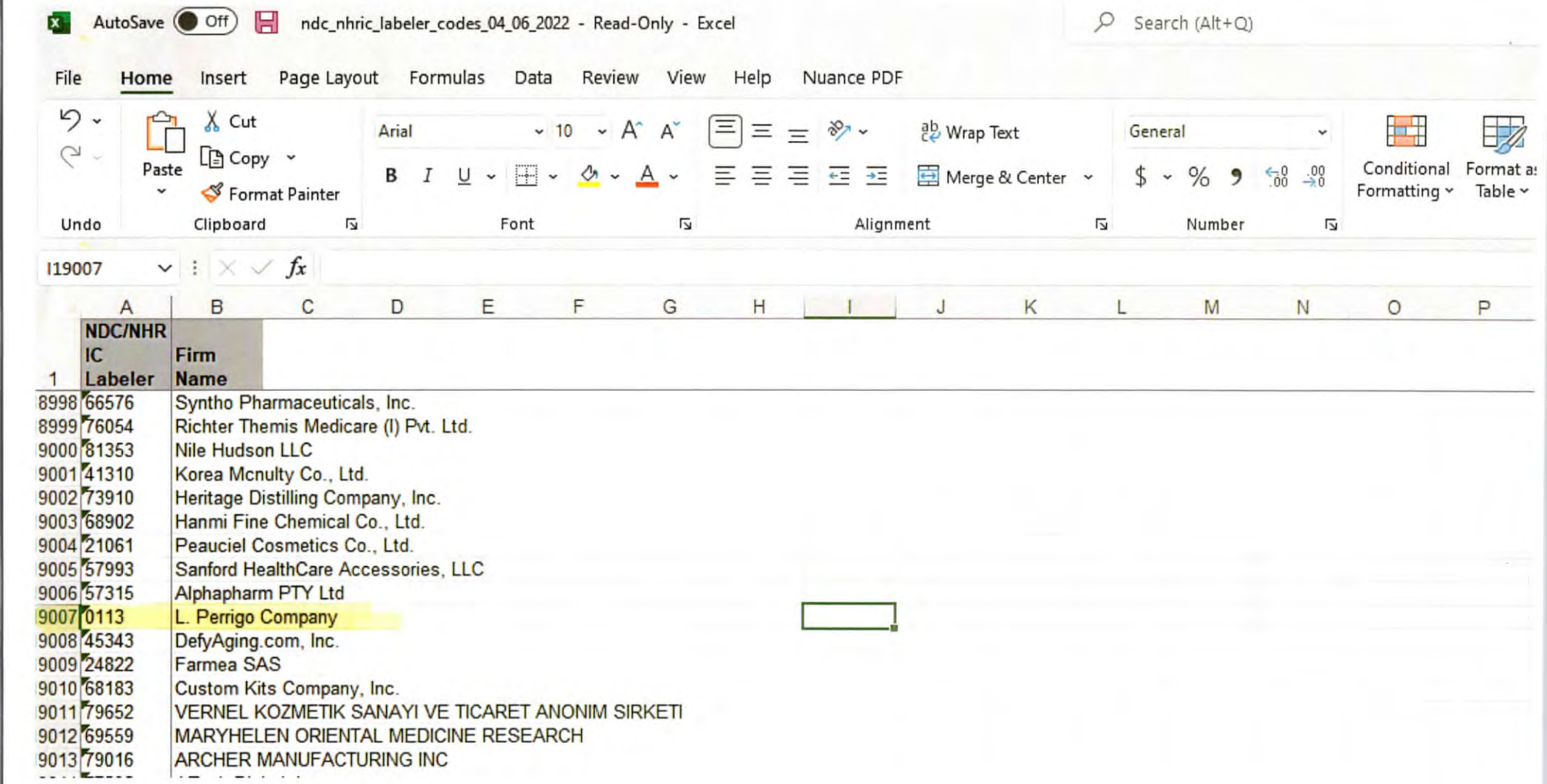
License Expiration Date:
09/24/2023

License Status:
Active

County:
Non-Michigan County

<--- Click to view Public Documents




AutoSave Off ndc_nhric_labeler_codes_04_06_2022 - Read-Only - Excel

Search (Alt+Q)

File Home Insert Page Layout Formulas Data Review View Help Nuance PDF

Undo Paste Cut Copy Format Painter Clipboard Arial 10 Font Wrap Text Merge & Center Alignment General Number Conditional Formatting Format as Table

I19007

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1	NDC/NHRIC Labeler	Firm Name														
8998	66576	Syntho Pharmaceuticals, Inc.														
8999	76054	Richter Themis Medicare (I) Pvt. Ltd.														
9000	81353	Nile Hudson LLC														
9001	41310	Korea Mcnulty Co., Ltd.														
9002	73910	Heritage Distilling Company, Inc.														
9003	68902	Hanmi Fine Chemical Co., Ltd.														
9004	21061	Peauciel Cosmetics Co., Ltd.														
9005	57993	Sanford HealthCare Accessories, LLC														
9006	57315	Alphapharm PTY Ltd														
9007	0113	L. Perrigo Company														
9008	45343	DefyAging.com, Inc.														
9009	24822	Farmea SAS														
9010	68183	Custom Kits Company, Inc.														
9011	79652	VERNEL KOZMETIK SANAYI VE TICARET ANONIM SIRKETI														
9012	69559	MARYHELEN ORIENTAL MEDICINE RESEARCH														
9013	79016	ARCHER MANUFACTURING INC														

L. Perrigo Company

515 Eastern Avenue
Allegan, MI 49010
FEIN: 38-0920980
Incorporated in the State of Michigan on 6/6/1892

Parent Company	**Perrigo Company**
Ownership	100%

James Dillard III	**President**
Business Address:	515 Eastern Avenue, Allegan, MI 49010
Business Phone:	269-686-2989
Resident Address:	[redacted] Rivergate Drive, Richmond, VA 23238
Resident Phone:	[redacted]
SSN:	
DOB:	
Ownership:	0%

Todd Kingma	**EVP & Secretary**
Business Address:	515 Eastern Avenue, Allegan, MI 49010
Business Phone:	269-686-1941
Resident Address:	[redacted] Burlington Dr, Hickory Corners, MI 49060
Resident Phone:	[redacted]
SSN:	
DOB:	
Ownership:	0%

Sonia Hollies	**Treasurer**
Business Address:	515 Eastern Avenue, Allegan, MI 49010
Business Phone:	973-294-2792
Resident Address:	[redacted] Smallbrook Circle, Randolph, NJ 07869
Resident Phone:	
SSN:	[redacted]
DOB:	
Ownership:	0%

L. Perrigo Employee List
900 Industrial Drive, Allegan, MI 49010

Name
Abrams, Bradley
Adams, Jason
Adams, Kyle R
Adams, Tyler J
Adrianson, Greg N
Aernie, Brenda S
Aernie, Charles L
Akland, Audrey C
Albon, Aaron J
Albus, Sarah E
Alcaraz zarco, Miguel
Alday, Natalie
Alderton, Carl L
Alderton, Jordan L
Alderton, Laura L
Alderton, Mitchel L
Alexander, Michelle L
Algra, Marc R
Allen, Joshua Daniel
Allen, Tony
Anderson, Alan M
Anderson, John
Anderson, Lori E
Anderson, Marcus M
Andres, Tim
Andres, Tim J
Andrews, Tammy A
Angus, Cindy
Annerino, Nicholas T
Anoskey, Sonia M
Antkoviak, Courtney L
Armstrong, Travis J
Arnett IV, Edward
Arnett, Cindy S
Arnett, Edward
Arnett, Jacalyn I
Arredondo, Christine
Arreguin, Dlaine L
Aubry, Ben
Aukema, Kyle Bruce
Axe, Sam L
Ayers, Tyler J
Babbitt, Casey M
Bacon, Brad S

L. Perrigo Employee List
900 Industrial Drive, Allegan, MI 49010

Name
Berkshire, Stacy R
Bickel, Allison A
Biesbrock, Brian R
Biesbrock, Kaitlyn A
Bigger, Tina W
Billings, Jennifer C
Billman, Troy T
Bills, Jacob M
Bird, Kelly S
Bishop, Erik P
Bishop, Kevin D
Bishop, Zachariah I
Blackstock, James R
Blair, Matthew L
Blake-Dreher, Anne E
Blakely, James R
Bleeker, Mark
Blesch, Paula J
Blodgett, Brandon M
Bockstaele, Sara
Boersema, Maria D
Boeske, Eric A
Bolt, Scott
Bolton, Kristen J
Boluyt, Ryan
Boogaard, Matt J
Borgeson, Scott W
Bos, Marc T
Bosch, Traci L
Boss, John
Botsford, Jason Robert
Boucard, Nick A
Bourdo, Susan K
Boven, Dale
Bowers, Kim K
Bowles, Caitlin A
Bowles, Matt R
Bowman, Bryan D
Bowman, Joseph E
Bowser, Scott D
Boyce, Jim
Boyer, Jason
Boyer, Jeff E
Boyer, Kyle A

L. Perrigo Employee List
900 Industrial Drive, Allegan, MI 49010

Name
Burns, Michael J
Burrough, Greg L
Burrough, Jeffrey L
Burton, Michael E
Burton, Samantha K
Bush, Michael L
Bushong, Dylan
Busk, Trevor M
Busscher, Susan K
Bustance, Gary C
Butcher, Teri L
Butcher, Tim
Butler, Brian S
Butler, Cleveland M
Butler, Steve M
Butts, Joel B
Caamal, Sashy G
Cagle, Steven G
Caldarona, Chad V
Caldarona, Drake A
Caldarona, Kirklynn C
Caldwell, Jaime L
Calkins, Donald J
Calkins, Tyler
Campbell, Amanda N
Campbell, Matthew S
Campbell, Samantha R
Campeau, Lisa D
Cardona, Ana L
Carlson, Eric D
Carlson, Kevin John
Carpenter, Matt W
Carrasco, Alicia N
Carter, Kenisha J
Casciano, Jacob D
Casebeer, Doug
Castaneda, Fernando A
Castaneda, Manuel V
Castaneda, Miguel V
Ceric, Mersiha
Cervantes-Estrada, Fernando
Cerven, Joe W
Chaidez, Sergio
Chamberlain, Nicholas William

L. Perrigo Employee List
900 Industrial Drive, Allegan, MI 49010

Name
Cote, Devin J
Counterman, Adam T
Craft, Laura
Cramer, Cody
Crawford, Daniel C
Cronk Jr., Brian D
Cross, Terri L
Croteau, Sam
Crum, Donna A
Crump, David Michael
Crump, Justin Tyler
Cuellar, Rebecca A
Cupp, Brandon C
Currie, Cameron
Curry, Herbert P
Dafoe, Keith
Dahlstrom, Dave A
Dalrymple, Bridget L
Danders, Mathew
Dando, Mark
Dangremond, Kara
Dangremond, Scott
Dannenberg, Meghan N
Davidsons, Amber M
Davis, Dale
Davis, Glenn E
Davis, Jim L
Dawson, Danielle
Dawson, Kyle J
Day, Jermaine D
DeBates, Keith J
DeBlaay, Jameson
DeGraaf, Seth
Dehaan, Nikolas
Dehn, Jeffrey
Deibel, Jeff
DeJonge, Sarah L
Dekker, Pete E
Dekker, Rhonda
Delaat, Bradley J
DeLaat, Rick
Delach, Cheryl I
DeLeon, Argelia
Delorme, Shaun

L. Perrigo Employee List
900 Industrial Drive, Allegan, MI 49010

Name
Eades, Harriett J
Earl, Megan L
Earl, Paul R
Eastwood, Matt E
Eaton, Robert M
Echtinaw, Steve
Edney, Lisa
Effner, Melissa S
Eggleston, Alex J
Ehn, Gary B
Eldridge, Mark
Ellens, Brad J.
Elyea, Derek
Elyea, Sam J
Elyea, Scott
Emineth, Jerome A
Engelsman, George
English, Matt J
Enos, Teresa A
Ensing, Brian J
Escobedo, Cristian Antonio
Escobedo, Jesus
Escobedo, Rufus
Eshleman, Bryon W
Esper, Kyle J
Essenburg, Gail M
Exoo, Mike D
Fabijancic, Zach D
Fairbanks, Chris R
Fairclough, Carol L
Farkas, Carl A
Farrah, Steven D
Farrington, Tom M
Ferris, Joshua L
Fields IV, Lonnie
Fifelski, Gary J
Fifelski, Tylar R
Figurowski, Steve
Filkins, Jacob D
Finch, Michael J
Fischer, Kenneth R
Fitzsimmons III, Jack R
Flagg, Jeffery L
Flagstadt, Tiffani K

L. Perrigo Employee List
900 Industrial Drive, Allegan, MI 49010

Name
Gonzalez Brito, Angel A
Goodman, Caitlin A
Goodrich, Amy B
Goodrich, Kylee A
Gorczany, Steve M
Gort, Ron
Grassmid, Michael
Grauman, Kathy S
Graves, Kristen L
Graves, Rhonda S
Graves, Tim E
Graves, Wendy A
Green III, James L
Green, Steven K
Greenman, Todd D
Greiner, Leon L
Gren, Cathy L
Grenlin, James T
Griffin, Willie T
Grochowalski, Jeffrey S
Grodstein, Lauri L
Groover, Yvonne A
Grosse, Jimmy M
Gruss, Timothy Joseph
Guerrero-Gonzalez, Luis A
Gunderman, Micah J
Gura, Keith R
Gura, Kyle
Guritz, Alexis M
Haas, Kristy A
Hageman, Ethan H
Hagen, Regina M
Haight, Bradley D
Hale, Andrew S
Hale, Jessie A
Hall, Rex A
Hamman, Mark R
Hammon, Tyler J
Hamzagic, Arnes
Hansen, Rich H
Harber, Darlene D
Harling, Lucas Jon
Harmer, Mark A
Harmon, Bruce

L. Perrigo Employee List
900 Industrial Drive, Allegan, MI 49010

Name
Hinkes, Ian
Hinson, Martha E
Hoag, Laurie A
Hoag, Peter K
Hobday, Michelle A
Hocum, Steve J
Hoeksema, Alex C
Hoekstra, Dawn M
Hoff, Lauri J
Hoffman, Brian
Hoffman, Heather R
Hoffman, Nate D
Hofmann, Warren A
Hohiemer, Pat
Holbrook, Robin S
Holden, Amy A
Holden, Bradley A
Holden, Joshua A
Holden, Keith A
Holt, John L
Hondorp, Caleb
Hosley, Ed D
Hotchkiss, David L
Hough, Kelly M
Houser, Bill B
Howard, Paul E
Howden, Eric A
Hubbard, Olivia M
Hubbard, Tyler O
Huber, Bajendra-Erez
Hughes, Tammy M
Huizinga, Mark Alan
Hulbert, Jeff A
Hulett, Amber M
Hull, John
Hulst, Kyle
Humbarger, Ken J
Humenchick, Jason
Huyser, Rachael J
Imus, Jon
Ingraham, Faith R
Ingram, Steve R
Isenhoff, Troy M
Ives, David B

L. Perrigo Employee List
900 Industrial Drive, Allegan, MI 49010

Name
Keen, Robert C
Keeton, Austin T
Keilman, Angie M
Keilman, Scott S
Keim, Julia M
Keller, Jake Robert
Kelley, Kimberly L
Kelley, Reggie L
Kelly, Curtis J
Kelsey, Tyler Wyatt
Kelsor, Sheila D
Kendall, Christina L
Keopannha, Christina P
Kernodle, Tracy E
Kessenich, Joe
Kessler, Murray S
Kettlehut, Tammy
Kibiloski, Jason C
Kilbourn, Roy A
Kilbourn, Tonja D
Killick, Mark A
Kimmel, Michael W
King, Keith E
King, Tonya M
Kingma, Todd W
Kingsley, Deborah
Kiraly, Garry R
Kirby, Jeremy D
Klamer, Terry
Klann Jr, Todd W
Klein, Nicholas John
Kleinbrink, Garrett H
Kleinbrink, John R
Kline, Jason
Klint, Mark J
Klintworth, Krystal K
Klusman, Brian J
Knapp, Kristopher W
Kneller, Carla M
Kneller, Cory L
Knight, Taylor A
Knoepke, Paul D
Knoper, Derek G
Koeplin, Thomas I

L. Perrigo Employee List
900 Industrial Drive, Allegan, MI 49010

Name
Lavengood, Jay R
Lechenet, Camden D
Lee, Stacy
Lee, Travis E
Leggett, Matt J
Leitz, Amber M
LeMahieu, Joseph M
Lemke, Chad A
Lemmer, John R
Leneway, Andy
Lenhart, Brittany
Lenhart, Norm G
Lepine, Karen M
Lepley, Benjamin W
Lewellen, Nicholas G
Lilge, George P
Lind, Kelly J
Lindsey, Anthony L
Lingbeek, Julia C
Lintern, Travis J
Lisowski, Jaimee M
Little, Margie T
Litzner, Denise I
Long, Diane M
Long, Mike J
Longstreet, Matthew J
Lopez, Adam R
Lorenzo, Uriel
Losinger, Jim
Lowell, Kristofer
Lubbers, Blake E
Lubbers, Kelsey A
Ludy, Jeffrey
Lugo, Jazmin
Lund, Brenda S
Lux, Becky E
Lynch, Jennifer L
Lynema, Richard M
Lynk, Darris
MacDonald, Beverly J
Macek, Ken E
Macherzak, Jason
Macigewski, Aaron
MacNeill, Andrew S

L. Perrigo Employee List
900 Industrial Drive, Allegan, MI 49010

Name
McLeod, Autumn M
McMeekan, Kasi K
McMillon, Roy
McNees, Austin D
McNees, Robert L
McPherson, Cody A
McPike Guel, Darlene
Melvin, Noel E
Melvin, Shannon B
Menghini, Jean
Meredith, Cole D
Merkle-Neal, Kim S
Merritts, Clinton J
Meston, Shannon D
Meyers, Scott A
Miedema, Tyler B
Miling, Jonathan D
Miller, Anita A
Miller, Chad M
Miller, Chris
Miller, Garret J
Miller, Megan A
Miller, Michael P
Miller, Oralia
Miller, Shane
Mills, Chase S
Mills, Dustin G
Mireles, Rene
Misner, Brian J
Misner, Nate J
Mitchell, Arlene K
Mitchell, Garrett
Mohon, Eric R
Mohr, Melissa A
Monaghan, Mike P
Monarch, Shawn A
Moon, Kevin
Moore, James J
Moore, Matt
Moore, Nathan T
Moore, Zehrah
Moored, Zach L
Moorman, Mike
Morehouse, Christopher A

L. Perrigo Employee List
900 Industrial Drive, Allegan, MI 49010

Name
Nunez, Rosalinda
Nuzzolo, Joe C
Oberlin, Paul D
O'Bryant, Calvin D
O'Day, Dondrell D
Oetman, Mindi J
Oisten, Kirk A
Oisten, Timothy K
Olgers, Kathy A
Oliver, Glen C
Olsen, Ronald L
O'Mara, Gabriel Michael
Omo, Chad William
Orchard, Cam M
Orr, Alex K
Orr, BJ J
Orr, Edward P
Ortega Jr, Angel
Ortega, Brian T
Orzechowski, Michael T
Osborne, Ken
Oudekerk, Timothy S
Owen, Travis C
Owsiany, Sandy L
Owsiany, Walter B
Pacholka, Daniel E
Pagano, Nanci A
Page, Lester E
Paladi, Linn I
Palmateer, Joe
Palmer, Jeff A
Palumbo, Renee L
Panjikaran, Tessey
Pantoja, Marcos F
Paris, Nate
Parker, Stephen S
Parks, Beth A
Parm, Josh
Parmeter, Dale W
Parsell, Lew E
Parsons, Neil
Pasek, Marc J
Patterson, Andrea L
Peabody, Taylor E

L. Perrigo Employee List
900 Industrial Drive, Allegan, MI 49010

Name
Radke, Josh W
Raglon, Michael D
Rainey, Nichole M
Ramirez Garcia, Juan
Ramsey, Carl W
Ramsey, John W
Randall, Kyle A
Rankin, Anthony A
Rankin, Nikki L
Rankin, Tina R
Rasey, Tamara C
Rawles, Megan J
Rayburn, Hayden T
Rayburn, Teresa L
Redder, Cory S
Redmond II, David J
Reiter, Kimberly L
Rempalski, Nick
Reske, Mike J
Retherford, Sasha M
Rewalt, Paul A
Rhea, Micah D
Rhein, Mark A
Rhoderick, Trent
Rice, Jon W
Rice, Tom L
Richardson, Gerald
Rickli, Casey J
Riemersma, Joe D
Riley, Luke
Risner, Bryan J
Ritchie, Jeff
Ritz, CJ J
Rivard, Christopher J
Rivera, Adam J
Robbins, Jason
Roberson III, Billy F
Robinson Jr, Lloyd
Roblyer, Austin C
Robson, Brandon D
Rocco, Al N
Rocco, Joe D
Rocha, Ky M
Rodriguez, Frank

L. Perrigo Employee List
900 Industrial Drive, Allegan, MI 49010

Name
Schipper, Marina N
Schmidt, Jordan R
Schmidt, Richard W
Schmitt, Brandon J
Schneider, Candi S
Schuitema, Warren M
Schultz, Chris D
Schultz, Jeff L
Schwartz, Nick J
See, Brennen M
Selby, Kim
Serbenski, Matthew
Sevison, Greg P
Shabeeb, Jon D
Shaffer, Travis L
Sharda, Nolan
Sharpsteen, Doug
Shaver, William E
Shaw, Penny
Sheaffer, Kyle A
Shear, Tyler
Sheffer, Daniel R
Shepard, Robert A
Sherrod, Scott M
Shilton, Martin ("Marty")
Shimmel, James A
Shook, Chad William
Shook, Chaela M
Sienko, Tracy E
Silcock, Ray P
Siler, Milford D
Silva, Rick L
Simonds, Tracy A
Simpson, Bre
Simpson, Dustin L
Sims, Gerald
Sincler, Rick L
Sinder, Jesse
Siripanya, May
Sisson III, William H
Sjoquist, David W
Skinner, Brett M
Skinner, Latesha D
Skiver, Tabitha

L. Perrigo Employee List
900 Industrial Drive, Allegan, MI 49010

Name
Stermer, Matthew G
Stevens, John P
Stevens, Mike
Stewart, Emily B
Stewart, Jeffrey H
Stewart, Scott M
Stezowski, Carol J
Stiles, David J
Stinson, Tadd Thomas
Stoeffler, Jeffrey R
Stolt, Logan L
Stone, Don E
Stone, Erica L
Stone, Perry R
Stormzand, Max
Stoughton, Amanda L
Stoutjesdyk, Matt
Strand, Amanda K
Stratton, Jared S
Strawser, Rob C
Strigel, Amanda L
Stubbs, Ali M
Stuchell, Katie L
Sturgess, Julia F
Sullivan, Amy E
Sullivan, Robert ("Rob") A.
Sulzener, Cliff J
Sumerix, Steven B
Sund, David A
Sweet, Ali L
Sweet, Keith
Swenson, Joshua A
Swift, Jennifer C
Swinehart-Winn, Lori A
Tamura, Barb
Tamura, Janet E
Tasker, Sean
Tate, Nathan E
Taylor, Beau J
Taylor, Craig
Taylor, Joseph A
Taylor, Robert
Teachout, Bob V
Teachout, Shannon L

L. Perrigo Employee List
900 Industrial Drive, Allegan, MI 49010

Name
Underhill, Samuel J
Underhill, Thad
Unkel, John D
Vail, Izzy R
Vance, Duncan M
Vandenberg, Andrew Terry
VanderLaan, Jeffrey L
Vanderpool, Zachary M
Vandersyde, Don
VanderVeen, Bryan K
Vandervort, Bobbi J
Vanderweide, Aaron J
Vanderwest, Jason
VanderWoude, Wendy A
VanDussen, Jaclynn M
VanDussen, Michael J
VanDyken, David
VanEerden, Scott
Vanengen, Dan A
VanKeuren, Christina M
Vankoevering, Joshua Douglas
VanLeeuwen, Jim D
Vanna, Caitlin
Vanspronsen, Dakota J
VanVolkinburg, Terry G
VanVuuren, Danyon B
VanVuuren, Paige M
Vasquez, Roel
Veen, Brian
Veldhouse, Rebecca C
Veldhuis, Amanda
Velting, Michael C
VerDuin, Robert David
Verhage, Derek R
Verhage, Joni
VerHulst, Shelby M
Vernon, Romario Raymond
Verstrate, Steve J
Videan, Hunter Russell
Viktora, Rich E
Villarreal, Gilbert A
Villarreal, Mikaela E
Vincent, Alex L
Voglewede, John G

L. Perrigo Employee List
900 Industrial Drive, Allegan, MI 49010

Name
White, Jennifer A
White, Mark R
White, Michele A
White, Russell J
Whitmore, JT
Whitney, Randall
Whitney, Ryan Lee
Whitsit, Amy J
Wibalda, Marc A
Wiersma, Alexander C
Wilkes, Carl R
Wilkinson, Heather L
Wilkinson, Jeffrey L
Wilkinson, Zachary M
Willett, Brad A
Willett, Chad R
Williams, Jonathan A
Williams, Julie A
Williams, Tyler J
Willis, Robert
Wilson, Charles T
Wilson, jeffrey
Wilson, Logan N
Wilson, Robert Lee
Wimes, Jarod
Winchel, Ryan D
Winn Jr, Bryan F
Witt, Luke W
Wolf, Andrew M
Wolfe, Christine M
Wolters, Jacob S
Wolthuis, Jacob T
Wood, Nate L
Worm, Chris L
Woudwyk, David J
Wright, Clinton
Wright, Daton T
Wright, Michael D
Wright, Steven H
Wright, Thomas A
Wrobleski, Cheryl A
Wurm, Tim
Wychers, Thomas
Wycoff, Jason D

UNITED STATES OF AMERICA

The State of Michigan

Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

L. PERRIGO COMPANY

was validly incorporated on June 6 , 1892 as a Michigan DOMESTIC PROFIT CORPORATION, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284 to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

LICENSING AND REGULATORY AFFAIRS ★ Corporations, Securities & Commercial Licensing Bureau ★

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 17th day of December , 2021.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

Sent by electronic transmission

Certificate Number: 21120618001

Verify this certificate at: URL to eCertificate Verification Search http://www.michigan.gov/corpverifycertificate.

REPLACES CURRENT WESTERN SURETY COMPANY BOND NO. 929411985

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 105840376

Application/License No. _____

Perrigo Pharmaceuticals Company (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 900 Industrial Drive, Allegan, MI 49010 (Address of Applicant/Principal), as PRINCIPAL, and Travelers Casualty and Surety Company of America (Surety Company), a corporation organized under the laws of the state of CT (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Tower Square , Hartford, CT 06183 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on October 20, 2017 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 11th day of September, 2017.

APPLICANT/PRINCIPAL
Perrigo Pharmaceuticals Company

By: _____
Authorized Representative

SURETY COMPANY
Travelers Casualty and Surety Company of America

By: _____
Surety Company's Representative

Julie Marie Decker, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

SIGNED and SEALED in the presence of:

_____
Witness Heather R. Goedtel

_____
Witness Michelle Halter

Countersigned by:

N/A
Nevada Resident Agent

TRAVELERS

POWER OF ATTORNEY

Farmington Casualty Company
Fidelity and Guaranty Insurance Company
Fidelity and Guaranty Insurance Underwriters, Inc.
St. Paul Fire and Marine Insurance Company
St. Paul Guardian Insurance Company

St. Paul Mercury Insurance Company
Travelers Casualty and Surety Company
Travelers Casualty and Surety Company of America
United States Fidelity and Guaranty Company

Surety Bond No. 105840376

OR

Project Description: Pharmaceutical Wholesaler Surety Bond

Principal: Perrigo Pharmaceuticals Company

Obligee: Nevada State Board of Pharmacy

KNOW ALL MEN BY THESE PRESENTS: That Farmington Casualty Company, St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, are corporations duly organized under the laws of the State of Connecticut, that Fidelity and Guaranty Insurance Company is a corporation duly organized under the laws of the State of Iowa, and that Fidelity and Guaranty Insurance Underwriters, Inc. is a corporation duly organized under the laws of the State of Wisconsin (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Julie Marie Decker** of the City of **Grand Rapids** , State of **MI** , their true and lawful Attorney-in-Fact, to sign, execute, seal and acknowledge the surety bond(s) referenced above.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed and their corporate seals to be hereto affixed, this **24th** day of **June, 2016.**

Farmington Casualty Company
Fidelity and Guaranty Insurance Company
Fidelity and Guaranty Insurance Underwriters, Inc.
St. Paul Fire and Marine Insurance Company
St. Paul Guardian Insurance Company

St. Paul Mercury Insurance Company
Travelers Casualty and Surety Company
Travelers Casualty and Surety Company of America
United States Fidelity and Guaranty Company

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **24th** day of **June , 2016,** before me personally appeared **Robert L. Raney,** who acknowledged himself to be the Senior Vice President of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2021.**

Marie C. Tetreault, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, Kevin E. Hughes, the undersigned, Assistant Secretary, of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 11th day of September , 2017 .

Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, call 1-800-421-3880 or contact us at www.travelersbond.com. Please refer to the Attorney-In-Fact number, the above-named individuals and the details of the bond to which the power is attached.

GENERAL SURETY RIDER

To be attached and form a part of

Type of Bond: License & Permit

Bond No. : 105840376

Dated effective: 10/20/2017
(MONTH, DAY, YEAR)

executed by: Perrigo Pharmaceuticals Company , as Principal,
(PRINCIPAL)

and by: Travelers Casualty and Surety Company of America , as Surety,
(SURETY)

and in favor of : Nevada State Board of Pharmacy .
(OBLIGEE)

In consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

INFORMATION	FROM	TO
Principal Name	Perrigo Pharmaceuticals Company	L. Perrigo Company

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective 9/27/2019
(MONTH, DAY, YEAR)

Signed and Sealed 9/27/2019
(MONTH, DAY, YEAR)

L. Perrigo Company
PRINCIPAL

BY: _____
TITLE

Travelers Casualty and Surety Company of America
SURETY

BY: _____
Joshua Sanford, ATTORNEY-IN-FACT

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Joshua Sanford**, of **Hartford, Connecticut**, their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **3rd** day of **February, 2017.**

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **3rd** day of **February, 2017**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2021**

Marie C. Tetreault
Marie C. Tetreault, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 27th day of September, 2019

Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney-in-Fact and the details of the bond to which the power is attached.

Willis Towers Watson

Telephone: 860-241-4437
Website: www.willistowerswatson.com
E-mail: melissa.stanton@willistowerswatson.com

September 27, 2019

Perrigo Company plc
Attn: Carmen Schreiber
515 Eastern Avenue
Allegan, MI 49010

RE: ***Bond Number: 105840376***
Obligee: Nevada State Board of Pharmacy
Description: Name Change Rider

Attached is the completed document per your request. This was issued based upon the information you provided to our office and we urge you to check all of the information for accuracy (i.e. Power of Attorney, signatures, dates, amounts, description, etc.).

Please verify that the form attached is the form required and complete the execution with the proper signature(s) and seal.

If a premium is charged, our invoice will follow under a separate cover. Please note the premium payment for this bond is due upon receipt.

Thank you for the opportunity to service your surety needs. Should you have any questions, please do not hesitate to contact any member of your Willis Towers Watson Surety Team.

Sincerely,

Melissa Stanton

Willis Towers Watson Midwest, Inc.
10 State House Square, Floor 11
Hartford, CT 06103

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
L. Perrigo Company	1811666	6013346	ANALYSIS; LABEL; MANUFACTURE; PACK;	515 Eastern Ave, Allegan, Michigan (MI) 49010, United States (USA)	12/31/2022

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler L. Perrigo Company

Physical Address 900 Industrial Drive

City Allegan State MI Zip 49010

Mailing Address (if different from physical address) 1025 Boulders Parkway, Suite 301

City Richmond State VA Zip 23225

Telephone 269-673-8451 Website www.perrigo.com

Licensing Company Email DEAContact@perrigo.com

Section 2: Personal Information

First David Middle Scott Last Smalla

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Industrial Drive

City Allegan State MI Zip 49010

Telephone _____ Email David.Smalla@perrigo.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials DS

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Grand Valley State University		9/1997 - 06/2001	
Address	City	State	Zip
Diploma/Degree obtained, if any			
MBA			

School Name		From - To (MM/YY – MM/YY)	
Central Michigan University		9/1983-12/1987	
Address	City	State	Zip
	Mount Pleasant	MI	
Diploma/Degree obtained, if any			
BSBA			

School Name		From - To (MM/YY – MM/YY)	
Allegan High School		9/1981-6/1983	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
- present	[redacted] 11th Avenue	Allegan	MI	49010
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials DS

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Perrigo Company			11/1997 - present	
Business Address		**City**	**State**	**Zip**
900 Industrial Drive		Allegan	MI	49010
Phone	**Title**		**Number of Employed Hours**	
269-673-8451	Director of Domestic Distribution and Transportation		45K+	
Description of Duties				
Responsible for the warehousing and shipment of goods and material for Perrigo CSCA material in USA and Canada				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).	✓	
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 9. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Perrigo Company plc is a leading global consumer-focused self-care company. It has multiple United States subsidiaries involved in the healthcare supply chain, including:

- L. Perrigo Company
- Perrigo New York, Inc.
- Ranir, LLC
- Perrigo Direct
- And others

Facilities operated by these subsidiaries are licensed as needed based on their operations. As those operations change, the licensing portfolios are adjusted appropriately, including surrendering licenses. Occasionally, licensing needs change based on an operation change or a state regulation change prior to completion of the licensing process, in which case an application may be withdrawn before the license is issued.

Original Signature (electronic, copies or stamps not accepted)

01/25/2022
Date

Applicant's initials DS

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 9 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court** Boards of pharmacy		
Reason/Charge Licenses surrendered				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Perrigo Company plc is a leading global consumer-focused self-care company. It has multiple United States subsidiaries involved in the healthcare supply chain, including:

- L. Perrigo Company
- Perrigo New York, Inc.
- Ranir, LLC
- Perrigo Direct
- And others

Facilities operated by these subsidiaries are licensed as needed based on their operations. As those operations change, the licensing portfolios are adjusted appropriately, including surrendering licenses. Occasionally, licensing needs change based on an operation change or a state regulation change prior to completion of the licensing process, in which case an application may be withdrawn before the license is issued.

Original Signature (electronic, copies or stamps not accepted)

01/25/2022
Date

Applicant's initials DS

I, David Smalla, **certify that as the designated representative for**

L. Perrigo Company,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

David Smalla

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

01/25/2022

Date

Applicant's initials DS

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

David Smalla

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/27/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Michigan, ss. County of Allegan

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

1/27/2022

Date

Subscribed and Sworn to before me this 27th day of January.

Notary Public Signature

AMANDA L MCKENZIE
Notary Public, Allegan Cnty MI
Commission Exp. 08/29/2022

(Seal)

Applicant's initials DS

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Y

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler L. Perrigo Company

Physical Address 900 Industrial Drive

City Allegan State MI Zip 49010

Mailing Address (if different from physical address) 1025 Boulders Parkway, Suite 301

City Richmond State VA Zip 23225

Telephone 269-673-8451 Website www.perrigo.com

Licensing Company Email DEAContact@perrigo.com

Section 2: Personal Information

First James Middle Edwin Last Dillard III

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Eastern Avenue

City Allegan State MI Zip 49010

Telephone [redacted] Email DEAContact@perrigo.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Tulane University		06/85 - 08/87	
Address	**City**	**State**	**Zip**
6823 St. Charles Ave	New Orleans	LA	70118
Diploma/Degree obtained, if any			
MEng - Masters of Engineering			

School Name		From - To (MM/YY – MM/YY)	
Tulane University		08/81 - 05/85	
Address	**City**	**State**	**Zip**
6823 St. Charles Ave	New Orleans	LA	70118
Diploma/Degree obtained, if any			
BS - Biomedical Engineering			

School Name		From - To (MM/YY – MM/YY)	
Cherry Creek High School		08/77 - 06/81	
Address	**City**	**State**	**Zip**
9300 E Union Ave	Greenwood Village	CO	80111
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/09 - current	[redacted] Rivergate Drive	Richmond	VA	23238
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Perrigo Company			01/2019-present
Business Address	**City**	**State**	**Zip**
515 Eastern Avenue	Allegan	MI	49010
Phone	**Title**		
	Executive Vice President and President, Consumer Self-Care Americas		
Description of Duties			
Lead for Consumer Self-Care Americas Self-care business.			

Business Name			From - To (MM/YY – MM/YY)
Altria Group			01/2009-05/2018
Business Address	**City**	**State**	**Zip**
6601 West Broad Street	Richmond	VA	23230
Phone	**Title**		
	Chief Innovation Officer, Altria Client Services; Senior Vice President of Research, Dev		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).	✓	
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Perrigo Company plc is a leading global consumer-focused self-care company. It has multiple United States subsidiaries involved in the healthcare supply chain. Given its size and product mix, several of these subsidiaries have at times, been named as a party in various litigation matters. As of the date of this application, none of these litigation matters involve administrative proceedings before a licensing board, arbitration, or bankruptcy.

Original Signature (electronic, copies or stamps not accepted)

03/10/2022
Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

James Dillard III

Print Name (First, Last)

[signature] 03/10/2022

Original Signature (electronic, copies or stamps not accepted) Date

---

Please have this section completed in the presence of a Notary Public.

State of Michigan, ss. County of Kent

I, James E Dillard III, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

[signature] 03/10/2022

Original Signature **Date**

Subscribed and Sworn to before me this 10th day of March 2022.

[signature]

Notary Public Signature

(Seal)

Applicant's initials [initials]

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Name of Pharmacy/MDEG/Wholesaler L. Perrigo Company

Physical Address 900 Industrial Drive

City Allegan State MI Zip 49010

Mailing Address (if different from physical address) 1025 Boulders Parkway, Suite 301

City Richmond State VA Zip 23225

Telephone 269-673-8451 Website www.perrigo.com

Licensing Company Email DEAContact@perrigo.com

First Sonia Middle Alexis Last Hollies

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Address [redacted] Eastern Avenue

City Allegan State MI Zip 49010

Telephone [redacted] Email DEAContact@perrigo.com

Are you a citizen of the United States? ■ Yes ☐ No

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials [signature] 1

School Name			From - To (MM/YY – MM/YY)	
Pace University			1992-1995	
Address		City	State	Zip
861 Bedford Road		Pleasantville	NY	10570
Diploma/Degree obtained, if any				
BBA, Accounting				
School Name			From - To (MM/YY – MM/YY)	
Hillcrest High School				
Address		City	State	Zip
		Jamaica	NY	
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Pace University			1996-1999	
Address		City	State	Zip
1 Martine Avenue		White Plains	NY	10606
Diploma/Degree obtained, if any				
MBA, Finance and Taxation				
School Name			From - To (MM/YY – MM/YY)	
Bentley University			2006-2007	
Address		City	State	Zip
175 Forest Street		Waltham	MA	02452
Diploma/Degree obtained, if any				
Master of Science in Taxation				
School Name			From - To (MM/YY – MM/YY	
Keller Graduate School of Management			2012-2013	
Address		City	State	Zip
		Chicago	IL	60601
Diploma/Degree obtained, if any				
Master of Accounting and Financial Management				

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/17 to present	[redacted] Smallbrook Circle	Randolph	NJ	07869
12/08 to 07/17	[redacted] Olin Court	Huntington	CT	06484
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials [redacted] 2

Business Name		From - To (MM/YY – MM/YY)	
Perrigo Company		06/20 to present	
Business Address	**City**	**State**	**Zip**
515 Eastern Avenue	Grand Rapids	MI	49010
Phone	**Title**		
269-673-8451	Senior Vice President, Global Tax and Treasurer		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Conduent Inc.		04/17 - 06/20	
Business Address	**City**	**State**	**Zip**
100 Campus Drive, Ste 200 East	Florham Park	NJ	07910
Phone	**Title**		
	Vice President and Chief Tax Officer		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Xylem Inc.		09/11 - 03/17	
Business Address	**City**	**State**	**Zip**
1 International Drive	Rye Brook	NY	
Phone	**Title**		
914-323-5731	Senior Director, Tax Operations		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials  3

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials  4

1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).	✓	
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials  5

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Perrigo Company plc is a leading global consumer-focused self-care company. It has multiple United States subsidiaries involved in the healthcare supply chain. Given its size and product mix, several of these subsidiaries have at times, been named as a party in various litigation matters. As of the date of this application, none of these litigation matters involve administrative proceedings before a licensing board, arbitration, or bankruptcy.

Sonia A. Hollies

Original Signature (electronic, copies or stamps not accepted)

01/31/2022

Date

Applicant's initials

6

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sonia Hollies

Print Name (First, Last)

Sonia Hollies

Original Signature (electronic, copies or stamps not accepted)

January 31, 2022

Date

Please have this section completed in the presence of a Notary Public.

State of Virginia, ss. County of Alexandria

I, Sonia Hollies, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Sonia Hollies

Original Signature

01/31/2022

Date

State of Virginia | County of Alexandria

Subscribed and Sworn to before me this 31 day of January 2022.

Document Notarized using a Live Audio-Video

AMEENHA HAFEESAH GUILLORY
ELECTRONIC NOTARY PUBLIC
COMMONWEALTH OF VIRGINIA
NOTARY ID: 7889093
COMISSION EXP: JUNE 30, 2024

Notary Public Signature

(Seal)

Applicant's initials _____ 7

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler L. Perrigo Company

Physical Address 900 Industrial Drive

City Allegan State MI Zip 49010

Mailing Address (if different from physical address) 1025 Boulders Parkway, Suite 301

City Richmond State VA Zip 23225

Telephone 269-673-8451 Website www.perrigo.com

Licensing Company Email DEAContact@perrigo.com

Section 2: Personal Information

First Todd Middle William Last Kingma

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Eastern Avenue

City Allegan State MI Zip 49010

Telephone [redacted] Email DEAContact@perrigo.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials TWK

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Grand Rapids Christian High School		1974-1978	
Address	City	State	Zip
2300 Plymouth Ave., SE	Grand Rapids	MI	49506
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Calvin College (now Calvin University)		1978-1982	
Address	City	State	Zip
3201 Burton St., SE	Grand Rapids	MI	49546
Diploma/Degree obtained, if any			
B.A. with a Biology/Chemistry Group Major			

School Name		From - To (MM/YY – MM/YY)	
University of Notre Dame		1982-1985	
Address	City	State	Zip
	Notre Dame	IN	46556
Diploma/Degree obtained, if any			
Juris Doctorate			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
	[redacted] Burlington Drive	Hickory Corners	MI	49060
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Perrigo Company			05/03 - present
Business Address	**City**	**State**	**Zip**
515 Eastern Avenue	Allegan	MI	49010
Phone	**Title**		
269-673-8451	Executive Vice President, General Counsel, and Secretary		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).	✓	
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 9. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Perrigo Company plc is a leading global consumer-focused self-care company. It has multiple United States subsidiaries involved in the healthcare supply chain, including:

- L. Perrigo Company
- Perrigo New York, Inc.
- Ranir, LLC
- Perrigo Direct
- And others

Facilities operated by these subsidiaries are licensed as needed based on their operations. As those operations change, the licensing portfolios are adjusted appropriately, including surrendering licenses. Occasionally, licensing needs change based on an operation change or a state regulation change prior to completion of the licensing process, in which case an application may be withdrawn before the license is issued.

Original Signature (electronic, copies or stamps not accepted)

Date 2/21/22

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Todd W. Kingma

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/21/22

Date

Please have this section completed in the presence of a Notary Public.

State of Michigan, ss. County of Allegan

I, Todd W. Kingma, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

2/21/22

Date

Subscribed and Sworn to before me this 21st day of February, 2022

Notary Public Signature

Mary M Milbocker
Notary Public, State of Michigan
County of Allegan
My Commission Expires 6/24/2025
Acting on the County of Allegan

(Seal)

Applicant's initials

4JJ

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (08/12/2021)

Where is the facility located? ☐ Nevada ☑ Out-of-State

Is your facility a reverse distributor? ☐ Yes ☑ No

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☑ Ownership Change*	WH 01591	☑ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change* (in-state only)		☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: QPharma, Inc.

Physical Address: 45 Horsehill Road,Suite 103

City: Cedar Knolls State: NJ Zip: 07927

Mailing Address (if different from physical address): 45 Horsehill Road, Suite 102

City: Cedar Knolls State: NJ Zip: 07927

Telephone: 973-656-0011 Website: www.qpharmacorp.com

Name of Designated Representative (DR): Michael Dale Strubbe

Licensing Company Email: meredith.shinn@qpharmacorp.com DR Email: michael.strubbe@qpharmacorp.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☑ Pharmacies	☑ Legend Pharmaceuticals, Supplies or Devices
☑ Practitioners	☑ Controlled Substances
☑ Hospitals	☐ Hypodermic Devices
☐ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Assertio Therapeutics, Inc.
Address: 100 South Saunders Road, City: Lake Forest State: IL Zip: 60045
Name: Eisai, Inc.
Address: 4130 Park Avenue, Suite 50027612 City: Raleigh State: NC Zip: 27612
Name: Jazz Pharmaceuticals, Inc.
Address: 3180 Porter Drive City: Palo Alto State: CA Zip: 94301
Name: Supernus Pharmaceuticals, Inc
Address: 9715 Key West Avenue City: Rockville State: MD Zip: 20850

Section 4: Publicly Traded Corporation

State of Incorporation: N/A
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware
Parent Company (if any): None
Corporation/Organization Name: QPharma, Inc.
Mailing Address: 45 Horsehill Road, Suite 102
City: Cedar Knolls State: NJ Zip: 07927
Telephone: 973-656-0011 Email: meredith.shinn@qpharmacorp.com
Contact Person Name: Meredith Shinn

Section 6: Partnership

Partnership Name: N/A
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name: N/A
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Reno Amadori

Print Name of Authorized Person Submitting Application

Reno Amadori

Original signature of Authorized Person (copies or stamps not accepted)

2/23/2022

Date

Board Use Only	Date Received: _____	Amount: 500 CHECK# 3640

QPharma, Inc.

Corporate Officers

Name	Title	Home Address	Contact Information	Share of Company
Reno Amadori SS# [redacted] D.O.B. [redacted]	• Acting President and CEO	[redacted] Dell Rd Landing, NJ 07850 [redacted]	(P) (973) 656-0011 (F) (973) 656-0408 reno.amadori@qpharmacorp.com	O%

Ownership

Name	Title	Home Address	Contact Information	Share of Company
Barbara Den Boer SSN; [redacted] DOB: [redacted]	• Owner	[redacted] Morgan Drive Sparta, NJ 07871 [redacted]	(P) (973) 656-0011 (F) (973) 656-0408 barbara.denboer@qpharmacorp.com	100%

Office Address:

22 South Street
Morristown, NJ 07960

Federal ID Number

04-3847806

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE
P.O. Box 369, Trenton, New Jersey 08625-0369

0745873

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: [X] manufacturer [X] wholesaler which conducts business at the following locations in this State:

45 HORSEHILL RD - STE 103 CEDAR KNOLLS, NJ 07927-

Reg. No.
5003372

Q PHARMA, INC.
22 SOUTH ST
MORRISTOWN, NJ 07960-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2023

Establishment Copy

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RQ0371144	04-30-2022	$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	04-07-2021

Q PHARMA INC
Q PHARMA, INC.
45 HORSEHILL RD STE 103
CEDAR KNOLLS, NJ 079272009

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
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Form DEA-223 (9/2016)

NABP ACCREDITED
DRUG DISTRIBUTOR

Q Pharma, Inc

located at

45 Horsehill Rd, Ste 103, Cedar Knolls, NJ 07927

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

4/9/2021 - 4/8/2024
Period of Accreditation

Drug Establishments Current Registration Site

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

LINKEDIN (HTTPS://WWW.LINKEDIN.COM/SHAREARTICLE?MINI=TRUE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM&TITLE=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&SOURCE=FDA)

PIN IT (HTTPS://WWW.PINTEREST.COM/PIN/CREATE/BUTTON/?URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM&DESCRIPTION=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE)

+

EMAIL (MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

PRINT

New Search (default.cfm)

Search Results for **QPharma Inc**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
QPharma Inc	3008626682	030620888	LABEL; PACK; RELABEL; REPACK;	45 Horsehill Road, Suite 103, Cedar Knolls, New Jersey (NJ) 07927, United States (USA)	12/31/2022

State of Delaware
Secretary of State
Division of Corporations
Delivered 04:50 PM 02/27/2006
FILED 04:22 PM 02/27/2006
SRV 060189149 - 4116438 FILE

CERTIFICATE OF INCORPORATION
of
Q Pharma, Inc.

FIRST: The name of this corporation is: Q Pharma, Inc.

SECOND: The address of its registered office in the State of Delaware and the name of its registered agent is Agents and Corporations, Inc., 1201 Orange Street, Suite 600, Wilmington, New Castle County, Delaware 19801.

THIRD: The nature of the business or purposes to be conducted or promoted is to engage in any lawful act or activity for which corporations may be organized under the General Corporation Law of the State of Delaware.

FOURTH: The total number of shares which the corporation is authorized to issue is 1,500 shares of no par common voting stock.

FIFTH: The name and mailing address of the incorporator is: David N. Williams, 1201 Orange Street, Suite 600, Wilmington, Delaware 19801.

SIXTH: The corporation is to have perpetual existence.

SEVENTH: The directors shall have concurrent power with the stockholders to make, alter, amend, change, add to or repeal the By-Laws of the corporation.

EIGHTH: No director shall be personally liable to the Corporation or its stockholders for monetary damages for breach of fiduciary duty as a director. Notwithstanding the foregoing sentence, a director shall be liable to the extent provided by applicable law, (i) for breach of the director's duty of loyalty to the Corporation or its stockholders, (ii) for acts or omissions not in good faith or which involve intentional misconduct or a knowing violation of law, (iii) under Section 174 of the General Corporation Law of Delaware; or (iv) for any transaction from which the director derived and improper personal benefit. This Article Eighth shall not eliminate or limit the liability of a director for any act or omission occurring prior to the date when this Article Eighth became effective.

I, the undersigned, being the incorporator hereinbefore named, for the purpose of forming a corporation pursuant to the General Corporation Law of the State of Delaware, do make this Certificate, hereby declaring and certifying that this is my act and deed, and the facts therein stated are true and, accordingly, I have hereunto set my hand and seal this 27th day of February, 2006.

David N. Williams
Incorporator

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "Q PHARMA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "Q PHARMA, INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF FEBRUARY, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

4116438 8300

SR# 20220437035

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202616946

Date: 02-09-22

QPharma, Inc.
Warehouse List of Employees

Mike Strubbe- Managing Director, Samples
Brian Wagner- Manager, Warehouse Compliance
Llyra Zborovan- Specialist, Quality and Compliance
Eduardo Moreno- Warehouse Manager
Ycelso Ventura- Warehouse Manager
Yenny Reynoso- Warehouse Associate I
Monica Castro- Sr. Warehouse Associate II
Karen Trujillo- Warehouse Associate II
Dilsia Ventura- Senior Warehouse Associate I
Yasmin Cabrera- Senior Warehouse Associate II
Carlos Macote- Senior Warehouse Associate III
Edmundo Flores- Warehouse Associate III
Ana Jimenez- Warehouse Associate II
Yetlanesi Silva- Warehouse Associate I
Maria Guallpa- Warehouse Associate III
Carlton Ogletree- Warehouse Associate III
Ycelso Ventura III- Warehouse Associate I

THE HARTFORD

RIDER

Attached to and forming part of Bond # 13BSBIJ8681 ,
on behalf of Q Pharma Corporation
of 22 South Street, Morristown, NJ 07960
in favor of Nevada State Board of Pharmacy
and in the amount of Twenty-Five Thousand ($25,000.00) Dollars.

It is understood and agreed that effective April 14, 2022

Adding Facility Address:
45 Horsehill Road, Suite 103, Cedar Knolls NJ 07927

All other conditions and terms re main as originally written.

Signed, Sealed, and Dated April, 15th , 2022

Hartford Fire Insurance Company

By: Amy Jo Francis

Amy Jo Francis , Attorney-in-Fact

HARTFORD FIRE INSURANCE CO. INCORPORATED 1810

The above rider is hereby agreed to and accepted:

By: _____

POWER OF ATTORNEY

Direct Inquiries/Claims to:
THE HARTFORD
BOND, T-11
One Hartford Plaza
Hartford, Connecticut 06155
Bond.Claims@thehartford.com
call: **888-266-3488** *or fax:* **860-757-5835**

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: ELIAS B COHEN & ASSOCIATES
Agency Code: 13-656527

- [X] **Hartford Fire Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Casualty Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Accident and Indemnity Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Underwriters Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Twin City Fire Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of Illinois**, a corporation duly organized under the laws of the State of Illinois
- [ ] **Hartford Insurance Company of the Midwest**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of the Southeast,** a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint
Amy Jo Francis
of Lake Mary, Florida,
its true and lawful Attorney-in-Fact, to sign its name as surety(ies) only as delineated above by , and to execute, seal and acknowledge the following bond, undertaking, contract or written instrument:
Bond No. 13BSBIJ8681
Naming Q Pharma Corporation as Principal,
and Nevada State Board of Pharmacy as Obligee,
in the amount of See Bond Form(s) on behalf of Company in its business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.

Shelby Wiggins

Shelby Wiggins, Assistant Secretary

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA
COUNTY OF SEMINOLE } ss. Lake Mary

On this 20th day of May, 2021, before me personally came Joelle LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.

Jessica Ciccone
Jessica Ciccone
My Commission HH 122280
Expires June 20, 2025

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of April 15, 2022.

Signed and sealed in Lake Mary, Florida.

Keith Dozois

Keith D. Dozois, Assistant Vice President

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 13BSBIJ8681

Application/License No. _____

Q Pharma Corporation (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 22 South Street, Morristown, NJ 07960 (Address of Applicant/Principal), as PRINCIPAL, and Hartford Fire Insurance Company (Surety Company), a corporation organized under the laws of the state of Connecticut (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Hartford Plaza, Hartford, CT 06155 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 10/21/2020 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 8th day of August, 2020.

APPLICANT/PRINCIPAL

COMPANY

Authorized Representative

SURETY

Surety Company's Representative

Courtney Gomez, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

Posted February 20, 2020



Producer Compensation Notice
To The Principal

You can review and obtain information on The Hartford's producer compensation practices at www.thehartford.com or at 1-800-592-5717.

© 2007, The Hartford

POWER OF ATTORNEY

Direct Inquiries/Claims to:
THE HARTFORD
BOND, T-11
One Hartford Plaza
Hartford, Connecticut 06155
Bond.Claims@thehartford.com
call: **888-266-3488** *or fax:* **860-757-5835**

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Agency Code: 13-656527

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- [ ] **Hartford Insurance Company of the Midwest**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of the Southeast**, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint
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of Lake Mary, Florida,
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Bond No. 13BSBIJ8681
Naming Q Pharma Corporation as Principal,
and Nevada State Board of Pharmacy as Obligee,
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Shelby Wiggins

Shelby Wiggins, Assistant Secretary

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA
COUNTY OF SEMINOLE } ss. Lake Mary

On this 13th day of February, 2020, before me personally came Joelle LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.

Jessica Ciccone
Jessica Noelle Ciccone
My Commission #FF029702
Expires June 20, 2021

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of August 14, 2020.

Signed and sealed in Lake Mary, Florida.

Keith D. Dozois, Assistant Vice President

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler QPharma, Inc.

Physical Address 45 Horsehill Road,Suite 103

City Cedar Knolls State NJ Zip 07927

Mailing Address (if different from physical address) 45 Horsehill Road, Suite 102

City Cedar Knolls State NJ Zip 07927

Telephone 973-656-0011 X-3200 Website www.qpharmacorp.com

Licensing Company Email michael.strubbe@qpharmacorp.com

Section 2: Personal Information

First Michael Middle Dale Last Strubbe

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted]Duncan Drive

City Morganville State NJ Zip 07751

Telephone [redacted] Email michael.strubbe@qpharmacorp.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty N/A

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials MD

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Albright College		09/1995 -05/1999	
Address	**City**	**State**	**Zip**
1621 N. 13th Street	Reading	PA	19604
Diploma/Degree obtained, if any			
BA, Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Marlboro High School		09/1991 - 06/1995	
Address	**City**	**State**	**Zip**
95 North Main Street	Marlboro	NJ	07746
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/87 - Present	[redacted] Duncan Drive	Morganville	NJ	07751
From - To (MM/YY – MM/YY)	Address	City	State	Zip
	N/A	N/A	N/A	N/A
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
QPharma, Inc.			01/2001 - Current	
Business Address		**City**	**State**	**Zip**
45 Horsehill Road,Suite 103		Cedar Knolls	NJ	07927
Phone	**Title**		**Number of Employed Hours**	
973-656-0011 X-3200	Managing Director of Samples, DTP and Fulfillment		40,000 Hrs.	
Description of Duties				
9M5 North Main Street See attached				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Applicant's initials _____

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

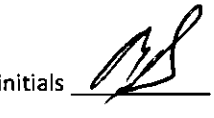
Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials 

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

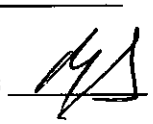
This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials 

I, Michael Strubbe, **certify that as the designated representative for**

QPharma, Inc.,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Michael Strubbe

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael Strubbe
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/24/22
Date

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Morris

I, Michael Strubbe, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3/2/22
Date

Subscribed and Sworn to before me this 2 day of March, 2022

Notary Public Signature

Meredith M Shinn
Notary Public
New Jersey
My Commission Expires 2-4-2025
NO. 2324765

(Seal)

Applicant's Initials

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler QPharma, Inc.

Physical Address 45 Horsehill Road,Suite 103

City Cedar Knolls State NJ Zip 07927

Mailing Address (if different from physical addre:s) 45 Horsehill Road, Suite 102

City Cedar Knolls State NJ Zip 07927

Telephone 973-656-0011 Webs:e www.qpharmacorp.com

Licensing Company Email meredith.shinn@ qpharmacorp.com

Section 2: Personal Information

First Barbara Middle Ann Last Den Boer

Alias(es, nicknames, name changes, etc.) Barbara Sliwa

Date of Birth [redacted] :N or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted]Morgan Drive

City Sparta State NJ Zip 07871

Telephone [redacted] Email barbara.denboer@qpharmacorp.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Ar ied Forces of the United States and separated from such service under conditions other than dishonorable? (Ma "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a mi mum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United S:ates and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged ho orably.)		✓
3. Have you ever served the Commissioned Cor of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric dministration of the United States in the capacity of a commissioned officer while on active duty in de nse of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty N/A

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (RS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the pport of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the lan approved by the district attorney or other public agency enforcing the order for the repayment of t amount owed pursuant to the order?		✓

Applicant's initials BS 1

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Southern Regional Highschool			11/70 -06/74	
Address		City	State	Zip
90 Cedar Bridge Road		Stafford Township	NJ	08050
Diploma/Degree obtained, if any				
Diploma				
School Name			From - To (MM/YY – MM/YY)	
Ocean County College			09/74 - 05/76	
Address		City	State	Zip
1 College Drive		Toms River	NJ	08754
Diploma/Degree obtained, if any				
AA				
School Name			From - To (MM/YY – MM/YY)	
Douglass College, Rutgers University			09/76 - 05/78	
Address		City	State	Zip
125 George Street		New Brunswick	NJ	08901-1414
Diploma/Degree obtained, if any				
BA				
School Name			From - To (MM/YY – MM/YY)	
Fairleigh Dickinson University			09/86 - 05/88	
Address		City	State	Zip
1000 River Road		Teaneck	NJ	07666
Diploma/Degree obtained, if any				
Master of Science				
School Name			From - To (MM/YY – MM/YY)	
N/A				
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/2003- Current	[redacted] Morgan Drive	Sparta	NJ	07871
10/18 -06/20	[redacted] Market Street, Unit 505	Morristown	NJ	07960
From - To (MM/YY – MM/YY)	Address N/A	City	State	Zip
From - To (MM/YY – MM/YY)	Address N/A	City	State	Zip
From - To (MM/YY – MM/YY)	Address N/A	City	State	Zip
From - To (MM/YY – MM/YY)	Address N/A	City	State	Zip
From - To (MM/YY – MM/YY)	Address N/A	City	State	Zip
From - To (MM/YY – MM/YY)	Address N/A	City	State	Zip
From - To (MM/YY – MM/YY)	Address N/A	City	State	Zip
From - To (MM/YY – MM/YY)	Address N/A	City	State	Zip

Applicant's initials BAOB

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
QPharma, Inc.			01/22 - Current
Business Address	**City**	**State**	**Zip**
22 South Street	Morristown	NJ	07960
Phone	**Title**		
973-656-0011	Owner		

Description of Duties

100% owner

Business Name			From - To (MM/YY – MM/YY)
American Red Cross, Biomedical Volunteer Workforce Engagement Department			04/14 - Current
Business Address	**City**	**State**	**Zip**
209 Fairfield Road	Fairfield	NJ	070004
Phone	**Title**		
973-797-3300	Volunteer Partner		

Description of Duties

Develops and executes implementation work plans outlining objectives, strategies and tactics supporting the Biomedical Volunteer Workforce Engagement Department priorities with steps to address those challenges.

Business Name			From - To (MM/YY – MM/YY)
Warner Chilcott/Park-Davis Divisions of Warner Lambert Company			1990 - 1997
Business Address	**City**	**State**	**Zip**
201 Tabor Road	Morris Plains	NJ	07950
Phone	**Title**		
N/A	Regulatory Affairs Associate		

Description of Duties

Prepared and amended ANDA's, supplemental applications, annual reports and labeling for in-line products. Prepared annual and ongoing drug listings, drug recall documentation, recall effectivity checks and recall status reports.

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials  4

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Barbara A. Adler Esq

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials BAA

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Barbara Den Boer

Print Name (First, Last)

Barbara A Den Boer

Original Signature (electronic, copies or stamps not accepted)

3/1/22

Date

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Morris

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Barbara A Den Boer

Original Signature

3.1.22

Date

Subscribed and Sworn to before me this 1st day of March, 2022

Notary Public Signature

Meredith M Shinn
Notary Public
New Jersey
My Commission Expires 2-4-2025
No. 2324765

(Seal)

Applicant's initials BAPB

4KK

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change ☐ Name Change ☐ Location Change (in-state only)	* If making a change, provide current license number: WH _____	☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ☒ No

Section 1: General Information

Facility Name: Abbott Molecular Inc.

Physical Address: 1300 East Touhy Avenue

City: Des Plaines State: IL Zip: 60018

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (224) 361-7145 Website: https://www.abbott.com/

Name of Designated Representative (DR): Not applicable per NAC 639.5935(1)(a)

Licensing Company Email: Daniel.Egeland@abbott.com DR Email: Not applicable per NAC 639.5935(1)(a)

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☒ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☒ Practitioners	☐ Controlled Substances
☒ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☒ Others:	☐ Others:

Section 2: History of Company Refer to addendum for questions 1-5.	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	Refer to addendum for responses.	
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	Refer to addendum for responses.	
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	Refer to addendum for responses.	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	Refer to addendum for responses.	
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	Refer to addendum for responses.	

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

AMI Applications 2

AMI supplements the responses set forth in the Wholesaler Application Addendum to Questions 1-5 of Section 2 of the Nevada Wholesaler Application for its Des Plaines and Elk Grove facilities, each as follows:

Section 2 Questions	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	To our knowledge, neither Abbott Molecular, Inc., nor Abbott Laboratories – the entities identified in Section 9 of the Wholesaler Application Addendum – have been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea) within the last 5 years.
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	To our knowledge, neither Abbott Molecular, Inc., nor Abbott Laboratories – the entities identified in Section 9 of the Wholesaler Application Addendum – have been denied a license, permit or certificate of registration within the last 5 years.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	To our knowledge, neither Abbott Molecular, Inc., nor Abbott Laboratories – the entities identified in Section 9 of the Wholesaler Application Addendum – have been the subject of an administrative action or proceeding relating to the pharmaceutical industry within the past 5 years.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	To our knowledge, neither Abbott Molecular, Inc., nor Abbott Laboratories – the entities identified in Section 9 of the Wholesaler Application Addendum – have been found guilty, pled guilty or entered a plea of nolo contendere to any offense, federal or state, related to controlled substances within the past 5 years.
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	To our knowledge, neither Abbott Molecular, Inc., nor Abbott Laboratories – the entities identified in Section 9 of the Wholesaler Application Addendum – have surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) within the past 5 years.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Refer to addendum for responses.

Address: _____ City: _____ State: _____ Zip: _____

Name: Refer to addendum for responses.

Address: _____ City: _____ State: _____ Zip: _____

Name: Refer to addendum for responses.

Address: _____ City: _____ State: _____ Zip: _____

Name: Refer to addendum for responses.

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Illinois

Parent Company (if any): Abbott Laboratories

Corporation Name: Abbott Laboratories

Mailing Address: 100 Abbott Park Road

City: Abbott Park State: IL Zip: 60064

Telephone: (224) 361-7145 Email: Daniel.Egeland@abbott.com

Contact Person Name: Daniel Egeland

Date of SEC Registration: See Addendum | SEC Registration Number: 0000001800 | Stock Exchange Symbol: ABT

Section 5: Non-Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Daniel Egeland

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

08/26/2021

Date

Board Use Only	Date Received: _____	Amount: 500 CC ✓ Received 1/20/22

NEVADA WHOLESALER APPLICATION ADDENDUM
Abbott Molecular Inc.

SECTION 2: HISTORY OF COMPANY

Question	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	Abbott Laboratories (Abbott), the parent company of the prospective licensee, is a publicly traded company. All material investigations, lawsuits, administrative proceedings, and other legal matters involving Abbott and its subsidiaries are disclosed in Abbott's Annual Report on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	All material registration and licensure information involving Abbott and its subsidiaries is disclosed in Abbott's Annual Report on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	All material administrative actions and proceedings involving Abbott and its subsidiaries is disclosed in Abbott's Annual Reports on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	All material investigations, lawsuits, administrative proceedings and other legal matters involving Abbott and its subsidiaries is disclosed in Abbott's Annual Reports on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or	All material registration and licensure information involving Abbott and its subsidiaries is disclosed in Abbott's Annual Report on form 10-K, Quarterly Reports on

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certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.

SECTION 3: SUPPLIER INFORMATION

The applicant distributes medical products and devices manufactured by or for Abbott only. It does not distribute pharmaceuticals.

SECTION 4: PUBLICLY TRADED CORPORATION

SEC REGISTRATION

Abbott Laboratories (Abbott) completed its initial public offering in 1929.

SECTION 8: FDA REGISTRATION

See Exhibit A attached hereto.

SECTION 9: APPLICABLE DOCUMENTS

LIST OF OFFICERS AND DIRECTORS

The officers and directors of Abbott Molecular Inc. are listed below.

Directors

- McCoy, John

Officers

- Kaesebier, Tara
- Kowalski, Daman
- McCoy, John
- Novak, Joseph
- Oosterbaan, Benjamin
- Paik, Jessica
- Yasger, Paul

LIST OF TOP FOUR CORPORATION SHAREHOLDERS

100% of the stock of Abbott Molecular Inc. is owned by Abbott. Abbott is a publicly traded company that is listed on the New York Stock Exchange.

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CERTIFICATE OF CORPORATE STATUS OR CERTIFICATE OF GOOD STANDING

See Exhibit B attached hereto.

DEA CERTIFICATE IF HANDLING CONTROLLED SUBSTANCES

Not applicable.

LIST OF EMPLOYEES, AGENTS, INDEPENDENT CONTRACTORS, CONSULTANTS, GUARDIANS, PERSONAL REPRESENTATIVES, LENDER OR HOLDER OF INDEBTNESS OF THE APPLICANT

All material information is disclosed in Abbott's Annual Reports on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.

EXHIBIT A
FDA REGISTRATION

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FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

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Establishment:
ABBOTT MOLECULAR, INC.
1300 EAST TOUHY AVENUE
Des Plaines, IL 60018
Registration Number: 3005248192
FEI Number*: 3005248192
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types.
Please Review Listings For Further Information.
Date Of Registration Status: 2021

Owner/Operator:

ABBOTT LABORATORIES[6]
100 ABBOTT PARK RD.
D-03Q3, AP52-1
Abbott Park, IL US 60064
Owner/Operator Number: 1415939[7]

Official Correspondent:
Jennifer Sloan
1350 Touhy Ave
DV9JV
Des Plaines, IL 60018
Phone: 224-3617256

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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Page Last Updated: 08/23/2021

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FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

For Government For Press

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EXHIBIT B
CERTIFICATE OF GOOD STANDING

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April Veoukas
Director, Regulatory Affairs
Strategic Regulatory Affairs
Abbott Quality & Regulatory

Abbott
D-03Q4, AP52
200 Abbott Park Road
North Chicago, IL 60064
T: +1 224 667 8197
april.veoukas@abbott.com

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Via Email (m.herrera@pharmacy.nv.gov & pharmacy@pharmacy.nv.gov)

December 16, 2021

Dear Maria Herrera,

In response to your December 7 email, enclosed please find the home state licenses in support of our 12 Nevada State Board of Pharmacy Wholesaler Applications for the wholesalers and facility locations identified in the table.

Wholesaler	Facility Location	Home State License
1. Abbott Laboratories Inc.	3158 Martin Luther King Jr. Drive, North Chicago, IL 60064	Illinois state does not license medical device distributors.[1] 68 Ill. Adm. Code 1510.10
2. Abbott Laboratories Inc.	1921 Hurd Drive, Irving, TX 75038	See attachment A
3. Abbott Laboratories Inc.	1915 Hurd drive, Irving, TX 75038	See attachment B
4. Abbott Laboratories Inc.	15900 Valley View Court, Sylmar, CA 91342	See attachment C License Number: 115222 Certificate is in the mail after confirmation from the renewal process.
5. Abbott Laboratories Inc.	6901 Preston Road Plano, TX 75024	See attachment D
6. Abbott Laboratories Inc.	2305 Walnut Street, Roseville, MN 55113	Minnesota State does not license medical device distributors.[2] Minn. Stat. § 151.01
7. Abbott Laboratories Inc.	42301 Zevo Drive, Suite #F, Temecula, CA 92590	See attachment E
8. Abbott Molecular Inc.	1300 East Touhy Avenue, Des Plaines, IL 60018	Illinois state does not license medical device distributors.[1] 68 Ill. Adm. Code 1510.10

[1] The Illinois Dept. of Financial and Professional Regulation states that no licensing is required in order to warehouse and/or distribute such product in or out of the State of Illinois. The requirements of licensure and practice are provided by the Act and Rules in Administrative Code, 68 Ill. Adm. Code 1510.10. Definitions of "wholesale distribution" and "prescription drug" do not include medical devices.

[2] Minnesota state does not license medical device distributors by the office of Minnesota Statues, Minn. Stat. § 151.01. Definitions of "prescription drug", and "manufacturing" do not include medical devices.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ABBOTT MOLECULAR INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

2260476 8300

SR# 20213050692

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203983230

Date: 08-23-21

File Number 5978-567-2

STATE OF ILLINOIS
OFFICE OF THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ABBOTT MOLECULAR INC., INCORPORATED IN DELAWARE AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON JANUARY 29, 1998, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 16TH *day of* AUGUST *A.D.* 2021 .

Authentication #: 2122801594 verifiable until 08/16/2022
Authenticate at: http://www.ilsos.gov

Jesse White

SECRETARY OF STATE

Parker, Johanna
Perez, Raul
Phommachanh, Jim
Ponce, Lorena
Potter, Brianna J
Quisquirin, Jason Mendoza
Quisquirin, Marian
Ramsthaler, Somphith I
Reisinger, Cathy
Reyna, Edward
Rodriguez, Maria
Romero, Joan
Ross, Erin Kathlene
Ruelas, Manuela L
Salcedo, Serena
Sayavong, Gayle B
Schluter, Terence Lorin
See, Liliana
Sen, Channmony
Shand, Sharon K
Shaw, Ann M
Simon, Jennifer N
Sipes, Joelle D
Socito, Noel E
Soliven, Julia
Somers, Vicki A
Soun, Janet Agustin
South, Emily F
Spowart, Judy L
Story, Rachel Camille
Taylor, Tamara S
Tengco, Victor
Touth, Hoeung
Uzeta, Marissa X
Villagrana Perez, Esmeralda
Villanueva, Wilma A
Walsh, Whitney
Wark, Ginette Marie
Willson, Leslie
Woodruff, Mary Geraldine Picar D
Ybarra, Melanie
Yumol, John Frederick Juan
Zeiss, Irma L

AMI Des Plaines Facility

The workers at the AMI Des Plaines facility are as follows:

Vineela Aari
Sara Abadi
David Aboagye
Anit Abraham
David Abramson
Klara Abravaya
Kathleen Aburano
Ryan Adams
Ekundayo Adetunji
Oluwatobiloba Adeyemo
Vince Adrian Palao
Anjo Agustin
David Ahumada
Kalyan Deepthi Akula
Erica Alansari
Xenia Alava
Maria Alba
Milagros Roschelle Alcala
Nebil Alchaar
Heather Alexander
Salima Ali
Ryan Aliff
Michele Alotti
Nabil Alqam
Nizar Alqam
Tateanna Alston
Donna Amada
Hina Amin
Daniel Ammer
Christopher Anderson
David Anderson
Drew Anderson
Lynette Anderson
Marc Anderson
Doris Andujar
Nicholas Ankenbruck
Dave Annett
Shafiqur Rahman Ansari
Helen Anteliz
Jhon Arvin Antonio
Eric Aoys
Karina Aranda

Sudheer Arapelly
Precila Arceo
Gerardo Arteaga
Nestor Arteaga
Rosalia Atienza
Ali Attarwalla
Rukayaaqsa Attia
Alex Austin
Nelson Austria
William Avila
Dawn Avis
Justin Awit
Moses Ayambire
Darren Daniel Bacol
Imelda Bahni
Mirza Baig
Julie Bailey
Robert Balano
Rommel Balauag
Alind Balbuena
Sarah Bang
Margarita Baquiran
Michael Angelo Baquiran
Patricia Barbato
Brianna Barbeau
Harshal Barot
Aminatou Barry
Marianne Bartek
Jeffrey Baryenbruch
Sarah Bascharon
Raymond Bastian
John Bates
Mansoor Batliwala
Camilla (Gryffon) Baum
Kathryn Becker
Christopher Beltran
Jesusa Benzon
Joshua Bernstein
Elizabeth Best
Edwin Betancur
Tanya Beyzin
Aminah Bhatti
John Birdsall
Daniel Bisciglia
Randy Blakley
Evy Blancaflor
Adrian Blancas
Marya Alena Blando
Brian Bolliger
Melanie Bonifacio
Holly Bouma-Johnston
Vincent Bowman
Jason Brandt
Timothy Brandvold
Aaron Brannon
Erika Breidenbach
Jpmartin Brillo
Mercedes Briones
Douglas Brobst
Jessica Brosch
Betty Brown
Christopher Brown
Michael Brown
Samantha Browne
Perry Brusenbach
Mary Buckner
Preciosa Buhay-Miller
Michael Bushen
Alfonso Butera
Adeola Butler
Grayson Cain
Felipe Calubaquib
Barbra Allen Cambay
Malcolm Alexander Campbell
Erin Canning
Anna Cantrell
Anthony Carabello
Benjamin Carlson
Jill Carstens
Warren Carter
Alicia Case
Harvey Castillo
Cristian Castillo Camacho
Rodel Cave
Maria Cervantes Vargas
Irene Chaplyk
Aashay Chavan
Maria Chavez Perez
Yu-An Chen
Yuliang Chen
Fayth Cherry
Philip Chiang
Hari Chirasani
Brian Choi
Won Choi
Erich Christ
Melissa Christoffel-Capoccia
Rosa Churchman-West
Gianguido Cianci

Steven Cielocha
Justin Ciula
Noreen Clancy
Deborah Clark
Michael Clemente
Anke Coblenz-Korte
Lisa Cole
Clarissa Collier
Raquel Colon
Erik Coman
Alanna Connors
Sean Conway
Paul Cook
Madison Cooley
Kevin Cortes
Ruther Cortiguerra
Segundo Cosio
Joleen Craig
Bob Cram
John Crossley
Robert Crowley
Annabel Cruz
Karen Cruz
Wesley Cruz
Malford Cullum
William Cummings Ii
Christian Czerwonka
Tracie Czerwonka
Wei Dai
Karina Danielik
Jeremy Daughenbaugh
Lenedra Dawson
Lateefah Dawud
Maria De La Huerta
Enrique De La Sierra
Annie Lyn De Leon
Ed Noel De Leon
Naty De Leon
Toni Rose Debelen
Kimberly Debose
Angeline Dechavez
Shay Decker
Justin Deleon
Cecilia Delgadillo
Javier Delgado
Shauntea Denton
Janish Desai
John Devore
Jeffrey Di Asio
Danny Diaz
Brian Diedrich
Nhi Dinh
Lucy Dobek
Marisol Dominguez
Sean Donlevy
Henrietta Donlon
Emily Donnel
Walter Dosh
Erika Dow
David Doyle
Lauren Drake
Darren Drapp
Dawn Drella
Ben Druce
Dominik Duelli
Ashley Dunigan
Chadwick Dunn
Julie Dykstra
Mary Edgar
Frank Edgeton
Elizabeth Edwardson
Daniel Egeland
Ricardo Andres Egli
James Ehrhardt
Emily Eisenhauer - Miller
Marisela El Ghali
Andrew Ellis
Erica Ellis
Laura Estrada Rodriguez
Jean Evangelista
Joel Evangelista
Flory Ann Evia
Israel Ewing
Tim Farnsworth
Andrij Fedashchin
Huixin Fei
Christine Felton
Stacy Ferguson
William Fernandes
Cathleen Filan
William Flynn
Colin Foley
Mary Ford
Saleena Fortunato
Samuel Foss
Dana Mariel Francisco
Gracielyn Francisco
Aniceta Franklin
Leith Fremlin

Alexandra Freundlich
Errol Frias
Evan Frias
Kristine Fricano
Rebecca Frick
Hector Fuentes
Robert Gaa
Aman Gabriel
Jeffrey Gacek
Jessica Gallego
Marlon Gallego
Carmen Gamero
Khushbu Gandhi
Inessa Ganzman
Danilo Garcia
Mateo Garcia
Michael Garcia
Omar Garcia
Lavare Garrett
Theresa Garwood-Graham
Vivian Geneta-Shoemake
Gene Genis
Kenneth George
Jeffrey Gersch
David Gloss
Dessislava Gochkarian
Gregory Godfrey
Carlos Gomez
Luis Gomez
Maria Eugenia Gomez Montes
Rebecca Gonner
Kevin Dale Gonzales
Sully Gonzalez
Kathryn Goodreau
Angelica Gorospe
James Goucher
Bruce Gowan
John Grace
Michael Graham
Justy Ann Grande
Jean Green
Shirley Griffin
Kelly Gross
Andrew Gruber
Tatyana Grushko
Asta Grzybicki
Vivian Gu
Kevin Gubat
Steven Gubin
Michelle Guerzon
Maria Guillen
Sherman Gumaya
Chase Gunderud
Gerard Gundling
Robert Gutierrez
Senan Hafez
Michael Hahn
Getahun Haile
Andrew Hajduk
David Hale
Paul Hamilton
Mark Hansen
Jonathan Hanson
Kristina Harper
Alia Hasan
Ameer Hashw
Catherine Haskins
Scott Hastings
Jaquilla Haynes-Upshaw
Latoya Haywood
Suzanne Head
James Heagy
David Hecht
Eric Heikkinen
Laura Herbert
Miguel Hernandez
Romeo Hernandez
Erika Herrero Garcia
Philip Hession
Benedetta Hicks
Jennifer Hill
Keith Hill
Douglas Hively
Shiaolan Ho
Charles Hogan
Lisa Hogan
Derwin Holgado
Carolyn Hollands
Theodore Hom
Rebecca Hoo
Karlie Horton
Sophia Hou
Karrie Hovis
Danping Hu
Shihai Huang
Sarah Hughes
Ghalib Husain
Zoe Huss
Syed Hussain

Timothy Hussey
Charles Ingersoll
Mahin Islam
Jennifer Izenstark
Matthew Izenstark
Jordan Jacob
Kristine Jacobson
Keeve Jaffe
Tilak Jain
Adam Jamrozy
Jyothi Janardanan
Alan Jankowski
Kris Jaramilla
Margaret Jasiewicz
Andrew Jaske
Diana Ji
Hao Jiang
Jeany Jimenez
Milica Jocovic
Julie Johanson
Brett Johnson
Jean Johnson
Judith Johnson
Robert Johnson
Sara Jones
Vincent Jones
Francine Jones-Bell
Hemalata Joshi
Nira Joshi
Joseph Kalousek
Monika Kamburova
Gaurav Kapila
John Karavitis
Rachel Karpen-King
Silpa Katragadda
Zev Katz
Tyler Keady
Keolay Keath
Jarrod Kec
Kenji Kennedy-Kunugi
Colleen Kerr
Atif Khan
Mohammad Khan
Noshir Khory
Jinsoo Kim
Jung-In Kim
Kevin Kim
Mark Kim
Wilson Kim
Rickey King
Pavel Kislitsyn
Lucinda Koger
Kristen Kohler
James Kolterman
Jeffrey Kooyenga
Cassandra Kopec
Anne Korponya
Algis Korzonas
Joshua Kostera
Tamara Kovtun
Jacqueline Kramer
Tomasz Krupinski
Richard Krzysik
Ramesh Kuchipudi
Apurva Kulabkar
Rupinder Kular
Stephanie Kunkel
Sharif Kurdi
Prashant Kurdukar
Caroline Kusmierz
Wendy Lacey
Torianna Lamah
Gerald Lamina
Rachel Lander
Thomas Langner
Sandra Lara
Anandi Lasrado
Melanie Latta
Ernest Laurentin
Candice Lazzara Bianchi
Gregor Leckie
Andrew Lee
Hyunjin Lee
Jinhun Lee
Mona Legator
Frances Lennon
James Leone
Kyle Lepek
Noah Leslie
Benjamin Letherer
Joslyn Lewis
Cheng Li
Jiawen Li
Sarah Li
Yuhong Li
Jason Licari
Yuan Yun Lin
Carmina Llanos
Marta Llende

Reneé Lomas
Kennedy Lomillo
Patricia Lonosky
Elvis Lourdes
Johaira Lozada-Cruz
Limin Lu
Laura Lubbers
Jack Lubinski
Danijela Lucic
Jose Luis
Brendan Lynch
Rebecca Lynch
Bernard Lyons
Matthew Maginot
Fareeha Mahmood
Thu Mai
Wai-Bing Mak
Magdalena Maka
Roman Makarewicz
Milena Maksimovic
Pooja Malhotra
Richard Manda
David Mann
Sharmila Manoj
Allison Marder
Ariel Maret
Riley Marion
Rodica Marlo
Benjamin Marszalek
Arthur Martinez
Ashley Martinez
Josselyn Martinez
Joel Mason
Samuel Mathew
Paul Matushek
John Mauk
Jakayla Mccalley
Kevin Mccoy
Carl Mcgill
Jessica Mckillip
Bryan Mcknight
Dawn Mcnulty
Nathan Mcwilliams
Christopher Meiners
Jossie Mendonca
Joswin Mendonca
Cecilia Mendoza
Mario Menendez
Yuhong Meng
James Menges
Daniela Merlos
Andrey Meshem
Kaniz Mettresswala
Lizette Meza
John Mikrut
Thomas Miller
Tracy Miller
Dawid Miltko
Mitchell Mims
Roseann Mireles-Hannigan
Zdzislawa Jessica Mirowski
Bhaveshkumar Mistry
Binaisha Mistry
Larry Mitcham
Kenya Mitchell
Eleanor Mogongwa
Erum Mohammed
Omar Mohammed
Eric Molina
Sandra Moore
Veronica Moore
Vivian Moore
Gregory Morehouse
Hallie Morrison
Kristyn Morrison
Simone Morrison
Susmita Mukherjee
Christina Muñoz
Danielle Murphy
Stephen Murphy
Lauren Myczek
Mohammed Nadeem
Catherine Nash
Lorella Nasis
J Nava
Akkamma Navada
Jonand Ndrio
Katrina Nebrija
Kevin Nelson
Anh Nguyen
Vinh Nguyen
Karolina Niemczyk
Timothy Niles
Stephen Nofs
Kara Nordin
Michael Nosek
Yelina Noskina
Katheryn Nottoli
Jake Novack

Zoe Nykaza
John O'Brien
Anna O'Hare
David Odzer
Wanda Oehrli
Reuben Ofsaiof
Thaddeus Olbrys
Candice Oldenburg
Oscar Ortega
Muyibat Osomo
Thomas Over
Edward Pabich
Daniel Packard
Eric Packard
Keerthana Padamata
Maurice Padilla
Vihanga Pahalawatta
Vince Christian Palao
Darshana Panchal
Nirmala Pandidurai
Jeffrey Panella
Nicku Parameswaran
Joonyoung Park
Melanie Parker
Sarah Parker
Bharat Patel
Bhargav Patel
Bhavesh Patel
Bhavna Patel
Harsh Patel
Hirenkumar Patel
Jitendra Patel
Kinjal Patel
Krishn Patel
Manhar Patel
Maunang Patel
Nimisha Patel
Prakruti Patel
Reema Patel
Sandip Patel
Sanjay Patel
Sneh Patel
Trusha Patel
Varunkumar Patel
Digant Pathak
Eric Payne
Brian Peacha
Paris Pedroza
James Pelletiere
Curtis Pepe
Carina Perez
Cristian Perez
Eliezer Perez
Thomas Perez
Nicole Perez Crespo
Tina Perkins
Lauren Pesceone
Ekaterina Pestova
Torey Peterson
Keith Pettis
William Pfeifle
Natasha Phillips
Jeffrey Pickett
Alyssa Pilac
Arnelio Pilac
Christian Pimentel
Andrew Piquette
Melissa Piwowar
Anna Podsiadlo
Timothy Pointer
Kenneth Pokusa
Laura Polakowski
Regina Postrado
Tyler Potter
Arjun Poudel
Anna Prokhorova
Ankita Puri
Esteban Quinones
Kristine Rabaca
Pierre Radlowski
Magda Radziszewski
Emaad Rahman
Rajeev Rajakumar
Shane Rakow
Dennis Michael Ramirez
Maria Perez Ramirez
Francisco Ramos
Kristine Ramsay-Schnor
Jack Ramsey
Praveen Rao
Tracy Raoul
Abner Rarang
Umar Rathore
Jagmohan Rawat
Shiv Ray
Carla Real
John Rebellato
Samantha Reddy
Pamela Redmond

Matthew Reif
Gabriel Reyes
James Rhoads
Justin Riebe
Dolev Rimmerman
Veronica Rios
Karen Ritacca
Michele Rivelli-Bucci
Ariel Rivera
Kenneth Roberson
Jennifer Roberts
Matthew Roberts
Patrick Robertson
Dana Robinson
Paul Rollins Jr.
Jashira Roman
Romy Rose
Michael Rowan
Venus Roxas
Katheryn Ruffalo
Leonard Rutherford
Thomas Rybski
Wafiyyah Saiyed
John Salituro
Thomas Sallese
Umme Salma
Raymundo Alfredo Salto Dominguez
Edward Salvador
Gina Sammarco
Mark Anthony San Diego
Rachelle San Diego
Francisco Sanchez
Stephanie Sanders
Jose Santiago
Mark Sasaki
Clint Satorre
Maria Satorre
Carol Scher
Colleen Schmidt
Paul Schmitt
Daniel Schroeder
Ian Schroeder
Steve Schroeder
Deborah Schultz
John Schulz
Daniel Schwartz
Darius Scott
Kevin Sears
Andrew Senanayake
Adam Seraphin
Ramya Seshadri
Noah Seto
Mary Jo Sexton
Shruti Shah
Chitra Shaligram
Montaha Shawabkeh
Ruchita Sheth
Dereck Shi
Kelley Shorr
Todd Short
Ivailo Shostenko
Aslam Siddiqui
Jose Silva
Joy Silva
Martin Silva
Michael Silvestri
Gemmalaine Simbahan
Leonid Sitailo
Joseph Skinner
Christopher Slachta
Carl Slenk
Jennifer Sloan
Lauren Smart
Kaitlin Smith
Rhiannon Smith-Marsh
Sherry Smoot
Anna Sobol
Irina Sokolova
Taeyil Son
Liwei Song
Rinkal Soni
Jasmine Soto
Gregory Spears
Maria Spirovski
Maya Springer
Meredith Stafford
Brian Stannis
Rebecca Steuck
Lindsay Stewart-Schmidt
Andrew Stone
Julia Strackhouse
Julie Strom
Michael Struck
Hong Su
Mary Sullivan
Danilo Sumague
Ellia Sun
Yun-Min Sung
Oluwadamilola Sunmola

Roopa Suresh Kumar
Nizar Sweilem
Sandy Sweilem
David Swihart
Magdalena Szostak
Ralston Tabang
Nino Tabatadze
Sashankha Tallapudi
Jing Tang
Justin Tanner
Joseph Tantillo
Christina Tassone
Matthew Taylor
Justin Thomas
Majorca Thomas
Scott Thompson
Eriel Thornton
Stacia Thorson
Skyler Tiarks
Recy Ticzon
Gordon Tommy
Shao Tong
Dan Toolsie
Joseph Toonen
Jennifer Topor
Carmen Torres
Henry Torrez
Ketrija Touw
Moria Trautman
Jennifer Travis
Douglas True
Anatoly Ulyanov
Rajith Unnikrishnan
Tami Urban-Schneider
Elena Usacheva
Elsy Valentin-Eggert
Jessica Van Camp
Alexandre Vaz
Padmaja Vellanki
Sarah Ventura
Patrick Verhoef
Amit Verma
Cecilia Villafan
Jivem Rose Villanueva
Francis Villar
Amanda Villardita
Guy Viti
Robert Vogel
Drashti Vora
Priscilla Walker
Scotty Walker
Matthew Wallace
Brandon Walton
Xin Wang
Yue Wang
Wendell Watanabe
Erika Webb
Carmon Weeks
Yanina Weingast
Susan Weiss
Hazel Welch
Melissa Welk
Matthew Wenzel
Kathleen Wessberg
Mark White
Sarah White
Taiylar White
Claire Whitfield
Daniel Wiacek
Michael Wiacek
Julia Widmaier
Matthew Wienke
Russell Wiesneth
Kimberly Wilber-Mader
James Williams
Adam Winter
Bryant Wojcik
Ieok Wong
Megan Wood
Nick Woodman
Andrew Woolery
Xiangchun Wu
Xiaomao Wu
Jeffrey Wuitschick
Guifa Xi
Gail Yang
Marina Yesilevich
Josephine Yorpo-Lane
Drew Youngblood
Kevin Yu
Jacob Zaguri
Mary Zajakala
Luke Zander
Vicky Zecevich
Lei Zhang
Qingbei Zhang
Yan Zhang
Yue Zhou
Julie Zohn

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D. C. 20549

FORM 10-K

(MARK ONE)

☒ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

OR

☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the fiscal year ended December 31, 2020

Commission file number 1-2189

Abbott Laboratories

An Illinois Corporation
100 Abbott Park Road
Abbott Park, Illinois 60064-6400

36-0698440
(I.R.S. employer identification number)
(224) 667-6100
(telephone number)

Securities Registered Pursuant to Section 12(b) of the Act:

Title of Each Class	Trading Symbol(s)	Name of Each Exchange on Which Registered
Common Shares, Without Par Value	ABT	New York Stock Exchange Chicago Stock Exchange, Inc.

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.

Yes ☒ No ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or 15(d) of the Act.

Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days.

Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files).

Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large Accelerated Filer ☒ Accelerated Filer ☐ Non-Accelerated Filer ☐ Smaller reporting company ☐
Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act).

Yes ☐ No ☒

The aggregate market value of the 1,727,625,764 shares of voting stock held by nonaffiliates of the registrant, computed by reference to the closing price as reported on the New York Stock Exchange, as of the last business day of Abbott Laboratories' most recently completed second fiscal quarter (June 30, 2020), was $157,956,823,602. Abbott has no non-voting common equity. Number of common shares outstanding as of January 31, 2021: 1,771,529,358

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the 2021 Abbott Laboratories Proxy Statement are incorporated by reference into Part III. The Definitive Proxy Statement will be filed on or about March 12, 2021.

PART I

ITEM 1. BUSINESS

GENERAL DEVELOPMENT OF BUSINESS

Abbott Laboratories is an Illinois corporation, incorporated in 1900. Abbott's* principal business is the discovery, development, manufacture, and sale of a broad and diversified line of health care products.

NARRATIVE DESCRIPTION OF BUSINESS

Abbott has four reportable segments: Established Pharmaceutical Products, Diagnostic Products, Nutritional Products, and Medical Devices.

Established Pharmaceutical Products

These products include a broad line of branded generic pharmaceuticals manufactured worldwide and marketed and sold outside the United States in emerging markets. These products are generally sold directly to wholesalers, distributors, government agencies, health care facilities, pharmacies, and independent retailers from Abbott-owned distribution centers and public warehouses, depending on the market served. Certain products are co-marketed or co-promoted with, or licensed from, other companies.

The principal products included in the broad therapeutic area portfolios of the Established Pharmaceutical Products segment are:

- gastroenterology products, including Creon™, for the treatment of pancreatic exocrine insufficiency associated with several underlying conditions, including cystic fibrosis and chronic pancreatitis; Duspatal™ and Dicetel™, for the treatment of irritable bowel syndrome or biliary spasm; Heptral™, Transmetil™, and Samyr™, for the treatment of intrahepatic cholestasis (associated with liver disease) or depressive symptoms; and Duphalac™, for regulation of the physiological rhythm of the colon;
- women's health products, including Duphaston™, for the treatment of many different gynecological disorders; and Femoston™, a hormone replacement therapy for postmenopausal women;
- cardiovascular and metabolic products, including Lipanthyl™ and TriCor™, for the treatment of dyslipidemia; Teveten™ and Teveten™ Plus, for the treatment of essential hypertension, and Physiotens™, for the treatment of hypertension; and Synthroid™, for the treatment of hypothyroidism;
- pain and central nervous system products, including Serc™, for the treatment of Ménière's disease and vestibular vertigo; Brufen™, for the treatment of pain, fever, and inflammation; and Sevedol™, for the treatment of severe migraines; and
- respiratory drugs and vaccines, including the anti-infective clarithromycin (sold under the trademarks Biaxin™, Klacid™, and Klaricid™); and Influvac™, an influenza vaccine.

The Established Pharmaceutical Products segment directs its primary marketing efforts toward building strong brands with key stakeholders, including consumers, pharmacists, physicians, and other healthcare providers. Government agencies are also important customers.

Competition in the Established Pharmaceutical Products segment is generally from other health care and pharmaceutical companies. In addition, the substitution of generic drugs for the brand prescribed and introduction of additional forms of already marketed established products by generic or branded competitors may increase competitive pressures.

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* As used throughout the text of this report on Form 10-K, the term "Abbott" refers to Abbott Laboratories, an Illinois corporation, or Abbott Laboratories and its consolidated subsidiaries, as the context requires.



Zachary A. Portin
Counsel, Healthcare Compliance
Legal Regulatory & Compliance

Abbott
100 Abbott Park Road
Abbott Park, IL 60064
T: +1 224 551 8782
zachary.portin@abbott.com

RECEIVED FROM APPLICANT
PUBLIC DOCUMENT

Confidential and Proprietary – Not for Public Disclosure

*Via Email (*bkandt@pharmacy.nv.gov*)*

April 18, 2022

Brett Kandt, General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway
Suite 206
Reno, NV 89521

Re: Supplemental Information Requested for 12 Abbott Laboratories Nevada Wholesaler License Applications

Dear Mr. Kandt,

I write to provide you with updated responses to the disciplinary questions in Section 2 of the twelve Nevada wholesaler applications for the wholesaler facilities listed below as we discussed during our conversation on or about March 14, 2021. (Those applications were submitted on or about August 27, 2021 and supplemented by a filing on or about October 14, 2021). The updated disciplinary responses are attached hereto as Exhibit A.

Wholesaler	Facility Location
1. Abbott Laboratories Inc. ("ALI")	3158 Martin Luther King Jr. Drive, North Chicago, IL 60064 ("North Chicago")
2. ALI	1921 Hurd Drive, Irving, TX 75038 ("Irving 1")
3. ALI	1915 Hurd drive, Irving, TX 75038 ("Irving 2")
4. ALI	15900 Valley View Court, Sylmar, CA 91342 ("Sylmar")
5. ALI	6901 Preston Road Plano, TX 75024 ("Plano")
6. ALI	2305 Walnut Street, Roseville, MN 55113 ("Roseville")
7. ALI	42301 Zevo Drive, Suite #F, Temecula, CA 92590 ("Temecula")
8. Abbott Molecular Inc. ("AMI")	1300 East Touhy Avenue, Des Plaines, IL 60018 ("Des Plaines")
9. AMI	1800 Brummel Avenue, Elk Grove Village, IL 60007 ("Elk Grove Village")
10. Abbott Rapid Dx North America, LLC ("ARDxNA")	569 Halls Mill Road, Freehold, NJ 07728 ("Freehold")
11. ARDxNA	5995 Pacific Center Blvd., Ste. 108, San Diego, CA 92121 ("San Diego")

12. Alere San Diego Inc. ("ASD")	829 Town Center Drive, Pomona, CA 91767 ("Pomona")

We respectfully request that the Nevada Board of Pharmacy consider this information along with the August 27th and October 14th submissions, at its earliest convenience, but not later than at its upcoming June 1-2, 2022 meeting.

Thank you for your cooperation in this matter. If you have any questions or require additional information, please do not hesitate to contact me.

Sincerely,

Zachary A. Portin

Enc.

Cc: Nevada Board of Pharmacy (*via email to pharmacy@pharmacy.nv.gov)*
Mark Sedar, Nevada Board of Pharmacy (*via email to marksedar@pharmacy.nv.gov)*
April Veoukas, Abbott *(via email to april.veoukas@abbott.com*)

SUPPLEMENTAL RESPONSES TO SECTION 2, QUESTIONS 1-5 OF NEVADA WHOLESALER APPLICATION
EXHIBIT A

ALI Applications

ALI supplements the responses set forth in the Wholesaler Application Addendum to Questions 1-5 of Section 2 of the Nevada Wholesaler Application for North Chicago, Irving 1, Irving 2, Sylmar, Plano, Roseville and Temecula facilities, each as follows:

Section 2 Questions	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	ALI Based on records available to it and to the best of its knowledge, ALI, the prospective licensee, has not been charged or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea) since 2004. Abbott In May 2012, Abbott, the parent company of the prospective licensee identified in Section 9 of the Wholesaler Application Addendum, pleaded guilty to one misdemeanor violation of the Food, Drug and Cosmetic Act for misbranding as part of a settlement with U.S. federal and 49 state authorities, plus the District of Columbia, to resolve all outstanding issues regarding an investigation of past sales and marketing practices relating to its neurologic medication Depakote. Abbott and the Department of Justice, as reflected in the plea agreement, agreed that the conduct that gave rise to the conviction relates solely to the research-based pharmaceutical business that later became part of Abbvie, and that, from the time of the separation of Abbvie, Abbott no longer had any obligations under the plea agreement, nor would the Department of Justice treat Abbott as having a conviction under the Food, Drug and Cosmetic Act. Effective January 2, 2013, Abbott separated that research-based pharmaceutical business, including its U.S. pharmaceutical business, the business responsible for Depakote, into a new, independent publicly traded company, Abbvie.

Section 2 Questions	Response
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	Based on records available to them and to the best of their knowledge, ALI and Abbott have not been denied a license, permit or certificate of registration material to Abbott's operations since 2004.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	ALI Based on records available to it and to the best of its knowledge, and excluding the research-based pharmaceutical business that separated into a new, independent publicly traded company in 2013 (Abbvie), ALI has not been the subject of an administrative action or proceeding relating to the pharmaceutical industry since 2004. Abbott *See* Abbott's response to Question 1 above.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	ALI/Abbott Based on records available to them and to the best of their knowledge, ALI and Abbott have not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since 2004.
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	ALI/Abbott Based on records available to them and to the best of their knowledge, ALI and Abbott have not surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) material to Abbott's operations since 2004.

AMI Applications

AMI supplements the responses set forth in the Wholesaler Application Addendum to Questions 1-5 of Section 2 of the Nevada Wholesaler Application for its Des Plaines and Elk Grove facilities, each as follows:

Section 2 Questions	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	AMI Based on records available to it and to the best of its knowledge, AMI, the prospective licensee, has not been charged or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea) since 2004. Abbott In May 2012, Abbott, the parent company of the prospective licensee identified in Section 9 of the Wholesaler Application Addendum, pleaded guilty to one misdemeanor violation of the Food, Drug and Cosmetic Act for misbranding as part of a settlement with U.S. federal and 49 state authorities, plus the District of Columbia, to resolve all outstanding issues regarding an investigation of past sales and marketing practices relating to its neurologic medication Depakote. Abbott and the Department of Justice, as reflected in the plea agreement, agreed that the conduct that gave rise to the conviction relates solely to the research-based pharmaceutical business that later became part of Abbvie, and that, from the time of the separation of Abbvie, Abbott no longer had any obligations under the plea agreement, nor would the Department of Justice treat Abbott as having a conviction under the Food, Drug and Cosmetic Act. Effective January 2, 2013, Abbott separated that research-based pharmaceutical business, including its U.S. pharmaceutical business, the business responsible for Depakote, into a new, independent publicly traded company, Abbvie.
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest,	AMI/Abbott

Section 2 Questions	Response
ever been denied a license, permit or certificate of registration?	Based on records available to them and to the best of their knowledge, AMI and Abbott have not been denied a license, permit or certificate of registration material to Abbott's operations since 2004.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	AMI Based on records available to it and to the best of its knowledge, and excluding the research-based pharmaceutical business that separated into a new, independent publicly traded company in 2013 (Abbvie), AMI has not been the subject of an administrative action or proceeding relating to the pharmaceutical industry since 2004. Abbott *See* Abbott's response to Question 1 above.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	AMI/Abbott Based on records available to them and to the best of their knowledge, AMI and Abbott have not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since 2004.
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	AMI/Abbott Based on records available to them and to the best of their knowledge, AMI and Abbott have not surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) material to Abbott's operations since 2004.

ARDxNA Applications

ARDxNA supplements the responses set forth in the Wholesaler Application Addendum to Questions 1-5 of Section 2 of the Nevada Wholesaler Application for its Freehold and San Diego facilities, each as follows:

Section 2 Questions	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least	ARDxNA/AUH/Alere

Section 2 Questions	Response
10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	Based on records available to them and to the best of their knowledge, ARDxNA, the prospective licensee, Alere US Holdings, LLC ("AUH") and Alere, Inc. ("Alere"), the direct and indirect owners of the prospective licensee respectively identified in Section 9 of the Wholesaler Application Addendum, have not been charged or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea) since Abbott acquired those entities in October 2017. Abbott In May 2012, Abbott, the parent company of the prospective licensee, pleaded guilty to one misdemeanor violation of the Food, Drug and Cosmetic Act for misbranding as part of a settlement with U.S. federal and 49 state authorities, plus the District of Columbia, to resolve all outstanding issues regarding an investigation of past sales and marketing practices relating to its neurologic medication Depakote. Abbott and the Department of Justice, as reflected in the plea agreement, agreed that the conduct that gave rise to the conviction relates solely to the research-based pharmaceutical business that later became part of Abbvie, and that, from the time of the separation of Abbvie, Abbott no longer had any obligations under the plea agreement, nor would the Department of Justice treat Abbott as having a conviction under the Food, Drug and Cosmetic Act. Effective January 2, 2013, Abbott separated that research-based pharmaceutical business, including its U.S. pharmaceutical business, the business responsible for Depakote, into a new, independent publicly traded company, Abbvie.
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	ARDxNA/AUH/Alere Based on records available to them and to the best of their knowledge, ARDxNA, AUH and Alere have not been denied a license, permit or certificate of registration material to Abbott's operations since Abbott acquired those entities in October 2017. Abbott

Section 2 Questions	Response
	Based on records available to it and to the best of its knowledge, Abbott has not been denied a license, permit or certificate of registration material to Abbott's operations since 2004.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	ARDxNA/AUH/Alere Based on records available to them and to the best of their knowledge, ARDxNA, AUH and Alere have not been the subject of an administrative action or proceeding relating to the pharmaceutical industry since Abbott acquired those entities in October 2017. Abbott *See* Abbott's response to Question 1 above.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	ARDxNA/AUH/Alere Based on records available to them and to the best of their knowledge, ARDxNA, AUH and Alere have not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since Abbott acquired those entities in October 2017. Abbott Based on records available to it and to the best of its knowledge, Abbott has not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since 2004.
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	ARDxNA/AUH/Alere Based on records available to them and to the best of their knowledge, ARDxNA, AUH and Alere have not surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) since Abbott acquired those entities in material to Abbott's operations October 2017. Abbott Based on records available to it and to the best of its knowledge, Abbott has not surrendered a license, permit or certificate of registration voluntarily or otherwise (other

Section 2 Questions	Response
	than upon voluntary close of a facility) material to Abbott's operations since 2004.

ASD Application

ASD supplements the response set forth in the Wholesaler Application Addendum to Questions 1-5 of Section 2 of the Nevada Wholesaler Application for its Pomona facility as follows:

Section 2 Questions	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	ASD/AUH/Alere Based on records available to them and to the best of their knowledge, ASD, the prospective licensee, AUH, and Alere, the direct and indirect owners of the prospective licensee respectively identified in Section 9 of the Wholesaler Application Addendum, have not been charged or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea) since Abbott acquired those entities in October 2017. Abbott In May 2012, Abbott, the parent company of the prospective licensee, pleaded guilty to one misdemeanor violation of the Food, Drug and Cosmetic Act for misbranding as part of a settlement with U.S. federal and 49 state authorities, plus the District of Columbia, to resolve all outstanding issues regarding an investigation of past sales and marketing practices relating to its neurologic medication Depakote. Abbott and the Department of Justice, as reflected in the plea agreement, agreed that the conduct that gave rise to the conviction relates solely to the research-based pharmaceutical business that later became part of Abbvie, and that, from the time of the separation of Abbvie, Abbott no longer had any obligations under the plea agreement, nor would the Department of Justice treat Abbott as having a conviction under the Food, Drug and Cosmetic Act. Effective January 2, 2013, Abbott separated that research-based pharmaceutical business, including its U.S. pharmaceutical business, the business responsible

Section 2 Questions	Response
	for Depakote, into a new, independent publicly traded company, Abbvie.
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	ASD/AUH/Alere Based on records available to them and to the best of their knowledge, ASD, AUH and Alere have not been denied a license, permit or certificate of registration material to Abbott's operations since Abbott acquired those entities in October 2017. Abbott Based on records available to it and to the best of its knowledge, Abbott has not been denied a license, permit or certificate of registration material to Abbott's operations since 2004.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	ASD/AUH/Alere Based on records available to them and to the best of their knowledge, ASD, AUH and Alere have not been the subject of an administrative action or proceeding relating to the pharmaceutical industry since Abbott acquired those entities in October 2017. Abbott *See* Abbott's response to Question 1 above.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	ASD/AUH/Alere Based on records available to them and to the best of their knowledge, ASD, AUH and Alere have not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since Abbott acquired those entities in October 2017. Abbott Based on records available to it and to the best of its knowledge, Abbott has not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since 2004.

Section 2 Questions	Response
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	ASD/AUH/Alere Based on records available to them and to the best of their knowledge, ASD, AUH and Alere have not surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) since Abbott acquired those entities in material to Abbott's operations October 2017. Abbott Based on records available to it and to the best of its knowledge, Abbott has not surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) material to Abbott's operations since 2004.

4LL

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☐ Nevada ☑ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☑ New Wholesaler ☐ Ownership Change ☐ Name Change ☐ Location Change (in-state only)	* If making a change, provide current license number: WH ____	☑ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ■ No

Section 1: General Information

Facility Name: Abbott Molecular Inc.

Physical Address: 1800 Brummel Avenue.

City: Elk Grove Village State: IL Zip: 60007

Mailing Address (if different from physical address): ____

City: ____ State: ____ Zip: ____

Telephone: (224) 361-7145 Website: https://www.abbott.com/

Name of Designated Representative (DR): Not applicable per NAC 639.5935(1)(a)

Licensing Company Email: Daniel.Egeland@abbott.com DR Email: Not applicable per NAC 639.5935(1)(a)

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☑ Pharmacies	☑ Legend Pharmaceuticals, Supplies or Devices
☑ Practitioners	☐ Controlled Substances
☑ Hospitals	☐ Hypodermic Devices
☑ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☑ Others:	☐ Others:

Section 2: History of Company — Refer to addendum for questions 1-5.	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	Refer to addendum for responses.	
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	Refer to addendum for responses.	
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	Refer to addendum for responses.	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	Refer to addendum for responses.	
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	Refer to addendum for responses.	

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

AMI Applications 2

AMI supplements the responses set forth in the Wholesaler Application Addendum to Questions 1-5 of Section 2 of the Nevada Wholesaler Application for its Des Plaines and Elk Grove facilities, each as follows:

Section 2 Questions	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	To our knowledge, neither Abbott Molecular, Inc., nor Abbott Laboratories – the entities identified in Section 9 of the Wholesaler Application Addendum – have been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea) within the last 5 years.
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	To our knowledge, neither Abbott Molecular, Inc., nor Abbott Laboratories – the entities identified in Section 9 of the Wholesaler Application Addendum – have been denied a license, permit or certificate of registration within the last 5 years.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	To our knowledge, neither Abbott Molecular, Inc., nor Abbott Laboratories – the entities identified in Section 9 of the Wholesaler Application Addendum – have been the subject of an administrative action or proceeding relating to the pharmaceutical industry within the past 5 years.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	To our knowledge, neither Abbott Molecular, Inc., nor Abbott Laboratories – the entities identified in Section 9 of the Wholesaler Application Addendum – have been found guilty, pled guilty or entered a plea of nolo contendere to any offense, federal or state, related to controlled substances within the past 5 years.
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	To our knowledge, neither Abbott Molecular, Inc., nor Abbott Laboratories – the entities identified in Section 9 of the Wholesaler Application Addendum – have surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) within the past 5 years.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Refer to addendum for responses.

Address: _____ City: _____ State: _____ Zip: _____

Name: Refer to addendum for responses.

Address: _____ City: _____ State: _____ Zip: _____

Name: Refer to addendum for responses.

Address: _____ City: _____ State: _____ Zip: _____

Name: Refer to addendum for responses.

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Illinois

Parent Company (if any): Abbott Laboratories

Corporation Name: Abbott Laboratories

Mailing Address: 100 Abbott Park Road

City: Abbott Park State: IL Zip: 60064

Telephone: (224) 361-7145 Email: Daniel.Egeland@abbott.com

Contact Person Name: Daniel Egeland

Date of SEC Registration: See Addendum | SEC Registration Number: 0000001800 | Stock Exchange Symbol: ABT

Section 5: Non-Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Daniel Egeland

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

08/26/2021

Date

Board Use Only	Date Received: _____	Amount: 500 cc ✓ Processed 1/20/2022

NEVADA WHOLESALER APPLICATION ADDENDUM
Abbott Molecular Inc.

SECTION 2: HISTORY OF COMPANY

Question	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	Abbott Laboratories (Abbott), the parent company of the prospective licensee, is a publicly traded company. All material investigations, lawsuits, administrative proceedings, and other legal matters involving Abbott and its subsidiaries are disclosed in Abbott's Annual Report on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	All material registration and licensure information involving Abbott and its subsidiaries is disclosed in Abbott's Annual Report on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	All material administrative actions and proceedings involving Abbott and its subsidiaries is disclosed in Abbott's Annual Reports on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	All material investigations, lawsuits, administrative proceedings and other legal matters involving Abbott and its subsidiaries is disclosed in Abbott's Annual Reports on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or	All material registration and licensure information involving Abbott and its subsidiaries is disclosed in Abbott's Annual Report on form 10-K, Quarterly Reports on

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certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.

SECTION 3: SUPPLIER INFORMATION

The applicant distributes medical products and devices manufactured by or for Abbott only. It does not distribute pharmaceuticals.

SECTION 4: PUBLICLY TRADED CORPORATION

SEC REGISTRATION

Abbott Laboratories (Abbott) completed its initial public offering in 1929.

SECTION 8: FDA REGISTRATION

See Exhibit A attached hereto.

SECTION 9: APPLICABLE DOCUMENTS

LIST OF OFFICERS AND DIRECTORS

The officers and directors of Abbott Molecular Inc. are listed below.

Directors

- McCoy, John

Officers

- Kaesebier, Tara
- Kowalski, Daman
- McCoy, John
- Novak, Joseph
- Oosterbaan, Benjamin
- Paik, Jessica
- Yasger, Paul

LIST OF TOP FOUR CORPORATION SHAREHOLDERS

100% of the stock of Abbott Molecular Inc. is owned by Abbott. Abbott is a publicly traded company that is listed on the New York Stock Exchange.

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CERTIFICATE OF CORPORATE STATUS OR CERTIFICATE OF GOOD STANDING

See Exhibit B attached hereto.

DEA CERTIFICATE IF HANDLING CONTROLLED SUBSTANCES

Not applicable.

LIST OF EMPLOYEES, AGENTS, INDEPENDENT CONTRACTORS, CONSULTANTS, GUARDIANS, PERSONAL REPRESENTATIVES, LENDER OR HOLDER OF INDEBTNESS OF THE APPLICANT

All material information is disclosed in Abbott's Annual Reports on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.

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EXHIBIT A
FDA REGISTRATION

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FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search

Back To Search Results

Establishment:
ABBOTT MOLECULAR, INC.
1300 EAST TOUHY AVENUE
Des Plaines, IL 60018
Registration Number: 3005248192
FEI Number*: 3005248192
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types
Please Review Listings For Further Information.
Date Of Registration Status: 2021

Owner/Operator:
ABBOTT LABORATORIES[6]
100 ABBOTT PARK RD.
D-03Q3, AP52-1
Abbott Park, IL US 60064
Owner/Operator Number: 1415939[7]

Official Correspondent:
Jennifer Sloan
1350 Touhy Ave
DV9JV
Des Plaines, IL 60018
Phone: 224-3617256

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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Links on this page:

1. http://www.addthis.com/bookmark.php?u508=true&v=152&username=fdamain
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6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=1415939&OwnerOperator
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=1415939&OwnerOperator

Page Last Updated: 08/23/2021

Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.
Language Assistance Available: Español | 繁體中文 | Tiếng Việt | 한국어 | Tagalog | Русский | العربية | Kreyòl Ayisyen | Français | Polski | Português | Italiano | Deutsch | 日本語 | فارسی | English

Accessibility Contact FDA Careers FDA Basics FOIA No FEAR Act Nondiscrimination Website Policies / Privacy

FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

For Government For Press

Combination Products Advisory Committees Science & Research Regulatory Information Safety Emergency Preparedness International Programs News & Events Training and Continuing Education Inspections/Compliance State & Local Officials Consumers Industry Health Professionals FDA Archive

U.S. Department of Health & Human Services

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4. https://www.fda.gov/Medical-Devices
5. https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/medical-device-databases
6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=1415939&OwnerOperator
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=1415939&OwnerOperator

9. Abbott Molecular Inc.	1800 Brummel Avenue, Elk Grove Village, IL 60007	Illinois state does not license medical device distributors.[1] 68 Ill. Adm. Code 1510.10
10. Abbott Rapid Dx North America, LLC	569 Halls Mill Road, Freehold, NJ 07728	See attachment F[3]
11. Abbott Rapid Dx North America, LLC	5995 Pacific Center Blvd., Ste. 108, San Diego, CA 92121	See attachment G
12. Alere San Diego Inc.	829 Town Center Drive, Pomona, CA 91767	See attachment H

Thank you for your cooperation in this matter. If you have any questions or require additional information, please do not hesitate to contact me.

Sincerely,

April Veoukas

Encs.

[3] Abbott Rapid Dx North America, LLC shares the 569 Hall Mill Road facility with its sister entity, Inverness Medical LLC (Inverness). Inverness is the leaseholder of the facility, and Inverness is responsible for all warehousing and distribution activities at the facility, including all operations for Abbott Rapid Dx North America, LLC. Inverness is registered as a manufacturer and wholesaler in the state of New Jersey (Reg. No. 5003126).

EXHIBIT B
CERTIFICATE OF GOOD STANDING

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Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ABBOTT MOLECULAR INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

2260476 8300

SR# 20213050692

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203983230

Date: 08-23-21

Timothy Zurow

Michael Zwolinski

AMI Elk Grove Facility

The workers at the AMI Elk Grove facility are as follows:

Paul Alcala
Lynette Anderson
Patrick Dave Asuncion
Brandon Aviles
Zaven Bell
Fayth Cherry
Rocco Colella
Chelsie Crecelius
Raul De La Huerta
Al Estacion
Paul Hamilton
Latoya Haywood
Lisa Hogan
George Kalousek
Joseph Kalousek
Jason Kovack
Noah Leslie
Jason Licari
Eric Majewski
Fred Mcgill
Cecilia Mendoza
Dagoberto Ochoa
John Platt
Ronald Reagan
Nicholas Reed
Gregory Spears
Julia Strackhouse
Sandy Sweilem
Carmen Torres
Reece Whitehead
Michael Wiacek
Daniel Wienke

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D. C. 20549

FORM 10-K

(MARK ONE)

☒ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

OR

☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the fiscal year ended December 31, 2020

Commission file number 1-2189

Abbott Laboratories

An Illinois Corporation
100 Abbott Park Road
Abbott Park, Illinois 60064-6400

36-0698440
(I.R.S. employer identification number)
(224) 667-6100
(telephone number)

Securities Registered Pursuant to Section 12(b) of the Act:

Title of Each Class	Trading Symbol(s)	Name of Each Exchange on Which Registered
Common Shares, Without Par Value	ABT	New York Stock Exchange Chicago Stock Exchange, Inc.

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.

Yes ☒ No ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or 15(d) of the Act.

Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days.

Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files).

Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large Accelerated Filer ☒ Accelerated Filer ☐ Non-Accelerated Filer ☐ Smaller reporting company ☐
Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act).

Yes ☐ No ☒

The aggregate market value of the 1,727,625,764 shares of voting stock held by nonaffiliates of the registrant, computed by reference to the closing price as reported on the New York Stock Exchange, as of the last business day of Abbott Laboratories' most recently completed second fiscal quarter (June 30, 2020), was $157,956,823,602. Abbott has no non-voting common equity. Number of common shares outstanding as of January 31, 2021: 1,771,529,358

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the 2021 Abbott Laboratories Proxy Statement are incorporated by reference into Part III. The Definitive Proxy Statement will be filed on or about March 12, 2021.

PART I

ITEM 1. BUSINESS

GENERAL DEVELOPMENT OF BUSINESS

Abbott Laboratories is an Illinois corporation, incorporated in 1900. Abbott's* principal business is the discovery, development, manufacture, and sale of a broad and diversified line of health care products.

NARRATIVE DESCRIPTION OF BUSINESS

Abbott has four reportable segments: Established Pharmaceutical Products, Diagnostic Products, Nutritional Products, and Medical Devices.

Established Pharmaceutical Products

These products include a broad line of branded generic pharmaceuticals manufactured worldwide and marketed and sold outside the United States in emerging markets. These products are generally sold directly to wholesalers, distributors, government agencies, health care facilities, pharmacies, and independent retailers from Abbott-owned distribution centers and public warehouses, depending on the market served. Certain products are co-marketed or co-promoted with, or licensed from, other companies.

The principal products included in the broad therapeutic area portfolios of the Established Pharmaceutical Products segment are:

- gastroenterology products, including Creon™, for the treatment of pancreatic exocrine insufficiency associated with several underlying conditions, including cystic fibrosis and chronic pancreatitis; Duspatal™ and Dicetel™, for the treatment of irritable bowel syndrome or biliary spasm; Heptral™, Transmetil™, and Samyr™, for the treatment of intrahepatic cholestasis (associated with liver disease) or depressive symptoms; and Duphalac™, for regulation of the physiological rhythm of the colon;
- women's health products, including Duphaston™, for the treatment of many different gynecological disorders; and Femoston™, a hormone replacement therapy for postmenopausal women;
- cardiovascular and metabolic products, including Lipanthyl™ and TriCor™, for the treatment of dyslipidemia; Teveten™ and Teveten™ Plus, for the treatment of essential hypertension, and Physiotens™, for the treatment of hypertension; and Synthroid™, for the treatment of hypothyroidism;
- pain and central nervous system products, including Serc™, for the treatment of Ménière's disease and vestibular vertigo; Brufen™, for the treatment of pain, fever, and inflammation; and Sevedol™, for the treatment of severe migraines; and
- respiratory drugs and vaccines, including the anti-infective clarithromycin (sold under the trademarks Biaxin™, Klacid™, and Klaricid™); and Influvac™, an influenza vaccine.

The Established Pharmaceutical Products segment directs its primary marketing efforts toward building strong brands with key stakeholders, including consumers, pharmacists, physicians, and other healthcare providers. Government agencies are also important customers.

Competition in the Established Pharmaceutical Products segment is generally from other health care and pharmaceutical companies. In addition, the substitution of generic drugs for the brand prescribed and introduction of additional forms of already marketed established products by generic or branded competitors may increase competitive pressures.

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* As used throughout the text of this report on Form 10-K, the term "Abbott" refers to Abbott Laboratories, an Illinois corporation, or Abbott Laboratories and its consolidated subsidiaries, as the context requires.



Zachary A. Portin
Counsel, Healthcare Compliance
Legal Regulatory & Compliance

Abbott
100 Abbott Park Road
Abbott Park, IL 60064
T: +1 224 551 8782
zachary.portin@abbott.com

RECEIVED FROM APPLICANT
PUBLIC DOCUMENT

Confidential and Proprietary – Not for Public Disclosure

*Via Email (*bkandt@pharmacy.nv.gov*)*

April 18, 2022

Brett Kandt, General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway
Suite 206
Reno, NV 89521

Re: Supplemental Information Requested for 12 Abbott Laboratories Nevada Wholesaler License Applications

Dear Mr. Kandt,

I write to provide you with updated responses to the disciplinary questions in Section 2 of the twelve Nevada wholesaler applications for the wholesaler facilities listed below as we discussed during our conversation on or about March 14, 2021. (Those applications were submitted on or about August 27, 2021 and supplemented by a filing on or about October 14, 2021). The updated disciplinary responses are attached hereto as Exhibit A.

Wholesaler	Facility Location
1. Abbott Laboratories Inc. ("ALI")	3158 Martin Luther King Jr. Drive, North Chicago, IL 60064 ("North Chicago")
2. ALI	1921 Hurd Drive, Irving, TX 75038 ("Irving 1")
3. ALI	1915 Hurd drive, Irving, TX 75038 ("Irving 2")
4. ALI	15900 Valley View Court, Sylmar, CA 91342 ("Sylmar")
5. ALI	6901 Preston Road Plano, TX 75024 ("Plano")
6. ALI	2305 Walnut Street, Roseville, MN 55113 ("Roseville")
7. ALI	42301 Zevo Drive, Suite #F, Temecula, CA 92590 ("Temecula")
8. Abbott Molecular Inc. ("AMI")	1300 East Touhy Avenue, Des Plaines, IL 60018 ("Des Plaines")
9. AMI	1800 Brummel Avenue, Elk Grove Village, IL 60007 ("Elk Grove Village")
10. Abbott Rapid Dx North America, LLC ("ARDxNA")	569 Halls Mill Road, Freehold, NJ 07728 ("Freehold")
11. ARDxNA	5995 Pacific Center Blvd., Ste. 108, San Diego, CA 92121 ("San Diego")

12. Alere San Diego Inc. ("ASD")	829 Town Center Drive, Pomona, CA 91767 ("Pomona")

We respectfully request that the Nevada Board of Pharmacy consider this information along with the August 27th and October 14th submissions, at its earliest convenience, but not later than at its upcoming June 1-2, 2022 meeting.

Thank you for your cooperation in this matter. If you have any questions or require additional information, please do not hesitate to contact me.

Sincerely,

Zachary A. Portin

Enc.

Cc: Nevada Board of Pharmacy (*via email to pharmacy@pharmacy.nv.gov)*
Mark Sedar, Nevada Board of Pharmacy (*via email to marksedar@pharmacy.nv.gov)*
April Veoukas, Abbott *(via email to april.veoukas@abbott.com*)

SUPPLEMENTAL RESPONSES TO SECTION 2, QUESTIONS 1-5 OF NEVADA WHOLESALER APPLICATION
EXHIBIT A

ALI Applications

ALI supplements the responses set forth in the Wholesaler Application Addendum to Questions 1-5 of Section 2 of the Nevada Wholesaler Application for North Chicago, Irving 1, Irving 2, Sylmar, Plano, Roseville and Temecula facilities, each as follows:

Section 2 Questions	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	ALI Based on records available to it and to the best of its knowledge, ALI, the prospective licensee, has not been charged or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea) since 2004. Abbott In May 2012, Abbott, the parent company of the prospective licensee identified in Section 9 of the Wholesaler Application Addendum, pleaded guilty to one misdemeanor violation of the Food, Drug and Cosmetic Act for misbranding as part of a settlement with U.S. federal and 49 state authorities, plus the District of Columbia, to resolve all outstanding issues regarding an investigation of past sales and marketing practices relating to its neurologic medication Depakote. Abbott and the Department of Justice, as reflected in the plea agreement, agreed that the conduct that gave rise to the conviction relates solely to the research-based pharmaceutical business that later became part of Abbvie, and that, from the time of the separation of Abbvie, Abbott no longer had any obligations under the plea agreement, nor would the Department of Justice treat Abbott as having a conviction under the Food, Drug and Cosmetic Act. Effective January 2, 2013, Abbott separated that research-based pharmaceutical business, including its U.S. pharmaceutical business, the business responsible for Depakote, into a new, independent publicly traded company, Abbvie.

Section 2 Questions	Response
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	Based on records available to them and to the best of their knowledge, ALI and Abbott have not been denied a license, permit or certificate of registration material to Abbott's operations since 2004.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	ALI Based on records available to it and to the best of its knowledge, and excluding the research-based pharmaceutical business that separated into a new, independent publicly traded company in 2013 (Abbvie), ALI has not been the subject of an administrative action or proceeding relating to the pharmaceutical industry since 2004. Abbott *See* Abbott's response to Question 1 above.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	ALI/Abbott Based on records available to them and to the best of their knowledge, ALI and Abbott have not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since 2004.
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	ALI/Abbott Based on records available to them and to the best of their knowledge, ALI and Abbott have not surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) material to Abbott's operations since 2004.

AMI Applications

AMI supplements the responses set forth in the Wholesaler Application Addendum to Questions 1-5 of Section 2 of the Nevada Wholesaler Application for its Des Plaines and Elk Grove facilities, each as follows:

Section 2 Questions	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	AMI Based on records available to it and to the best of its knowledge, AMI, the prospective licensee, has not been charged or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea) since 2004. Abbott In May 2012, Abbott, the parent company of the prospective licensee identified in Section 9 of the Wholesaler Application Addendum, pleaded guilty to one misdemeanor violation of the Food, Drug and Cosmetic Act for misbranding as part of a settlement with U.S. federal and 49 state authorities, plus the District of Columbia, to resolve all outstanding issues regarding an investigation of past sales and marketing practices relating to its neurologic medication Depakote. Abbott and the Department of Justice, as reflected in the plea agreement, agreed that the conduct that gave rise to the conviction relates solely to the research-based pharmaceutical business that later became part of Abbvie, and that, from the time of the separation of Abbvie, Abbott no longer had any obligations under the plea agreement, nor would the Department of Justice treat Abbott as having a conviction under the Food, Drug and Cosmetic Act. Effective January 2, 2013, Abbott separated that research-based pharmaceutical business, including its U.S. pharmaceutical business, the business responsible for Depakote, into a new, independent publicly traded company, Abbvie.
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest,	AMI/Abbott

Section 2 Questions	Response
ever been denied a license, permit or certificate of registration?	Based on records available to them and to the best of their knowledge, AMI and Abbott have not been denied a license, permit or certificate of registration material to Abbott's operations since 2004.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	AMI Based on records available to it and to the best of its knowledge, and excluding the research-based pharmaceutical business that separated into a new, independent publicly traded company in 2013 (Abbvie), AMI has not been the subject of an administrative action or proceeding relating to the pharmaceutical industry since 2004. Abbott *See* Abbott's response to Question 1 above.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	AMI/Abbott Based on records available to them and to the best of their knowledge, AMI and Abbott have not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since 2004.
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	AMI/Abbott Based on records available to them and to the best of their knowledge, AMI and Abbott have not surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) material to Abbott's operations since 2004.

ARDxNA Applications

ARDxNA supplements the responses set forth in the Wholesaler Application Addendum to Questions 1-5 of Section 2 of the Nevada Wholesaler Application for its Freehold and San Diego facilities, each as follows:

Section 2 Questions	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least	ARDxNA/AUH/Alere

Section 2 Questions	Response
10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	Based on records available to them and to the best of their knowledge, ARDxNA, the prospective licensee, Alere US Holdings, LLC ("AUH") and Alere, Inc. ("Alere"), the direct and indirect owners of the prospective licensee respectively identified in Section 9 of the Wholesaler Application Addendum, have not been charged or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea) since Abbott acquired those entities in October 2017. Abbott In May 2012, Abbott, the parent company of the prospective licensee, pleaded guilty to one misdemeanor violation of the Food, Drug and Cosmetic Act for misbranding as part of a settlement with U.S. federal and 49 state authorities, plus the District of Columbia, to resolve all outstanding issues regarding an investigation of past sales and marketing practices relating to its neurologic medication Depakote. Abbott and the Department of Justice, as reflected in the plea agreement, agreed that the conduct that gave rise to the conviction relates solely to the research-based pharmaceutical business that later became part of Abbvie, and that, from the time of the separation of Abbvie, Abbott no longer had any obligations under the plea agreement, nor would the Department of Justice treat Abbott as having a conviction under the Food, Drug and Cosmetic Act. Effective January 2, 2013, Abbott separated that research-based pharmaceutical business, including its U.S. pharmaceutical business, the business responsible for Depakote, into a new, independent publicly traded company, Abbvie.
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	ARDxNA/AUH/Alere Based on records available to them and to the best of their knowledge, ARDxNA, AUH and Alere have not been denied a license, permit or certificate of registration material to Abbott's operations since Abbott acquired those entities in October 2017. Abbott

Section 2 Questions	Response
	Based on records available to it and to the best of its knowledge, Abbott has not been denied a license, permit or certificate of registration material to Abbott's operations since 2004.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	ARDxNA/AUH/Alere Based on records available to them and to the best of their knowledge, ARDxNA, AUH and Alere have not been the subject of an administrative action or proceeding relating to the pharmaceutical industry since Abbott acquired those entities in October 2017. Abbott *See* Abbott's response to Question 1 above.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	ARDxNA/AUH/Alere Based on records available to them and to the best of their knowledge, ARDxNA, AUH and Alere have not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since Abbott acquired those entities in October 2017. Abbott Based on records available to it and to the best of its knowledge, Abbott has not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since 2004.
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	ARDxNA/AUH/Alere Based on records available to them and to the best of their knowledge, ARDxNA, AUH and Alere have not surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) since Abbott acquired those entities in material to Abbott's operations October 2017. Abbott Based on records available to it and to the best of its knowledge, Abbott has not surrendered a license, permit or certificate of registration voluntarily or otherwise (other

Section 2 Questions	Response
	than upon voluntary close of a facility) material to Abbott's operations since 2004.

ASD Application

ASD supplements the response set forth in the Wholesaler Application Addendum to Questions 1-5 of Section 2 of the Nevada Wholesaler Application for its Pomona facility as follows:

Section 2 Questions	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	ASD/AUH/Alere Based on records available to them and to the best of their knowledge, ASD, the prospective licensee, AUH, and Alere, the direct and indirect owners of the prospective licensee respectively identified in Section 9 of the Wholesaler Application Addendum, have not been charged or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea) since Abbott acquired those entities in October 2017. Abbott In May 2012, Abbott, the parent company of the prospective licensee, pleaded guilty to one misdemeanor violation of the Food, Drug and Cosmetic Act for misbranding as part of a settlement with U.S. federal and 49 state authorities, plus the District of Columbia, to resolve all outstanding issues regarding an investigation of past sales and marketing practices relating to its neurologic medication Depakote. Abbott and the Department of Justice, as reflected in the plea agreement, agreed that the conduct that gave rise to the conviction relates solely to the research-based pharmaceutical business that later became part of Abbvie, and that, from the time of the separation of Abbvie, Abbott no longer had any obligations under the plea agreement, nor would the Department of Justice treat Abbott as having a conviction under the Food, Drug and Cosmetic Act. Effective January 2, 2013, Abbott separated that research-based pharmaceutical business, including its U.S. pharmaceutical business, the business responsible

Section 2 Questions	Response
	for Depakote, into a new, independent publicly traded company, Abbvie.
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	ASD/AUH/Alere Based on records available to them and to the best of their knowledge, ASD, AUH and Alere have not been denied a license, permit or certificate of registration material to Abbott's operations since Abbott acquired those entities in October 2017. Abbott Based on records available to it and to the best of its knowledge, Abbott has not been denied a license, permit or certificate of registration material to Abbott's operations since 2004.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	ASD/AUH/Alere Based on records available to them and to the best of their knowledge, ASD, AUH and Alere have not been the subject of an administrative action or proceeding relating to the pharmaceutical industry since Abbott acquired those entities in October 2017. Abbott *See* Abbott's response to Question 1 above.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	ASD/AUH/Alere Based on records available to them and to the best of their knowledge, ASD, AUH and Alere have not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since Abbott acquired those entities in October 2017. Abbott Based on records available to it and to the best of its knowledge, Abbott has not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since 2004.

Section 2 Questions	Response
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	ASD/AUH/Alere Based on records available to them and to the best of their knowledge, ASD, AUH and Alere have not surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) since Abbott acquired those entities in material to Abbott's operations October 2017. Abbott Based on records available to it and to the best of its knowledge, Abbott has not surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) material to Abbott's operations since 2004.

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler		☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change	* If making a change, provide current license number:	☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ☒ No

Section 1: General Information

Facility Name: Alere San Diego Inc.

Physical Address: 829 Towne Center Drive

City: Pomona State: CA Zip: 91767

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (224) 668-9106 Website: https://www.abbott.com/

Name of Designated Representative (DR): Not applicable per NAC 639.5935(1)(a)

Licensing Company Email: Maria.Vrabie@abbott.com DR Email: Not applicable per NAC 639.5935(1)(a)

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☒ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☒ Practitioners	☐ Controlled Substances
☒ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☒ Others:	☐ Others:

Section 2: History of Company Refer to addendum for questions 1-5.	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	Refer to addendum for responses.	
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	Refer to addendum for responses.	
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	Refer to addendum for responses.	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	Refer to addendum for responses.	
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	Refer to addendum for responses.	

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Refer to addendum for responses.
Address: _____ City: _____ State: _____ Zip: _____
Name: Refer to addendum for responses.
Address: _____ City: _____ State: _____ Zip: _____
Name: Refer to addendum for responses.
Address: _____ City: _____ State: _____ Zip: _____
Name: Refer to addendum for responses.
Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Illinois
Parent Company (if any): Abbott Laboratories
Corporation Name: Abbott Laboratories
Mailing Address: 100 Abbott Park Road
City: Abbott Park State: IL Zip: 60064
Telephone: (224) 668-9106 Email: Maria.Vrabie@abbott.com
Contact Person Name: Maria Vrabie

Date of SEC Registration: See Addendum	SEC Registration Number: 0000001800	Stock Exchange Symbol: ABT

Section 5: Non-Publicly Traded Corporation

State of Incorporation: _____
Parent Company (if any): _____
Corporation Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____
Business Name: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✔
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✔	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Maria Vrabie

Print Name of Authorized Person Submitting Application

Maria Vrabie

Original signature of Authorized Person (copies or stamps not accepted)

08/26/2021

Date

Board Use Only	Date Received: _____	Amount: 900 CC ✓ Processed 1/20/22

ASD Application

ASD supplements the response set forth in the Wholesaler Application Addendum to Questions 1-5 of Section 2 of the Nevada Wholesaler Application for its Pomona facility as follows:

Section 2 Questions	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	To our knowledge, Alere San Diego, Inc., Alere US Holdings, LLC, Alere, Inc. and Abbott Laboratories – the entities identified in Section 9 of the Wholesaler Application Addendum – have not been charged, or convicted of a felony or gross misdemean or (including by way of a guilty plea or no contest plea) within the last 5 years.
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	To our knowledge, Alere San Diego, Inc., Alere US Holdings, LLC, Alere, Inc. and Abbott Laboratories – the entities identified in Section 9 of the Wholesaler Application Addendum – have not been denied a license, permit or certificate of registration within the last 5 years.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	To our knowledge, Alere San Diego, Inc., Alere US Holdings, LLC, Alere, Inc. and Abbott Laboratories – the entities identified in Section 9 of the Wholesaler Application Addendum – have not been the subject of an administrative action or proceeding relating to the pharmaceutical industry within the last 5 years.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	To our knowledge, Alere San Diego, Inc., Alere US Holdings, LLC, Alere, Inc. and Abbott Laboratories – the entities identified in Section 9 of the Wholesaler Application Addendum – have not been found guilty, pled guilty or entered a plea of nolo contendere to any offense, federal or state, related to controlled substances within the last 5 years.
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	To our knowledge, Alere San Diego, Inc., Alere US Holdings, LLC, Alere, Inc. and Abbott Laboratories – the entities identified in Section 9 of the Wholesaler Application Addendum – have not surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) within the last 5 years.

NEVADA WHOLESALER APPLICATION ADDENDUM
Alere San Diego Inc.

SECTION 2: HISTORY OF COMPANY

Question	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	Abbott Laboratories (Abbott), the parent company of the prospective licensee, is a publicly traded company. All material investigations, lawsuits, administrative proceedings, and other legal matters involving Abbott and its subsidiaries are disclosed in Abbott's Annual Report on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	All material registration and licensure information involving Abbott and its subsidiaries is disclosed in Abbott's Annual Report on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	All material administrative actions and proceedings involving Abbott and its subsidiaries is disclosed in Abbott's Annual Reports on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	All material investigations, lawsuits, administrative proceedings and other legal matters involving Abbott and its subsidiaries is disclosed in Abbott's Annual Reports on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least	All material registration and licensure information involving Abbott and its

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10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	subsidiaries is disclosed in Abbott's Annual Report on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.

SECTION 3: SUPPLIER INFORMATION

The applicant distributes medical products and devices manufactured by or for Abbott only. It does not distribute pharmaceuticals.

SECTION 4: PUBLICLY TRADED CORPORATION

SEC REGISTRATION

Abbott Laboratories (Abbott) completed its initial public offering in 1929.

SECTION 8: FDA REGISTRATION

See Exhibit A attached hereto.

SECTION 9: APPLICABLE DOCUMENTS

LIST OF OFFICERS AND DIRECTORS

The officers and directors of Alere San Diego Inc. are listed below.

Directors

- McCoy, John

Officers

- Frey, Randolph
- Kaesebier, Tara
- McCoy, John
- McCoy, John
- Morrone, Louis
- Oosterbaan, Benjamin
- Paik, Jessica
- Yasger, Paul

LIST OF TOP FOUR CORPORATION SHAREHOLDERS

100% of the stock of Alere San Diego, Inc. is owned by Alere US Holdings, LLC, a Delaware limited liability company. 100% of the membership interest of Alere US Holdings,

LLC is owned by Alere, Inc., a Delaware corporation. 100% of the stock of Alere, Inc. is owned by Abbott. Abbott is a publicly traded company that is listed on the New York Stock Exchange.

CERTIFICATE OF CORPORATE STATUS OR CERTIFICATE OF GOOD STANDING

See Exhibit B attached hereto.

DEA CERTIFICATE IF HANDLING CONTROLLED SUBSTANCES

Not applicable.

LIST OF EMPLOYEES, AGENTS, INDEPENDENT CONTRACTORS, CONSULTANTS, GUARDIANS, PERSONAL REPRESENTATIVES, LENDER OR HOLDER OF INDEBTNESS OF THE APPLICANT

All material information is disclosed in Abbott's Annual Reports on form 10-K, Quarterly Reports on form 10-Q, and/or Proxy Statements, which are available at the Securities and Exchange Commission's website.

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EXHIBIT A
FDA REGISTRATION

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STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

MEDICAL DEVICE MANUFACTURING LICENSE

Alere San Diego, Inc.
DBA: Immunalysis Corporation
829 Towne Center Drive / 828 Towne Center Drive
832 Towne Center Drive/ 821 Towne Center Drive
Pomona, CA 91767

LICENSE NUMBER: 96320
EXPIRATION DATE: 3/20/2022

The person named herein is licensed to manufacture devices through the expiration date of this license. This license is issued in accordance with the provisions of Division 104, Chapter 6, Article 6 of the California Health and Safety Code and is not transferable to any other person or place. The licensee is required by law to immediately notify the California Department of Public Health of any change in the information reported in the application.

Food and Drug Branch, 1500 Capitol Avenue, MS 7602, PO Box 997435, Sacramento, CA 95899-7435 (916) 650-6500

Printed: 4/8/2020

OSP 07 102308

1510

Attachment H
Alere San Diego Inc.
829 Town Center Drive, Pomona, CA 91767

Secretary of State
Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name:	ALERE SAN DIEGO, INC.
File Number:	C1503440
Registration Date:	06/28/1988
Entity Type:	FOREIGN STOCK CORPORATION
Jurisdiction:	DELAWARE
Status:	ACTIVE (GOOD STANDING)

As of September 19, 2021 (Certification Date), the entity is qualified to transact intrastate business in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of September 20, 2021.

SHIRLEY N. WEBER, Ph.D.
Secretary of State

Certificate Verification Number: R41P6WR

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at *bebizfile.sos.ca.gov/certification/index*.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALERE SAN DIEGO, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

2156383 8300

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FDA

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Establishment Registration & Device Listing

New Search

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Establishment:
Alere San Diego Inc.
Business Trade Name:
Immunalysis Corporation

829 Towne Center Drive
Pomona, CA 91767
Registration Number: 2020952
FEI Number*: 2020952
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types.
Please Review Listings For Further Information.
Date Of Registration Status: 2021

Owner/Operator:
Abbott[6]
100 Abbott Park
Building J49
Abbott Park, IL US 60064
Owner/Operator Number: 9006731[7]

Official Correspondent:
Jason Gumaer
829 Towne Center Drive
Pomona, CA 91767
Phone: 1-909-4516780

Verified mlt 01/13/24

* Firm Establishment Identifier (FEI) should be used for identification of entities within the Imports message set

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Silver Spring, MD 20993
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Haleh Sadig
Masaya Sueyoshi
Timmy Lac Tang
Steven Teel
Lisa Thing
Ranny Thorn
Timothy Toy
Tung Tran
Carlos Troche
Stanford Tuupo
Jaleen Williams-Mack
Nancy Xaysanasith
Sam Yang
Cusfer Zweifel

ASD Pomona Facility

The workers at the ASD Pomona facility are as follows:

Humberto Aceves
Alpana Agrawal
Amber Allan
Gregory Amador
Pauline Arman
Monica Arredondo
Elina Arroyo
Adam Atwell
Sreenath Babu
Elizabeth Barajas
Kelvin Barnes
Erin Bartos
Michael Bick
Tanesha Bland
John Blomquist
Deborah Brinkman
Marye Brooks
Jill Campbell
Jennifer Cassidy
Adam Castro
Catherine Castro
Philip Catbagan
Marina Caylao
Pedro Chagolla
Chia-Wen Chen
Weiyu Chen
Ardelia Chokry
Joshua Chou
Rebecca Chou
Eva Chow
Stephen Coutts
Reina Covarrubias
Scott Craig
Maria Cruz
Maria Cruz
Marina Cuevas
Richard Dang
Kathryn Deluca
Sean Dicesare
Anh Dinh
John Doan
Gregory Dowdeswell
Michael Duchemin
Kevin Emerick
John Ervin
Amelia Flores
Desiree Flores
Erika Frank
Brian Frey
Yvonne Gailliard
Maria Garcia
John Giddens
San Juana Gomez
Yvette Gonzalez
Congying Gu
Jason Gumaer
Usha Gundimeda
Xinru Guo
Leibniz Hang
Ahmed Helmy
Cecilia Henry
Ebelin Hernandez
Noelia Herrera Vazquez
Mary Hetrick
Rebecca Houston
Gabriel Huacuja
Mary Hubbard
Kim Huynh
Mark Jasperse

Estela Jimenez
Saffi Khan
Anita Khosravan Ahoura
Krystle Kitts
Sara Klug
Scott Kostner-Nicholson
Senthil Kumar Krishnaswamy
Wei-Ying Kuo
Ron Leugoud
Evan Lewis
Feng Liu
Jialin Liu
Michael Liu
Zhiling Liu
Alicia Lopez
Sherry Lott
Kyle Maier
Parvez Malek
Steven Martinez
Kimberly Mccall
Nan Mcintosh
Zachary Mcnabb
Maria Mercado
Huda Milbes
Vikash Mishra
Nooruddin Farooq Mohammed
Sarah Morgan
Janet Murillo
Christel Nassif
Timothy Nelson
Diane Nguyen
Michelle Nguyen
James Nilawat
Michael O'Sullivan
Monica Ortiz
Ricardo Ortiz
Gustavo Palmer
Kayla Panora
Hernan Parra
Margaret Pearson
Zhenghong Peng
Joshua Pulido
Ruby Quevedo
Billy Reynoso
Diane Ricotta
Esperanza Rios
Pedro Rivera
Brittanie Robinson
Warren Rodrigues
Minerva Ruiz
Alcides Saavedra
Russell Salaz
Jorge Sandoval
Youssef Sawires
Karl Scheidweiler
Tania Serrano
Manik Sharma
Carly Shipman
Alice Silva
Leigh Smith
Catherine Srisamai
Brenda Stallworth
Veronica Stockdale
Scott Taillie
David Tam
Phillip Tam
Ryan Tang
Sydney Tang
Gina Thi
Nadine Thompson
Rochelle Timbang
Michelle Tong
Jeffrey Tran
Trish Tran Le-Vi
David Tsao
Maria Valencia
Keith Valley
Suzanne Van Dalen
David Ver
Mark Villoria
Phi Vu
Amy Wang
Guohong Wang
Yijia Wang
Rafik Wasief
Shannon Weston
Paul Widjaja
Antoine Williams Jr.
Jennifer Wynn
Roxana Zuleta
Ingrid Zurbaran Perez

EXHIBIT B
CERTIFICATE OF GOOD STANDING

CONFIDENTIAL AND PROPRIETARY – NOT FOR PUBLIC DISCLOSURE

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D. C. 20549

FORM 10-K

(MARK ONE)
☒ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934
OR
☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the fiscal year ended December 31, 2020

Commission file number 1-2189

Abbott Laboratories

An Illinois Corporation
100 Abbott Park Road
Abbott Park, Illinois 60064-6400

36-0698440
(I.R.S. employer identification number)
(224) 667-6100
(telephone number)

Securities Registered Pursuant to Section 12(b) of the Act:

Title of Each Class	Trading Symbol(s)	Name of Each Exchange on Which Registered
Common Shares, Without Par Value	ABT	New York Stock Exchange Chicago Stock Exchange, Inc.

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.

Yes ☒ No ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or 15(d) of the Act.

Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days.

Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files).

Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large Accelerated Filer ☒ Accelerated Filer ☐ Non-Accelerated Filer ☐ Smaller reporting company ☐
Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act).

Yes ☐ No ☒

The aggregate market value of the 1,727,625,764 shares of voting stock held by nonaffiliates of the registrant, computed by reference to the closing price as reported on the New York Stock Exchange, as of the last business day of Abbott Laboratories' most recently completed second fiscal quarter (June 30, 2020), was $157,956,823,602. Abbott has no non-voting common equity. Number of common shares outstanding as of January 31, 2021: 1,771,529,358

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the 2021 Abbott Laboratories Proxy Statement are incorporated by reference into Part III. The Definitive Proxy Statement will be filed on or about March 12, 2021.

PART I

ITEM 1. BUSINESS

GENERAL DEVELOPMENT OF BUSINESS

Abbott Laboratories is an Illinois corporation, incorporated in 1900. Abbott's* principal business is the discovery, development, manufacture, and sale of a broad and diversified line of health care products.

NARRATIVE DESCRIPTION OF BUSINESS

Abbott has four reportable segments: Established Pharmaceutical Products, Diagnostic Products, Nutritional Products, and Medical Devices.

Established Pharmaceutical Products

These products include a broad line of branded generic pharmaceuticals manufactured worldwide and marketed and sold outside the United States in emerging markets. These products are generally sold directly to wholesalers, distributors, government agencies, health care facilities, pharmacies, and independent retailers from Abbott-owned distribution centers and public warehouses, depending on the market served. Certain products are co-marketed or co-promoted with, or licensed from, other companies.

The principal products included in the broad therapeutic area portfolios of the Established Pharmaceutical Products segment are:

- gastroenterology products, including Creon™, for the treatment of pancreatic exocrine insufficiency associated with several underlying conditions, including cystic fibrosis and chronic pancreatitis; Duspatal™ and Dicetel™, for the treatment of irritable bowel syndrome or biliary spasm; Heptral™, Transmetil™, and Samyr™, for the treatment of intrahepatic cholestasis (associated with liver disease) or depressive symptoms; and Duphalac™, for regulation of the physiological rhythm of the colon;
- women's health products, including Duphaston™, for the treatment of many different gynecological disorders; and Femoston™, a hormone replacement therapy for postmenopausal women;
- cardiovascular and metabolic products, including Lipanthyl™ and TriCor™, for the treatment of dyslipidemia; Teveten™ and Teveten™ Plus, for the treatment of essential hypertension, and Physiotens™, for the treatment of hypertension; and Synthroid™, for the treatment of hypothyroidism;
- pain and central nervous system products, including Serc™, for the treatment of Ménière's disease and vestibular vertigo; Brufen™, for the treatment of pain, fever, and inflammation; and Sevedol™, for the treatment of severe migraines; and
- respiratory drugs and vaccines, including the anti-infective clarithromycin (sold under the trademarks Biaxin™, Klacid™, and Klaricid™); and Influvac™, an influenza vaccine.

The Established Pharmaceutical Products segment directs its primary marketing efforts toward building strong brands with key stakeholders, including consumers, pharmacists, physicians, and other healthcare providers. Government agencies are also important customers.

Competition in the Established Pharmaceutical Products segment is generally from other health care and pharmaceutical companies. In addition, the substitution of generic drugs for the brand prescribed and introduction of additional forms of already marketed established products by generic or branded competitors may increase competitive pressures.

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* As used throughout the text of this report on Form 10-K, the term "Abbott" refers to Abbott Laboratories, an Illinois corporation, or Abbott Laboratories and its consolidated subsidiaries, as the context requires.

Zachary A. Portin
Counsel, Healthcare Compliance
Legal Regulatory & Compliance

Abbott
100 Abbott Park Road
Abbott Park, IL 60064
T: +1 224 551 8782
zachary.portin@abbott.com

Abbott

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*Via Email (*bkandt@pharmacy.nv.gov*)*

April 18, 2022

Brett Kandt, General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway
Suite 206
Reno, NV 89521

Re: Supplemental Information Requested for 12 Abbott Laboratories Nevada Wholesaler License Applications

Dear Mr. Kandt,

I write to provide you with updated responses to the disciplinary questions in Section 2 of the twelve Nevada wholesaler applications for the wholesaler facilities listed below as we discussed during our conversation on or about March 14, 2021. (Those applications were submitted on or about August 27, 2021 and supplemented by a filing on or about October 14, 2021). The updated disciplinary responses are attached hereto as Exhibit A.

Wholesaler	Facility Location
1. Abbott Laboratories Inc. ("ALI")	3158 Martin Luther King Jr. Drive, North Chicago, IL 60064 ("North Chicago")
2. ALI	1921 Hurd Drive, Irving, TX 75038 ("Irving 1")
3. ALI	1915 Hurd drive, Irving, TX 75038 ("Irving 2")
4. ALI	15900 Valley View Court, Sylmar, CA 91342 ("Sylmar")
5. ALI	6901 Preston Road Plano, TX 75024 ("Plano")
6. ALI	2305 Walnut Street, Roseville, MN 55113 ("Roseville")
7. ALI	42301 Zevo Drive, Suite #F, Temecula, CA 92590 ("Temecula")
8. Abbott Molecular Inc. ("AMI")	1300 East Touhy Avenue, Des Plaines, IL 60018 ("Des Plaines")
9. AMI	1800 Brummel Avenue, Elk Grove Village, IL 60007 ("Elk Grove Village")
10. Abbott Rapid Dx North America, LLC ("ARDxNA")	569 Halls Mill Road, Freehold, NJ 07728 ("Freehold")
11. ARDxNA	5995 Pacific Center Blvd., Ste. 108, San Diego, CA 92121 ("San Diego")

12. Alere San Diego Inc. ("ASD")	829 Town Center Drive, Pomona, CA 91767 ("Pomona")

We respectfully request that the Nevada Board of Pharmacy consider this information along with the August 27th and October 14th submissions, at its earliest convenience, but not later than at its upcoming June 1-2, 2022 meeting.

Thank you for your cooperation in this matter. If you have any questions or require additional information, please do not hesitate to contact me.

Sincerely,

Zachary A. Portin

Enc.

Cc: Nevada Board of Pharmacy (*via email to pharmacy@pharmacy.nv.gov)*
Mark Sedar, Nevada Board of Pharmacy (*via email to marksedar@pharmacy.nv.gov)*
April Veoukas, Abbott *(via email to april.veoukas@abbott.com*)

SUPPLEMENTAL RESPONSES TO SECTION 2, QUESTIONS 1-5 OF NEVADA WHOLESALER APPLICATION
EXHIBIT A

ALI Applications

ALI supplements the responses set forth in the Wholesaler Application Addendum to Questions 1-5 of Section 2 of the Nevada Wholesaler Application for North Chicago, Irving 1, Irving 2, Sylmar, Plano, Roseville and Temecula facilities, each as follows:

Section 2 Questions	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	ALI Based on records available to it and to the best of its knowledge, ALI, the prospective licensee, has not been charged or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea) since 2004. Abbott In May 2012, Abbott, the parent company of the prospective licensee identified in Section 9 of the Wholesaler Application Addendum, pleaded guilty to one misdemeanor violation of the Food, Drug and Cosmetic Act for misbranding as part of a settlement with U.S. federal and 49 state authorities, plus the District of Columbia, to resolve all outstanding issues regarding an investigation of past sales and marketing practices relating to its neurologic medication Depakote. Abbott and the Department of Justice, as reflected in the plea agreement, agreed that the conduct that gave rise to the conviction relates solely to the research-based pharmaceutical business that later became part of Abbvie, and that, from the time of the separation of Abbvie, Abbott no longer had any obligations under the plea agreement, nor would the Department of Justice treat Abbott as having a conviction under the Food, Drug and Cosmetic Act. Effective January 2, 2013, Abbott separated that research-based pharmaceutical business, including its U.S. pharmaceutical business, the business responsible for Depakote, into a new, independent publicly traded company, Abbvie.

Section 2 Questions	Response
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	Based on records available to them and to the best of their knowledge, ALI and Abbott have not been denied a license, permit or certificate of registration material to Abbott's operations since 2004.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	ALI Based on records available to it and to the best of its knowledge, and excluding the research-based pharmaceutical business that separated into a new, independent publicly traded company in 2013 (Abbvie), ALI has not been the subject of an administrative action or proceeding relating to the pharmaceutical industry since 2004. Abbott *See* Abbott's response to Question 1 above.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	ALI/Abbott Based on records available to them and to the best of their knowledge, ALI and Abbott have not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since 2004.
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	ALI/Abbott Based on records available to them and to the best of their knowledge, ALI and Abbott have not surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) material to Abbott's operations since 2004.

AMI Applications

AMI supplements the responses set forth in the Wholesaler Application Addendum to Questions 1-5 of Section 2 of the Nevada Wholesaler Application for its Des Plaines and Elk Grove facilities, each as follows:

Section 2 Questions	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	AMI Based on records available to it and to the best of its knowledge, AMI, the prospective licensee, has not been charged or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea) since 2004. Abbott In May 2012, Abbott, the parent company of the prospective licensee identified in Section 9 of the Wholesaler Application Addendum, pleaded guilty to one misdemeanor violation of the Food, Drug and Cosmetic Act for misbranding as part of a settlement with U.S. federal and 49 state authorities, plus the District of Columbia, to resolve all outstanding issues regarding an investigation of past sales and marketing practices relating to its neurologic medication Depakote. Abbott and the Department of Justice, as reflected in the plea agreement, agreed that the conduct that gave rise to the conviction relates solely to the research-based pharmaceutical business that later became part of Abbvie, and that, from the time of the separation of Abbvie, Abbott no longer had any obligations under the plea agreement, nor would the Department of Justice treat Abbott as having a conviction under the Food, Drug and Cosmetic Act. Effective January 2, 2013, Abbott separated that research-based pharmaceutical business, including its U.S. pharmaceutical business, the business responsible for Depakote, into a new, independent publicly traded company, Abbvie.
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest,	AMI/Abbott

Section 2 Questions	Response
ever been denied a license, permit or certificate of registration?	Based on records available to them and to the best of their knowledge, AMI and Abbott have not been denied a license, permit or certificate of registration material to Abbott's operations since 2004.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	AMI Based on records available to it and to the best of its knowledge, and excluding the research-based pharmaceutical business that separated into a new, independent publicly traded company in 2013 (Abbvie), AMI has not been the subject of an administrative action or proceeding relating to the pharmaceutical industry since 2004. Abbott *See* Abbott's response to Question 1 above.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	AMI/Abbott Based on records available to them and to the best of their knowledge, AMI and Abbott have not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since 2004.
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	AMI/Abbott Based on records available to them and to the best of their knowledge, AMI and Abbott have not surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) material to Abbott's operations since 2004.

ARDxNA Applications

ARDxNA supplements the responses set forth in the Wholesaler Application Addendum to Questions 1-5 of Section 2 of the Nevada Wholesaler Application for its Freehold and San Diego facilities, each as follows:

Section 2 Questions	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least	ARDxNA/AUH/Alere

Section 2 Questions	Response
10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	Based on records available to them and to the best of their knowledge, ARDxNA, the prospective licensee, Alere US Holdings, LLC ("AUH") and Alere, Inc. ("Alere"), the direct and indirect owners of the prospective licensee respectively identified in Section 9 of the Wholesaler Application Addendum, have not been charged or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea) since Abbott acquired those entities in October 2017. Abbott In May 2012, Abbott, the parent company of the prospective licensee, pleaded guilty to one misdemeanor violation of the Food, Drug and Cosmetic Act for misbranding as part of a settlement with U.S. federal and 49 state authorities, plus the District of Columbia, to resolve all outstanding issues regarding an investigation of past sales and marketing practices relating to its neurologic medication Depakote. Abbott and the Department of Justice, as reflected in the plea agreement, agreed that the conduct that gave rise to the conviction relates solely to the research-based pharmaceutical business that later became part of Abbvie, and that, from the time of the separation of Abbvie, Abbott no longer had any obligations under the plea agreement, nor would the Department of Justice treat Abbott as having a conviction under the Food, Drug and Cosmetic Act. Effective January 2, 2013, Abbott separated that research-based pharmaceutical business, including its U.S. pharmaceutical business, the business responsible for Depakote, into a new, independent publicly traded company, Abbvie.
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	ARDxNA/AUH/Alere Based on records available to them and to the best of their knowledge, ARDxNA, AUH and Alere have not been denied a license, permit or certificate of registration material to Abbott's operations since Abbott acquired those entities in October 2017. Abbott

Section 2 Questions	Response
	Based on records available to it and to the best of its knowledge, Abbott has not been denied a license, permit or certificate of registration material to Abbott's operations since 2004.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	ARDxNA/AUH/Alere Based on records available to them and to the best of their knowledge, ARDxNA, AUH and Alere have not been the subject of an administrative action or proceeding relating to the pharmaceutical industry since Abbott acquired those entities in October 2017. Abbott *See* Abbott's response to Question 1 above.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	ARDxNA/AUH/Alere Based on records available to them and to the best of their knowledge, ARDxNA, AUH and Alere have not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since Abbott acquired those entities in October 2017. Abbott Based on records available to it and to the best of its knowledge, Abbott has not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since 2004.
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	ARDxNA/AUH/Alere Based on records available to them and to the best of their knowledge, ARDxNA, AUH and Alere have not surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) since Abbott acquired those entities in material to Abbott's operations October 2017. Abbott Based on records available to it and to the best of its knowledge, Abbott has not surrendered a license, permit or certificate of registration voluntarily or otherwise (other

Section 2 Questions	Response
	than upon voluntary close of a facility) material to Abbott's operations since 2004.

ASD Application

ASD supplements the response set forth in the Wholesaler Application Addendum to Questions 1-5 of Section 2 of the Nevada Wholesaler Application for its Pomona facility as follows:

Section 2 Questions	Response
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	ASD/AUH/Alere Based on records available to them and to the best of their knowledge, ASD, the prospective licensee, AUH, and Alere, the direct and indirect owners of the prospective licensee respectively identified in Section 9 of the Wholesaler Application Addendum, have not been charged or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea) since Abbott acquired those entities in October 2017. Abbott In May 2012, Abbott, the parent company of the prospective licensee, pleaded guilty to one misdemeanor violation of the Food, Drug and Cosmetic Act for misbranding as part of a settlement with U.S. federal and 49 state authorities, plus the District of Columbia, to resolve all outstanding issues regarding an investigation of past sales and marketing practices relating to its neurologic medication Depakote. Abbott and the Department of Justice, as reflected in the plea agreement, agreed that the conduct that gave rise to the conviction relates solely to the research-based pharmaceutical business that later became part of Abbvie, and that, from the time of the separation of Abbvie, Abbott no longer had any obligations under the plea agreement, nor would the Department of Justice treat Abbott as having a conviction under the Food, Drug and Cosmetic Act. Effective January 2, 2013, Abbott separated that research-based pharmaceutical business, including its U.S. pharmaceutical business, the business responsible

Section 2 Questions	Response
	for Depakote, into a new, independent publicly traded company, Abbvie.
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?	ASD/AUH/Alere Based on records available to them and to the best of their knowledge, ASD, AUH and Alere have not been denied a license, permit or certificate of registration material to Abbott's operations since Abbott acquired those entities in October 2017. Abbott Based on records available to it and to the best of its knowledge, Abbott has not been denied a license, permit or certificate of registration material to Abbott's operations since 2004.
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	ASD/AUH/Alere Based on records available to them and to the best of their knowledge, ASD, AUH and Alere have not been the subject of an administrative action or proceeding relating to the pharmaceutical industry since Abbott acquired those entities in October 2017. Abbott *See* Abbott's response to Question 1 above.
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	ASD/AUH/Alere Based on records available to them and to the best of their knowledge, ASD, AUH and Alere have not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since Abbott acquired those entities in October 2017. Abbott Based on records available to it and to the best of its knowledge, Abbott has not been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances since 2004.

Section 2 Questions	Response
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	ASD/AUH/Alere Based on records available to them and to the best of their knowledge, ASD, AUH and Alere have not surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) since Abbott acquired those entities in material to Abbott's operations October 2017. Abbott Based on records available to it and to the best of its knowledge, Abbott has not surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility) material to Abbott's operations since 2004.

4NN

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (08/12/2021)

Where is the facility located?	☐ Nevada	☒ Out-of-State
Is your facility a reverse distributor?	☐ Yes	☒ No

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler	* If making a change, provide current license number:	☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change* (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Axsome Therapeutics, Inc.

Physical Address: 1031 Rt 22, Suite 303

City: Bridgewater State: NJ Zip: 08807

Mailing Address (if different from physical address): 1031 Route 22 Suite 303

City: Bridgewatwer State: NJ Zip: 08807

Telephone: (201)650-1085 Website: https://www.axsome.com/

Name of Designated Representative (DR): Nicholas Pizzie

Licensing Company Email: npizzie@axsome.com DR Email: npizzie@axsome.com

Entities the Wholesaler will Serve	**Products to be Handled or Wholesaled**
☒ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☐ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has transacted with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: No Suppliers sold, dispensed or distributed within the last year.

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: DE

Parent Company (if any): _____

Corporation Name: Axsome Therapeutics, Inc.

Mailing Address: 1031 Route 22 Suite 303

City: Bridgewatwer State: NJ Zip: 08807

Telephone: (201) 650-1085 Email: npizzie@axsome.com

Contact Person Name: Nicholas Pizzie

Date of SEC Registration: See Attached | SEC Registration Number: See Attached | Stock Exchange Symbol: AXSM

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	x	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Nicholas Pizzie
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

3/8/22
Date

Board Use Only	Date Received: _____	Amount: $500 check 15742

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0745163

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 – "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: ☐ manufacturer ☒ wholesaler which conducts business at the following locations in this State:

1031 RT 22, STE 303 BRIDGEWATER, NJ 08807-

Reg. No.
5006024

AXSOME THERAPEUTICS, INC.
1031 RT 22, STE 303
BRIDGEWATER, NJ 08807-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2023

Establishment Copy

New Jersey Department of Health
P.O. Box 369, Trenton, New Jersey 08625-0369
Drug and Medical Device Certificate of Registration

Information recorded in the system as of 4/4/2022

Registration Number: 5006024 **Registered as:** Wholesale

Name: AXSOME THERAPEUTICS, INC.

DBA:

Address: 1031 RT 22, STE 303, BRIDGEWATER, NJ 08807

Original Issue Date: 10/13/2021 **Expiration Date:** 01/31/2023

Current Issue Date: 10/13/2021

Disciplines: No

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AXSOME THERAPEUTICS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AXSOME THERAPEUTICS, INC." WAS INCORPORATED ON THE TWELFTH DAY OF JANUARY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

5091162 8300

SR# 20220061386

Authentication: 202342685

Date: 01-07-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

AXSOME
THERAPEUTICS

DESCRIPTION OF OPERATIONS

Axsome Therapeutics, Inc is a publicly held, New Jersey-based Virtual Manufacturer that plans to commercialize prescription drugs across the United States. Axsome Therapeutics, Inc. (NASDAQ: AXSM), a biopharmaceutical company developing novel therapies for the management of central nervous system (CNS) disorders. AXS-05 (dextromethorphan-bupropion) is a novel, oral, investigational NMDA receptor antagonist with multimodal activity.

THIRD-PARTY LOGISTICS

Axsome Therapeutics, Inc products are manufactured by contract manufacturers and distributed to customers by their third-party logistics provider Integrated Commercialization Solutions. Axsome Therapeutics, Inc utilizes the following Integrated Commercialization Solution's facilities for distribution of product:

Integrated Commercialization Solutions
6450 LaSalle Drive
Lockbourne, Ohio 43137

CONTRACT MANUFACTURERS

Axsome Therapeutics,Inc uses the following contract manufacturer to produce product:

Patheon
111 Consumers Drive
Whitby, Ontario Canada
FEI Number: 3003516812
FEIN Expiration Date: 12/31/2022

PRODUCTS

As a virtual manufacturer, Axsome Therapeuticsc,Inc does not manufacture, distribute, or store product at their New Jersey facility. At no time do contact manufacturers own Axsome Therapeutics, Inc products, contract with Axsome Therapeutics Inc customers, invoice or sell Axsome Therapeutics,Inc products. Axsome Therapeutics, Inc does not have products that are Controlled Substances. Accordingly, Axsome Therapeutics,Inc is not required to maintain DEA Registration.

Labeler Code: 81968

From: edrls@fda.hhs.gov
To: klaliberte@axsome.com
Subject: Labeler Code Request Approved
Date: Friday, May 28, 2021 3:04:48 PM

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eDRLS - Electronic Drug Registration & Listing System

Current Date: 28-MAY-2021
Labeler DUNS: 033333109
Labeler Name: Axsome Therapeutics, Inc.
Labeler Code Assigned: 81968

Verified 4/20/22 MS

The Food and Drug Administration (FDA) has assigned the above Labeler Code to your firm. **The number cannot be used until you have confirmed the assignment. Please revise and resubmit your Labeler Code Request SPL to include the assigned number above to complete the process. To do this, open the previous Labeler Code Request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new root id and new version number with the original set id and the appropriate effective time.**

For CDER Direct Users: Open the previously submitted and accepted Labeler Code Request, click Create New Version, enter the Labeler Code assigned in the field for "Labeler Code", and Submit SPL.

This Labeler Code should be used to create the NDC (National Drug Code) assigned to all drugs you manufacture or distribute for U.S. commercial distribution. The assignment of NDC is extensively discussed in Title 21 of Code of Federal Regulations (CFR) 207.35. The NDC for each drug must be submitted as part of drug listing information submitted to FDA. Per 21 CFR Part 207, owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation. Labeler Codes are assigned by FDA and may be inactivated at any time upon violation of the Federal Food, Drug and Cosmetic Act.

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products.

For additional information please visit Drug Registration and Listing System or reply back to this email (edrls@fda.hhs.gov).

AXSOME
THERAPEUTICS

COMPANY INFORMATION

Axsome Therapeutics, Inc.
1031 Rt 22, Suite 303
Bridgewater, NJ 08807
Phone: (201) 650-1085

List of Employees at NJ office:

Nick Pizzie, CFO
Lori Engelbert, SVP, Commercial & Business Development.

AXSOME
THERAPEUTICS

OWNERSHIP

Axsome Therapeutics, Inc. is a publicly-held, New Jersey-based, pharmaceutical company that plans to commercialize pharmaceutical drugs across the United States.

COMPANY INFORMATION

Axsome Therapeutics, Inc.
1031 Rt 22, Suite 303
Bridgewater, NJ 08807
Phone: (201) 650-1085

CORPORATE OFFICERS

Herriot Tabuteau, Chief Executive Officer
22 Cortlandt St., 16th Floor
New York, NY 10007
[redacted]

Nicholas Francis Xavier Pizzie, Chief Financial Officer
1031 Rte 22, 3rd Floor
Bridgewater, NJ 10007
[redacted]

Mark L Jacobson, Chief Operating Officer
22 Cortlandt Street, 16th Floor,
New York, NY 10007
[redacted]

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM 10-K

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2020

OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____

Commission File Number 001-37635

AXSOME THERAPEUTICS, INC.

(Exact name of registrant as specified in its charter)

Delaware	**45-4241907**
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification No.)
22 Cortlandt Street **16th Floor** **New York, New York**	**10007**
(Address of principal executive offices)	(Zip Code)

Registrant's telephone number, including area code: (212) 332-3241

Securities registered pursuant to Section 12(b) of the Act:

Title of each class:	Trading Symbol(s)	Name of Each Exchange on Which Registered
Common Stock, Par Value $0.0001 Per Share (Title of Class)	AXSM	Nasdaq Global Market

Securities registered pursuant to Section 12(g) of the Act:

None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.

Yes ☒ No ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act.

Yes ☐ No ☒

Indicate by check mark whether the registrant: (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filed, an accelerated filer, a non-accelerated filer, a smaller reporting company or an emerging growth company. See definitions of "large accelerated filer," "accelerated filer," "smaller reporting company" , and "emerging growth company" in Rule 12b-2 of the Exchange Act).

Large accelerated filer	☒	Accelerated Filer	☐
Non-accelerated filer	☐	Smaller reporting company	☐
		Emerging growth company	☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☒

The aggregate market value of voting common stock held by non-affiliates of the registrant (assuming for purposes of this calculation, without conceding, that all executive officers and directors are "affiliates") was approximately 2.4 billion as of June 30, 2020, based on the closing sale price of such stock as reported on the Nasdaq Global Market.

There were 37,405,268 shares of the registrant's common stock outstanding as of February 22, 2021.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's definitive proxy statement for its 2021 Annual Meeting of Stockholders (the "Proxy Statement"), to be filed within 120 days of the registrant's fiscal year ended December 31, 2020, are incorporated by reference in Part III of this Annual Report on Form 10-K. Except with respect to information specifically incorporated by reference in this Annual Report on Form 10-K, the Proxy Statement is not deemed to be filed as part of this Annual Report on Form 10-K.

400

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (08/12/2021)

Where is the facility located?	☐ Nevada ☒ Out-of-State
Is your facility a reverse distributor?	☐ Yes ☒ No

Type of application (check applicable box)		Ownership Structure (Type of applicant)
☒ New Wholesaler	* If making a change, provide current license number: WH _____	☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change* (in-state only)		☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: La Jolla Pharmaceutical Company

Physical Address: 201 Jones Road, Suite 400A

City: Waltham State: MA Zip: 02451

Mailing Address (if different from physical address): 201 Jones Road, Suite 400

City: Waltham State: MA Zip: 02451

Telephone: 617-715-3600 Website: https://lajollapharmaceutical.com/

Name of Designated Representative (DR): Paula Rusu

Licensing Company Email: compliance@ljpc.com DR Email: compliance@ljpc.com

Entities the wholesaler will serve	Sources to be distributed or Wholesaler
☒ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☐ Controlled Substances
☒ Hospitals	☐ Hypodermic Devices
☐ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☒ Others: Specialty Distributors, Specialty Pharmacies	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Name: No Suppliers sold, dispensed or distributed w/i last year

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: DE

Parent Company (if any): None

Corporation Name: La Jolla Pharmaceutical Company

Mailing Address: 201 Jones Road, Suite 400

City: Waltham State: MA Zip: 02451

Telephone: N/A Email: N/A

Contact Person Name: N/A

Date of SEC Registration: N/A	SEC Registration Number: N/A	Stock Exchange Symbol: LJPC

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		X
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Larry Edwards
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

Date 4/14/22

Board Use Only	Date Received: _____	Amount: $ 1,000	CHECK # 16057

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM
250 WASHINGTON STREET BOSTON, MA 02108

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0000985	03/01/2022	03/01/2023	Virtual Drug Manufacturers

ISSUED TO

LA JOLLA PHARMACEUTICAL COMPANY
201 JONES ROAD
SUITE 400 A
WALTHAM, MA 02451
ATTN: LARRY EDWARDS PRESIDENT & CHIEF EXECUTIVE OFFICER

Margaret A Cooke

COMMISSIONER OF PUBLIC HEALTH

RECIPIENT'S COPY NEW 847279

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

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Margaret A Cooke

NEW

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LA JOLLA PHARMACEUTICAL COMPANY" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LA JOLLA PHARMACEUTICAL COMPANY" WAS INCORPORATED ON THE ELEVENTH DAY OF AUGUST, A.D. 2021.

Jeffrey W. Bullock, Secretary of State

5845004 8300

SR# 20220461646

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202646513

Date: 02-11-22

La Jolla Pharmaceutical

Ownership

La Jolla Pharmaceutical Company is publicly traded on the NASDAQ stock market under the symbol "LJPC".

Company Info.

La Jolla Pharmaceutical Company
201 Jones Road, Suite 400A
Waltham, MA 02451
(617) 715-3600

FEIN: 33-0361285

Corporate Officers

Larry G Edwards – President and Chief Executive Officer
201 Jones Road, Suite 400
Waltham, MA 02451
(617) 600-7486
Ownership %: 0

Michael S Hearne – Chief Financial Officer
201 Jones Road, Suite 400
Waltham, MA 02451
(617) 715-3600
Ownership %: 0

La Jolla Pharmaceutical

Description of Operations

La Jolla Pharmaceutical Company ("La Jolla") is a Virtual Manufacturer of prescription drugs. La Jolla is a publicly traded company on the NASDAQ stock exchange under the symbol LJPC. La Jolla's office in Waltham, MA is a corporate office. La Jolla's product is manufactured by a contract manufacturer and will be distributed to customers by their third-party logistics provider (3PL).

La Jolla uses the following contract Manufacturers to produce the product:

Cangene bioPharma, LLC (dba Emergent BioSolutions, Inc.)
1111 South Paca Street
Baltimore, MD 21230
FDA Establishment Identifier: 1000512361

Products:
Cangene bioPharma, LLC (dba Emergent BioSolutions, Inc.) manufactures and packages La Jolla's product. At no time does Cangene bioPharma, LLC (dba Emergent BioSolutions, Inc.) own the product, contract with La Jolla's customers, invoice, nor sell a La Jolla product. La Jolla's products are not Controlled Substances.

Labeler Code: 68547

Third Party Logistics Information:

For distribution into the commercial supply channels, ICS acts as La Jolla's Third Party Logistics (3PL) provider to manage the storage and distribution of La Jolla's product to customers throughout the United States. ICS's address is:

ICS
420 International Blvd.
Suite 500
Brooks, KY 40109

La Jolla has 65 employees, and their hours of operation are 9:00 a.m. – 5:00 p.m. (EST), Monday through Friday.

National Drug Code Directory

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

LINKEDIN (HTTPS://WWW.LINKEDIN.COM/SHAREARTICLE?MINI=TRUE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM&TITLE=NATIONAL DRUG CODE DIRECTORY&SOURCE=FDA)

PIN IT (HTTPS://WWW.PINTEREST.COM/PIN/CREATE/BUTTON/?URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM&DESCRIPTION=NATIONAL DRUG CODE DIRECTORY)

EMAIL (MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDC/DSP_SEARCHRESULT.CFM)

PRINT

Current through April 25, 2022

You have searched Finished drug products

Search Results: *'68547'*

Back to Search Page () | Search Again ()

CSV Excel

Display 50 **records per page**

Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description
Giapreza	68547-501-02	2.5 mg/mL	INJECTION	INTRAVENOUS	NDA209360	La Jolla Pharmaceutical Company	68547-501	angiotensin II	ANGIOTENSIN II	HUMAN PRESCRIPTION DRUG	02/05/2018	N/A	NDA	1 VIAL, SINGLE-DOSE in 1 CARTON (68547-501-02) > 1 mL in 1 VIAL, SINGLE-DOSE

Showing 1 to 1 of 1 entries Previous 1 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)

See also: Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

La Jolla Pharmaceutical Company

Employee List

First Name	Last Name	Office Locations
Astha	Adhikary	MA - Headquarters
Brennan	Barry	MA - Headquarters
Shawn	Collard	MA - Headquarters
Kevin	Conley	MA - Headquarters
Kayleigh	Correira	MA - Headquarters
Larry	Edwards	MA - Headquarters
Steven	Ferris	MA - Headquarters
Bonnie	Gaudette	MA - Headquarters
Michael	Greez	MA - Headquarters
Richard	Manjone	MA - Headquarters
Matthew	O'Connor	MA - Headquarters
Paula	Rusu	MA - Headquarters
Jason	Smith	MA - Headquarters

PAULA D. B. RUSU

Commercial Operations leader with 20+ years experience in pharmaceutical and healthcare companies. Extensive experience in launching new products into the anti-infective, pain, surgical and insomnia markets as well as integrating personnel and products gained through corporate acquisitions. Built high performing teams in Information Technology (IT), Law and all areas of Commercial Operations including Incentive Compensation (IC), sales data, reporting and analytics, territory alignments, Master Data Management (MDM), Sales Force Automation (SFA) and prescription drug sample programs.

EXPERIENCE

LA JOLLA PHARMACEUTICAL COMPANY — **Waltham, MA**
Vice President, Operations — October 2020 - present
Senior Director, Sales Insights — July 2020 – October 2020

Re-built corporate operations functions, Commercial Operations, IT, Law and Facilities, after a merger of two commercial pharmaceutical companies.

- Transitioned from an outsource model to an in-house model for IT and Law and recruited top talent for these roles.
- Integrated commercial and medical field teams from two legacy companies which included realignments based on both companies' brands, new IC plans, merging customer masters, changes to SFA and reporting tools.
- Evaluated vendors from both legacy companies and kept best of breed, which required negotiating either a termination or a contract amendment for dozens of vendors.
- Managed Specialty Distributor relationships and updated data flows to make Electronic Data Interchange (EDI) consistent for both companies' brands.
- Managed an office move from Watertown, MA to Waltham, MA which involved site visits, contract negotiations, furniture purchases and sales, office remodeling and network and telecommunications moves.

TETRAPHASE PHARMACEUTICALS, a wholly owned subsidiary of La Jolla Pharmaceutical Company — **Watertown, MA**
Senior Director, Sales Operations — March 2018 – July 2020

Built commercial operations functions and team for start-up pharmaceutical company including the following:

- Led configuration of the Tetraphase Commercial Data Warehouse (CDW), MDM processes, reporting tools and SFA tool. Met with vendors and user group to design processes and tools that meet business needs, performed testing, managed all inputs to systems, trained field teams and managed enhancement requests.
- Transitioned from a third-party launch reporting platform to an internally built and managed Power BI dashboard for all field teams saving the company thousands of dollars and making reports more flexible to the company's rapidly evolving needs.
- Performed sizing, segmentation and targeting analyses and alignments for 3 field teams - Institution sales team, Key Accounts team and a Medical Liaison team. Resulting launch of Xerava had 3-times the patient days of therapy (PDOTs) in the first year as compared to the next closest IV antibiotic.
- Led IC team that established corporate philosophy, business rules and IC plans. Performed extensive modeling, created plan documentation, trained field teams and processed quarterly results as well as annual awards.
- Led team that supports the operations for Marketing programs such as Speaker programs and Approved emails.
- Led team through multiple acquisition situations in 2020 where three different companies entered into definitive merger agreements with Tetraphase. Process included multiple rounds of cross-company employee evaluations, technology assessments, and commercial team optimizations. Result was a merger with La Jolla Pharmaceutical Company.

COLLEGIUM PHARMACEUTICAL — **Canton, MA**
Director, Sales Operations — October 2015 – March 2018

Built commercial operations functions and team for start-up pharmaceutical company including the following:

- Performed sales force sizing, segmentation and targeting analyses for 5 field teams including overlap analysis to understand customers that cross teams. Output was used to create optimal launch structure for field teams of 175 total people – Retail, Institution, Long Term Care, Managed Care and Medical Science Liaison teams. Structure was assessed quarterly and evolved with the business.

- Led IC team that established corporate philosophy, business rules and IC plans for 4 teams. Performed extensive modeling to design equitable and motivating IC plans for all teams, created plan documentation, trained field teams and processed quarterly results as well as annual awards.
- Led configuration of the 5 Collegium field teams' systems - IMS Mobile Intelligence (MI) SFA as well as MicroStrategy and Nexxus Performance reporting tools. For each system, met with vendor and user groups to design tools that meet unique business needs of each team. Performed testing, managed all inputs to systems, integrated systems with data warehouse, trained field teams, handled inquiries and managed enhancement requests.
- Responsible for creating and implementing MDM business rules and processes.

CUBIST PHARMACEUTICALS, a wholly owned subsidiary of Merck & Co. Inc. **Lexington, MA**
Director, Field Planning and Effectiveness August 2011 – September 2015

KEY ACCOMPLISHMENTS

❖ ***Product Launches and Corporate Acquisitions*** –
- Integrated new products acquired through Cubist acquisitions of Adolor (2012), Optimer (2013) and Trius (2013) into sales portfolio. Integrations took an average of 2 months from date of acquisition with completion defined as having sales reports, portfolio-based IC plans and targeting created, SFA system updated, and customer masters merged.
- Assisted in integrating Cubist products into the Merck portfolio after the 2015 acquisition.
- Led Sales Operations sub-team for 2 anti-infective product launches in 2014, Sivextro and Zerbaxa, and served as liaison to cross functional Core launch teams. As part of Sivextro launch, developed pilot program for leading indicator dashboards on new Tableau platform which was subsequently the tool used to design launch dashboards for Zerbaxa.

❖ ***Nimble Innovator*** –
- Led integration of multiple new data assets: IMS Xponent PlanTrak, Drug Distribution Data (DDD) weekly, Formulary Impact Analyzer, Fingertip Formulary, Integrated Delivery Network (IDN) affiliation data, Patient access program utilization data. Created training materials and led conference calls with field management to train on each new data set and applicable reports or tools.
- As new products were added to portfolio, developed innovative IC plans, contests and targeting tools for field force; took the organization from Annual IC plans to 6-month plans in order to reflect the pace of change.
- Worked closely with Commercial leadership to launch a National Account field team which included aligning the team, creating an IC plan and providing this team with tools and data assets needed to do their job effectively.
- Worked closely with the Key Accounts team to launch an IDN initiative which resulted in various system level protocols that drove utilization of our products.
- Worked with a cross functional team to put together Cubist's first data stewardship framework and data governance processes. Also implemented enterprise-wide SFA alignments that share appropriate information across all field-based teams and dramatically reduce duplicates in the customer master.
- Developed and rolled out a leading indicator dashboard for Sivextro in 4 weeks which was subsequently used as a one-stop-shop to report on all field metrics and replaced previous field reporting platforms.

❖ ***Team Player*** –
- Integral member of several cross-functional teams: Sivextro and Zerbaxa Launch Teams; Sunshine Act Team; Commercial Integration Team for Optimer acquisition; Joint Steering Committee for co-promoted product with Optimer; Salesforce.com Launch Team.
- Led cross-functional Sales team deployment projects which optimized 2 hospital-based teams based on the potential of 3 anti-infective and 2 gastro-intestinal/surgical brands. As part of project, designed unique IC plans and reporting platforms for both teams.
- Consistently gather feedback from field-based customers by attending field sales meetings, riding with sales representatives and having regular conference calls with field sales leadership.

❖ ***Leader*** –
- Respected as an effective team builder; develop team members into subject matter experts and enable them to participate fully in functional area meetings.
- Integrated employees from acquired companies into existing team and was able to utilize their expertise to strengthen the capabilities of the team.
- Effectively use contractors to do necessary but non-value-added work and MBA-level interns for special projects.
- Willing to make difficult decisions to effectively manage the removal of poor performers.

❖ ***Committed to Excellence –***

- Received 2014 Cube of the Year award for instrumental role on Sivextro Launch Team.
- Received 2013 Cube of the Year award as part of the Optimer and Trius Integration Team.
- Received Cube Award for instrumental role on Zerbaxa Launch Team.
- Received Cube Award for efforts on 2014 Sales team expansion project.
- Received 2013 Compliance Excellence Award for instrumental role on Sunshine Act Core Team.
- Nominated for Individual 2013 Cube of the Year award.
- Earned numerous Reward and Recognition Awards for responsiveness in resolving various issues.

PURDUE PHARMA — **Stamford, CT**

Director, Sales Operations	2006 – August 2011
Associate Director, Sales Administration	2004 – 2005
Assistant Director, Sales Administration	2002 – 2003
Manager, Sales Incentives Programs, Budgets and Forecasting	2001
Associate Manager, Sales Incentive Programs, Budgets and Forecasting	2000
Assistant Manager, Sales Incentive Programs, Budgets and Forecasting	1999
Supervisor, Sales Incentive Programs, Budgets and Forecasting	August – December 1998

KEY ACCOMPLISHMENTS

❖ ***Product Launches –***

- Integral member of 6 cross-functional Brand Business Unit Launch teams: OxyContin, Spectracef, Palladone, Ryzolt, Butrans and Intermezzo. Up to $3.1 Billion in sales per year.
- Sales Operations launch budgets for these products averaged $30 Million for sales data, sample programs, prescriber letter programs and sales force incentives.

❖ ***Leadership –***

- Led Purdue Sales Operations team originally comprised of 30+ analysts and managers through 3 rounds of corporate restructurings and was able to motivate and retain existing team members at a turbulent time in the company's history.
- Evaluated deliverables and made head count recommendations based on strategic corporate needs. Interviewed and hired as well as down-sized employees as needed based on skill sets required.
- Key member in reorganizing the sales force from 775 sales representatives to 250 by evaluating key performance metrics.
- Developed team members into subject matter experts and aided them in moving into roles of increasing responsibility within Sales Operations as well as into the Sales, Contracting, Information Technology and Market Research departments.

❖ ***Analysis –***

- Performed innovative prescriber targeting analysis for 2 Purdue product launches. Results in the first 2 months of product launch showed that targeted prescribers accounted for 90% of prescribers and had twice as many prescriptions as non-targeted prescribers. Saved company $300,000 per product by doing analysis internally and received Reward and Recognition Award.

❖ ***Innovation –***

- Led the project to launch IMS Longitudinal prescription data (LRx) to the Purdue sales force, reportedly the first pharma company to use this data in the sales force. Created all training presentations for this data set, ran train-the-trainer programs and launched the data in 3 sequential workshops at a National sales meeting as well as follow-up trainings at field meetings through the subsequent year. Created LRx reports and also merged the data into the SFA. Sales representatives felt that the data was integral to their messaging and increased their effectiveness. Month over month sales increased by 8% in the 6 months following launch of this data compared to the previous 6 months.
- Worked closely with the Law department, Corporate Security and Sales to implement a system to identify and monitor prescribers and pharmacies that may be abusing or diverting product.

DIANON SYSTEMS, INC. (A LabCorp Company) — **Stratford, CT**

Sales and Marketing Analyst	July 1995 – July 1998
Client Service Representative	October 1994 – June 1995

EDUCATION

CORNELL UNIVERSITY **Ithaca, NY**

Johnson Graduate School of Management, *Master of Business Administration (MBA)* May 1994
Completed degree in 2 years while working full-time at Cornell Food Science Department: Research Support Specialist and Coordinator of Computer Services (May 1993-September 1994); Food Science Lab Technician (July 1991-May 1993)

College of Agriculture and Life Sciences, *Bachelor of Science (BS) in Biology* May 1991
Honors: Dean's List, Cornell Tradition Fellow
Work: Food Science Laboratory Assistant (1988-1991); Resident Hall Advisor/Assistant Hall Director (1989-1991)

TECHNICAL SKILLS

Proficient in IQVIA (IMS Health) and Symphony Healthcare data sets; Microsoft Office suite (Excel, PowerPoint, Word, Project, Outlook, MapPoint and Visio); AlignStar mapping software; Power BI, Tableau, Cognos, MicroStrategy and Nexxus Performance reporting tools; Veeva and Mobile Intelligence (MI) SFA systems. Certified MI Administrator and Configurator. Experience with Microsoft Access, Oracle and SAP.

PERSONAL

Enjoy international and domestic travel, home improvement and decorating, Rhode Island beaches, water sports, hiking, college hockey, baking and spending time with family.

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

(Mark One)

☒ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the fiscal year ended December 31, 2021

OR

☐ TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

FOR THE TRANSITION PERIOD FROM TO

Commission File Number 1-36282

LA JOLLA PHARMACEUTICAL COMPANY

(Exact name of Registrant as specified in its Charter)

Delaware	33-0361285
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification No.)
201 Jones Road, Suite 400 Waltham, MA	02451
(Address of principal executive offices)	(Zip Code)

Registrant's telephone number, including area code: (617) 715-3600

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, par value $0.0001 per share	LJPC	The Nasdaq Capital Market

Securities registered pursuant to Section 12(g) of the Act: None

Indicate by check mark if the Registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. YES ☐ NO ☒

Indicate by check mark if the Registrant is not required to file reports pursuant to Section 13 or 15(d) of the Act. YES ☐ NO ☒

Indicate by check mark whether the Registrant: (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the Registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. YES ☒ NO☐

Indicate by check mark whether the Registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the Registrant was required to submit such files). YES ☒ NO ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☐	Accelerated filer	☐
Non-accelerated filer	☒	Smaller reporting company	☒
Emerging growth company	☐		

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☐

Indicate by check mark whether the Registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). YES ☐ NO ☒

The aggregate market value of the voting and non-voting common equity held by non-affiliates of the Registrant, based on the closing price of the shares of common stock on the Nasdaq Capital Market on June 30, 2021, was $73.3 million.

As of February 25, 2022, there were 25,961,836 shares of common stock outstanding.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's definitive proxy statement for its 2022 Annual Meeting of Stockholders, which the registrant intends to file pursuant to Regulation 14A with the Securities and Exchange Commission not later than 120 days after the registrant's fiscal year ended December 31, 2021, are incorporated by reference into Part III of this Annual Report on Form 10-K.

EUSA PHARMA (US) LLC	EUSA PHARMA (US) LLC	15 WAYSIDE ROAD	BURLINGTON	MA	01803	MA0000442	4/23/2022	4/23/2023
GAMIDA CELL INC.	GAMIDA CELL INC.	673 BOYLSTON STREET	BOSTON	MA	02116	MA0000543	11/27/2021	11/27/2022
GE HEALTHCARE, INC.	GE HEALTHCARE, INC.	251 LOCKE DRIVE	MARLBOROUGH	MA	01752	MA0000935	11/1/2021	11/1/2022
GELESIS, INC.	GELESIS, INC.	501 BOYLSTON STREET	BOSTON	MA	02116	MA0000264	2/12/2021	2/12/2022
GENZYME CORPORATION	GENZYME CORPORATION	50 BINNEY STREET	CAMBRIDGE	MA	02142	MA0000327	3/11/2022	3/11/2023
GENZYME CORPORATION	GENZYME CORPORATION	450 WATER STREET	CAMBRIDGE	MA	02141	MA0000973	2/23/2022	2/23/2023
HDL THERAPEUTICS, INC.	HDL THERAPEUTICS, INC.	100 BARBER AVENUE	WORCESTER	MA	01606	MA0000846	6/3/2021	6/3/2022
IMMUNOGEN, INC.	IMMUNOGEN, INC.	830 WINTER STREET	WALTHAM	MA	02451	MA0000656	5/26/2022	5/26/2023
IPSEN BIOPHARMACEUTICALS, INC.	IPSEN BIOPHARMACEUTICALS, INC.	ONE MAIN STREET	CAMBRIDGE	MA	02142	MA0000199	2/4/2022	2/4/2023
KALA PHARMACEUTICALS, INC.	KALA PHARMACEUTICALS, INC.	1167 MASSACHUSETTS AVENUE	ARLINGTON	MA	02476	MA0000959	12/13/2021	12/13/2022
KALA PHARMACEUTICALS, INC.	KALA PHARMACEUTICALS, INC.	490 ARSENAL WAY	WATERTOWN	MA	02476	MA0000149	12/13/2021	12/13/2022
KARYOPHARM THERAPEUTICS INC.	KARYOPHARM THERAPEUTICS INC.	85 WELLS AVENUE	NEWTON	MA	02459	MA0000202	2/12/2022	2/12/2023
KERYX BIOPHARMACEUTICALS, INC.	KERYX BIOPHARMACEUTICALS, INC.	245 FIRST STREET	CAMBRIDGE	MA	02142	MA0000365	4/19/2022	4/19/2023
LA JOLLA PHARMACEUTICAL COMPANY	LA JOLLA PHARMACEUTICAL COMPANY	201 JONES ROAD	WALTHAM	MA	02451	MA0000985	3/1/2022	3/1/2023
LUMICELL, INC.	LUMICELL, INC.	275 WASHINGSTON STREET	NEWTON	MA	02458	MA0000909	10/4/2021	10/4/2022
MORPHOSYS US INC.	MORPHOSYS US INC.	470 ATLANTIC AVENUE	BOSTON	MA	02210	MA0000466	9/3/2021	9/3/2022
PARTNER THERAPEUTICS, INC.	PARTNER THERAPEUTICS, INC.	19 MUZZEY STREET	LEXINGTON	MA	02421	MA0000137	11/26/2021	11/26/2022
PHARMAESSENTIA USA CORPORATION	PHARMAESSENTIA USA CORPORATION	35 CORPORATE DRIVE	BURLINGTON	MA	01803	MA0000581	2/20/2022	2/20/2023
PROGENICS PHARMACEUTICALS, INC.	PROGENICS PHARMACEUTICALS, INC.	331 TREBLE COVE ROAD, STE 300-1-125	NORTH BILLERICA	MA	01862	MA0000947	11/10/2021	11/10/2022
RADIUS HEALTH, INC.	RADIUS HEALTH, INC.	22 BOSTON WHARF ROAD	BOSTON	MA	02210	MA0000757	1/4/2022	1/4/2023
RHYTHM PHARMACEUTICALS, INC.	RHYTHM PHARMACEUTICALS, INC.	222 BERKELEY STREET	BOSTON	MA	02116	MA0000567	12/19/2021	12/19/2022
SAGE THERAPEUTICS, INC.	SAGE THERAPEUTICS, INC.	215 FIRST STREET	CAMBRIDGE	MA	02142	MA0000151	12/27/2021	12/27/2022
SAREPTA THERAPEUTICS, INC.	SAREPTA THERAPEUTICS, INC.	215 FIRST STREET	CAMBRIDGE	MA	02142	MA0072902	11/26/2021	11/26/2022
SCPHARMACEUTICALS INC.	SCPHARMACEUTICALS INC.	2400 DISTRICT AVENUE	BURLINGTON	MA	01803	MA0000353	4/3/2021	4/3/2022
SESEN BIO, INC.	SESEN BIO, INC.	245 FIRST STREET	CAMBRIDGE	MA	02142	MA0000682	7/13/2021	7/13/2022
SHORLA PHARMA INC.	SHORLA PHARMA INC.	245 MAIN STREET	CAMBRIDGE	MA	02142	MA0000834	5/10/2021	5/10/2022
SILVERGATE PHARMACEUTICALS, INC.	SILVERGATE PHARMACEUTICALS, INC.	8 CABOT ROAD	WOBURN	MA	01801	MA0000707	9/30/2021	9/30/2022
SPERO THERAPEUTICS, INC	SPERO THERAPEUTICS, INC	675 MASSACHUSETTS AVE	CAMBRIDGE	MA	02139	MA0000911	10/15/2021	10/15/2022
STEALTH BIOTHERAPEUTICS INC.	STEALTH BIOTHERAPEUTICS INC.	140 KENDRICK STREET	NEEDHAM	MA	02494	MA0000808	3/22/2022	3/22/2023
SUNOVION PHARMACEUTICALS INC.	SUNOVION PHARMACEUTICALS INC.	84 WATERFORD DRIVE	MARLBOROUGH	MA	01752	MA0000341	4/8/2022	4/8/2023
SYNDAX PHARMACEUTICALS, INC.	SYNDAX PHARMACEUTICALS, INC.	35 GATEHOUSE DRIVE	WALTHAM	MA	02451	MA0000593	2/27/2020	2/27/2021
TAKEDA MANUFACTURING USA, LLC	TAKEDA MANUFACTURING USA, LLC	95 HAYDEN AVENUE	LEXINGTON	MA	02421	MA0000997	3/31/2022	3/31/2023
TAKEDA PHARMACEUTICALS USA, INC.	SHIRE-NPS PHARMACEUTICALS, INC.	300 SHIRE WAY	LEXINGTON	MA	02421	MA0000404	12/27/2021	12/27/2022
TAKEDA PHARMACEUTICALS USA, INC.	SHIRE HUMAN GENETIC THERAPIES INC.	300 SHIRE WAY	LEXINGTON	MA	02421	MA0000416	12/27/2021	12/27/2022
TAKEDA PHARMACEUTICALS USA, INC.	TAKEDA PHARMACEUTICALS USA, INC.	95 HAYDEN AVENUE	LEXINGTON	MA	02421	MA0000694	9/21/2021	9/21/2022

4PP

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (08/12/2021)

Where is the facility located?	☐ Nevada ☒ Out-of-State
Is your facility a reverse distributor?	☐ Yes ☒ No

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
☒ New Wholesaler	* If making a change, provide current license number:	☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change* (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Linde Gas & Equipment Inc.

Physical Address: 1545 E Edinger Ave

City: Santa Ana State: CA Zip: 92705

Mailing Address (if different from physical address): 7000 High Grove Blvd, Attn Licensing Dept

City: Burr Ridge State: IL Zip: 60527

Telephone: 630-320-4000 Website: www.linde.com

Name of Designated Representative (DR): Angel Oliva-Tachiquin

Licensing Company Email: LG.NA.MedicalLicensing@Linde.com DR Email: angel.oliva@linde.com

Entities the Wholesaler will Serve	**Products to be Handled or Wholesaled**
☐ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☒ Practitioners	☐ Controlled Substances
☒ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☒ Others: Hospitals Pharmacies, Veterinary Clinics	☒ Others: Medical Gases

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		x
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Not Applicable

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): Enclosed; Corporate Structure

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: N/A

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		X
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	X	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Adam G Schmidt

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

2/24/2022

Date

Board Use Only	Date Received: _____	Amount: 500	Check # 00703556

Processed 4/6/22



Making Our World More Productive

Corporate Ownership Structure Outline
Linde Gas & Equipment Inc.

Linde plc (Public Corporation)
The Priestley Centre
10 Priestley Road
Surrey Research Park
Guildford, Surrey GU2 7XY
United Kingdom
FEIN: 98-144883

Owns 100% of:

Zamalight Holdco LLC (Not publicly held)
10 Riverview Dr.
Danbury, CT 06810 USA
FEIN: 83-2110425
Incorporated in Delaware

Owns 100% of:

Linde, Inc. (Not publicly held)
10 Riverview Dr.
Danbury, CT 06810 USA
FEIN: 06-1249050
Incorporated in Delaware

Owns 100% of:

Linde Gas & Equipment Inc. (Not publicly held)
10 Riverview Dr. (Corporate offices)
Danbury, CT 06810 USA
FEIN: 94-1693764
Incorporated in Delaware

Linde, Inc. through Linde Gas & Equipment Inc. owns and operates approximately 170 medical gas manufacturing, warehousing and distribution facilities in the USA. Each of these local facilities operates under the Linde Gas & Equipment Inc. name. Depending upon the specific facility, the facility may operate under the Praxair Distribution DBA name or the Linde Gas North America DBA name.

Secretary of State
Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name:	LINDE GAS & EQUIPMENT INC.
File Number:	C2009444
Registration Date:	04/29/1997
Entity Type:	FOREIGN STOCK CORPORATION
Jurisdiction:	DELAWARE
Status:	ACTIVE (GOOD STANDING)

As of February 17, 2022 (Certification Date), the entity is qualified to transact intrastate business in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of February 18, 2022.

SHIRLEY N. WEBER, Ph.D.
Secretary of State

Certificate Verification Number: Y6EBJLY

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at *bebizfile.sos.ca.gov/certification/index*.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LINDE GAS & EQUIPMENT INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LINDE GAS & EQUIPMENT INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF MAY, A.D. 1969.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

712918 8300

SR# 20213474654

Authentication: 204372879

Date: 10-11-21

You may verify this certificate online at corp.delaware.gov/authver.shtml

Making our world more productive

Corporate Officers

Linde Gas & Equipment Inc.

(Formerly Praxair Distribution, Inc. or Linde Gas North America, LLC)

October 22, 2021

President / Benjamin Glazer

Treasurer / Adam G Schmidt

Secretary / Robert I Morrison

All three officers own 0% of publicly traded Linde plc

Corporation Address and Phone
10 Riverview Drive, Danbury, CT 06810
O: 203-837-2000

Making our world more productive

April 6, 2022

Nevada State Board of Pharmacy
Out of State Wholesaler Application-Linde Gas & Equipment Inc.

Employee List for Santa Ana facility; Linde Gas & Equipment Inc.

Gregory R Wilkinson
Julio Conde
Jose J Garnica
Jesus R Ordaz
Miguel R Ordaz
Albert J Ordaz
Quyen Quach
Saramis Farjami
Noah J Margolis
Wilber Guevara Parada
Peter A Shehata
Joel Romero Soto
Omar Rojas
Nicholas I Perez
Shelby A Santillan
Dominique A Perez
Jessica B Garcia
Jose Luis A Martinez
Mark Rangel
Christopher Mendoza
Scott Syprasert
Yanik A Arriola
Carlos Rodriguez
Alfredo A Amaya
Nelly Perez
Doug Grant
Lawrence Gutto
Quan Le
Angel Oliva

Thank you

Licensing Dept
Linde Gas & Equipment Inc.
LG.NA.MedicalLicensing@Linde.com

Drug Establishments Current Registration Site

SHARE TWEET LINKEDIN PIN IT EMAIL PRINT

New Search

Search Results for **linde gas & equipment inc**

CSV Excel

Filter: 2025895

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Linde Gas & Equipment Inc.	2025895	059231444	MANUFACTURE.	1545 E Edinger Ave, Santa Ana, California (CA) 92708, United States (USA)	12/31/2022

Showing 1 to 1 of 1 entries (filtered from 105 total entries)

Previous 1 Next

Data Current through: Monday, Feb 14, 2022

Return to Drug Firm Annual Registration Status Home Page

Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.
Language Assistance Available: Español | 繁體中文 | Tiếng Việt | 한국어 | Tagalog | Русский | العربية | Kreyòl Ayisyen | Français | Polski | Português | Italiano | Deutsch | 日本語 | فارسی | English

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
1-888-INFO-FDA (1-888-463-6332)

Contact FDA

Verified
M.H
4/6/22

1570

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

MEDICAL DEVICE MANUFACTURING LICENSE

Linde Gas & Equipment, Inc.
1545 East Edinger Avenue
Santa Ana, CA 92705

LICENSE NUMBER: 41733
EXPIRATION DATE: 1/4/2025

The person named herein is licensed to manufacture devices through the expiration date of this license. This license is issued in accordance with the provisions of Division 104, Chapter 6, Article 6 of the California Health and Safety Code and is not transferable to any other person or place. The licensee is required by law to immediately notify the California Department of Public Health of any change in the information reported in the application.

Food and Drug Branch, 1500 Capitol Avenue, MS 7602, PO Box 997435, Sacramento, CA 95899-7435 (916) 650-6500

Printed: 1/27/2022

OSP 07 102308

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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

FORM 10-K

☑ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2020

OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from to
Commission file number 001-38730

LINDE PLC

(Exact name of registrant as specified in its charter)

Ireland	**98-1448883**
(State or other jurisdiction of incorporation)	(I.R.S. Employer Identification No.)

The Priestley Centre
10 Priestley Road,
Surrey Research Park,
Guildford, Surrey GU2 7XY
United Kingdom
(Address of principal executive offices) (Zip Code)
+44 14 83 242200
(Registrant's telephone number, including area code)

Securities registered pursuant to Section 12(b) of the Act:

Title of each class:	Trading Symbol(s)	Name of each exchange on which registered:
Ordinary shares (€0.001 nominal value per share)	**LIN**	**New York Stock Exchange**

Securities registered pursuant to Section 12(g) of the Act: None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☑ No ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes ☐ No ☑

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☑ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted and posted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☑ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," " smaller reporting company, " and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer ☑ Accelerated filer ☐ Non- accelerated filer ☐ Smaller reporting company ☐ Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Sectioo 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. Yes ☑ No ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act). Yes ☐ No ☑

The aggregate market value of the voting and non-voting common stock held by non-affiliates as of June 30, 2020, was approximately $111 billion (based on the closing sale price of the stock on that date as reported on the New York Stock Exchange).

At January 31, 2021, 522,836,425 ordinary shares of €0.001 nominal value per share of the Registrant were outstanding.

Documents incorporated by reference:

Portions of the Proxy Statement of Linde plc for its 2021 Annual General Meeting of Shareholders, are incorporated in Part III of this report.

LINDE PLC

ANNUAL REPORT ON FORM 10-K
For the fiscal year ended December 31, 2020

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FORWARD-LOOKING STATEMENTS

This document contains "forward-looking statements" within the meaning of the Private Securities Litigation Reform Act of 1995. These forward-looking statements are identified by terms and phrases such as: anticipate, believe, intend, estimate, expect, continue, should, could, may, plan, project, predict, will, potential, forecast, and similar expressions. They are based on management's reasonable expectations and assumptions as of the date the statements are made but involve risks and uncertainties. These risks and uncertainties include, without limitation: the performance of stock markets generally; developments in worldwide and national economies and other international events and circumstances, including trade conflicts and tariffs; changes in foreign currencies and in interest rates; the cost and availability of electric power, natural gas and other raw materials; the ability to achieve price increases to offset cost increases; catastrophic events including natural disasters, epidemics, pandemics such as COVID-19, and acts of war and terrorism; the ability to attract, hire, and retain qualified personnel; the impact of changes in financial accounting standards; the impact of changes in pension plan liabilities; the impact of tax, environmental, healthcare and other legislation and government regulation in jurisdictions in which the company operates; the cost and outcomes of investigations, litigation and regulatory proceedings; the impact of potential unusual or non-recurring items; continued timely development and market acceptance of new products and applications; the impact of competitive products and pricing; future financial and operating performance of major customers and industries served; the impact of information technology system failures, network disruptions and breaches in data security; and the effectiveness and speed of integrating new acquisitions into the business. These risks and uncertainties may cause actual future results or circumstances to differ materially from accounting principles generally accepted in the United States of America, International Financial Reporting Standards or adjusted projections, estimates or other forward-looking statements.

Linde plc assumes no obligation to update or provide revisions to any forward-looking statement in response to changing circumstances. The above listed risks and uncertainties are further described in Item 1A (Risk Factors) in this report, which should be reviewed carefully. Please consider Linde plc's forward-looking statements in light of those risks.

Linde plc and Subsidiaries

PART I

ITEM 1. BUSINESS

General

Linde plc is a public limited company formed under the laws of Ireland with its principal offices in the United Kingdom. Linde is the largest industrial gas company worldwide and is a major technological innovator in the industrial gases industry. Its primary products in its industrial gases business are atmospheric gases (oxygen, nitrogen, argon, and rare gases) and process gases (carbon dioxide, helium, hydrogen, electronic gases, specialty gases, and acetylene). The company also designs and builds equipment that produces industrial gases and offers customers a wide range of gas production and processing services such as olefin plants, natural gas plants, air separation plants, hydrogen and synthesis gas plants and other types of plants.

Linde serves a diverse group of industries including healthcare, petroleum refining, manufacturing, food, beverage carbonation, fiber-optics, steel making, aerospace, chemicals, electronics and water treatment.

Linde's sales were $27,243 million, $28,228 million, and $14,836 million for 2020, 2019, and 2018, respectively. Refer to Item 7, Management's Discussion and Analysis, for a discussion of consolidated sales and Note 18 to the consolidated financial statements for additional information related to Linde's reportable segments.

Industrial Gases Products and Manufacturing Processes

Atmospheric gases are the highest volume products produced by Linde. Using air as its raw material, Linde produces oxygen, nitrogen and argon through several air separation processes of which cryogenic air separation is the most prevalent. Rare gases, such as krypton, neon and xenon, are also produced through cryogenic air separation. As a pioneer in the industrial gases industry, Linde is a leader in developing a wide range of proprietary and patented applications and supply systems technology. Linde also led the development and commercialization of non-cryogenic air separation technologies for the production of industrial gases. These technologies open important new markets and optimize production capacity for the company by lowering the cost of supplying industrial gases. These technologies include proprietary vacuum pressure swing adsorption ("VPSA") and membrane separation to produce gaseous oxygen and nitrogen, respectively.

Process gases, including carbon dioxide, hydrogen, carbon monoxide, helium, specialty gases and acetylene are produced by methods other than air separation. Most carbon dioxide is purchased from by-product sources, including chemical plants, refineries and industrial processes or is recovered from carbon dioxide wells. Carbon dioxide is processed in Linde's plants to produce commercial and food-grade carbon dioxide. Hydrogen and carbon monoxide can be produced by either steam methane reforming or auto-thermal reforming of natural gas or other feed streams such as naphtha. Hydrogen is also produced by purifying by-product sources obtained from the chemical and petrochemical industries. Acetylene is primarily sourced as a chemical by-product, but may also be produced from calcium carbide and water.

Industrial Gases Distribution

There are three basic distribution methods for industrial gases: (i) on-site or tonnage; (ii) merchant or bulk liquid; and (iii) packaged or cylinder gases. These distribution methods are often integrated, with products from all three supply modes coming from the same plant. The method of supply is generally determined by the lowest cost means of meeting the customer's needs, depending upon factors such as volume requirements, purity, pattern of usage, and the form in which the product is used (as a gas or as a cryogenic liquid).

On-site. Customers that require the largest volumes of product (typically oxygen, nitrogen and hydrogen) and that have a relatively constant demand pattern are supplied by cryogenic and process gas on-site plants. Linde constructs plants on or adjacent to these customers' sites and supplies the product directly to customers by pipeline. On-site product supply contracts generally are total requirement contracts with terms typically ranging from 10-20 years and containing minimum purchase requirements and price escalation provisions. Many of the cryogenic on-site plants also produce liquid products for the merchant market. Therefore, plants are typically not dedicated to a single customer. Advanced air separation processes allow on-site delivery to customers with smaller volume requirements.

Merchant. The merchant business is generally associated with distributable liquid oxygen, nitrogen, argon, carbon dioxide, hydrogen and helium. The deliveries generally are made from Linde's plants by tanker trucks to storage containers at the customer's site which are owned and maintained by Linde and leased to the customer. Due to distribution cost, merchant oxygen and nitrogen generally have a relatively small distribution radius from the plants at which they are produced. Merchant argon, hydrogen and helium can be shipped much longer distances. The customer agreements used in the merchant business are usually three to seven-year requirement contracts.

4QQ

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (08/12/2021)

Where is the facility located?	☐ Nevada ■ Out-of-State
Is your facility a reverse distributor?	☐ Yes ■ No

Type of Application (check applicable box)		**Wholesaler Business Type (check applicable box)**
■ New Wholesaler	* If making a change, provide current license number:	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change* (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: PROCEPT BioRobotics Corporation

Physical Address: 900 Island Drive Suite 101

City: Redwood Shores State: CA Zip: 94065

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (650) 232-7200 Website: www.procept-biorobotics.com

Name of Designated Representative (DR): _____

Licensing Company Email: legal@procept-biorobotics.com DR Email: _____

Entities the Wholesaler will Serve	**Products to be Handled or Wholesaled**
☐ Pharmacies	■ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☐ Controlled Substances
■ Hospitals	☐ Hypodermic Devices
☐ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Shantou Institute of Ultrasonic Instruments Co. Ltd.
Address: #77, Jinsha Road, Shantou 515041 City: Guangdong, China State: _____ Zip: _____
Name: Myriad Fiber Imaging Tech., Inc.
Address: 56 Southbridge Rd City: Dudley State: MA Zip: 01571
Name: HydroCision, Inc.
Address: 267 Boston Rd City: North Billerica State: MA Zip: 01862
Name: Medical Targeting Technologies GmbH
Address: Kanalweg 7-8 City: Barum, Germany State: _____ Zip: 21357

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware
Parent Company (if any): _____
Corporation Name: Procept BioRobotics Corporation
Mailing Address: 900 Island Drive Suite 101
City: Redwood Shores State: CA Zip: 94065
Telephone: (650) 232-7200 Email: legal@procept-biorobotics.com
Contact Person Name: Alaleh Nouri

Date of SEC Registration: 9/14/2021 | SEC Registration Number: 333-258898 | Stock Exchange Symbol: PRCT

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____
Parent Company (if any): _____
Corporation/Organization Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Section 6: Partnership

Partnership Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____
Business Name: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Alaleh Nouri, Executive Vice President & Chief Legal Officer

Print Name of Authorized Person Submitting Application

Alaleh Nouri

Original signature of Authorized Person (copies or stamps not accepted)

3/11/2022

Date

Board Use Only	Date Received: _____	Amount: 500	Check# 022870

PROCEPT BIOROBOTICS CORPORATION

Information Required Pursuant to Sections 8 & 9 of Nevada State Board of Pharmacy - Wholesaler Application

1. Copy of FDA Registration

Copy of PROCEPT BioRobotics Corporation's FDA registration is attached hereto as **Exhibit A**.

2. Officers and Directors

Officers:

Reza Zadno, Ph.D. – President & Chief Executive Officer
Kevin Waters – Executive Vice President, Chief Financial Officer
Sham Shiblaq – Executive Vice President, Chief Commercial Officer
Surag Mantri – Sr. Vice President, Research & Development
Alaleh Nouri – Executive Vice President, Chief Legal Officer
Bijesh Chandran – Sr. Vice President, Regulatory Affairs & Quality Assurance
Matthew Salkeld – Sr. Vice President, Health Economics & Reimbursement
Mohan Sancheti – Sr. Vice President, Operations
Barry Templin – Sr. Vice President, Clinical and Medical Affairs
Mrinalini Vittal – Sr. Vice President, Chief People Officer

Directors:

Reza Zadno, Ph.D.
Frederic Moll, M.D.
Antal Desai
Amy Dodrill
Colby Wood
Taylor Harris
Thomas Krummel, M.D.
Elisabeth Sandoval

3. Top Four Corporation Shareholders and Their Percent Ownership:

Holder	% Owned
CPMG INC	25.80%
Viking Global Investors, L.P.	11.28%
FMR, LLC	7.75%
Perceptive Advisors LLC	3.81%

4. Certificates of Good Standing

Certificate of Good Standing for Delaware is attached hereto as **Exhibit B-1**; and Certificate of Good Standing for California is attached hereto as **Exhibit B-2**.

5. Copy of DEA Certificate if Handling Controlled Substances

This is not applicable to PROCEPT BioRobotics Corporation as we do not handle controlled substances.

6. Copy of Current SEC 8K

Copy of PROCEPT BioRobotics Corporation's current SEC 8K is attached hereto as **Exhibit C**.

7. List Containing Each Employee, Agent, Independent Contractor, Consultant, Guardian, Personal Representative, Lender or Holder of Indebtedness of the Applicant

Relevant Personnel

- Reza Zadno, Ph.D. – President & Chief Executive Officer
- Kevin Waters – Executive Vice President, Chief Financial Officer
- Sham Shiblaq – Executive Vice President, Chief Commercial Officer
- Surag Mantri – Sr. Vice President, Research & Development
- Alaleh Nouri – Executive Vice President, Chief Legal Officer
- Bijesh Chandran – Sr. Vice President, Regulatory Affairs & Quality Assurance
- Matthew Salkeld – Sr. Vice President, Health Economics & Reimbursement
- Mohan Sancheti – Sr. Vice President, Operations
- Barry Templin – Sr. Vice President, Clinical and Medical Affairs
- Mrinalini Vittal – Sr. Vice President, Chief People Officer
- Reynol Sanchez - Director, Ops QA
- Bryan Hernandez - QC Manager
- Gina Garcia - Warehouse and Logistics Manager
- Leah Rosenthal - Production Manager
- Akhila Bhiman - Sr Director, Manufacturing

Holders of Indebtedness

Oxford Finance LLC

8. Copy of Your License, Certification, Permit or Registration Issued to Your Wholesaler Business

Medical Device Manufacturing License from State of California, Department of Public Health Food and Drug Branch is attached hereto as **Exhibit D**.

EXHIBIT A

FDA Registration

Attached

FDA

FDA Home[3] Medical Devices[4] Databases[5]

Establishment Registration & Device Listing

New Search Back To Search Results

Establishment:
PROCEPT BIOROBOTICS CORPORATION
900 Island Drive Suite 101
Redwood City, CA 94065
Registration Number: 3012977056
FEI Number*: 3012977056
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types.
Please Review Listings For Further Information.
Date Of Registration Status: 2022

Owner/Operator:
PROCEPT BioRobotics Corporation[6]
900 Island Drive Suite 210
Redwood City, CA US 94065
Owner/Operator Number: 10055490[7]

Official Correspondent:
Sara Muddell
900 Island Drive Suite 210
Redwood City, CA 94065
Phone: 1-650-2327217

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10055490&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryN
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10055490&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryN

Page Last Updated: 02/28/2022

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Accessibility Contact FDA Careers FDA Basics FOIA No FEAR Act Nondiscrimination Website Policies / Privacy

FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

For Government For Press

Combination Products Advisory Committees Science & Research Regulatory Information Safety Emergency Preparedness International Programs News & Events Training and Continuing Education Inspections/Compliance State & Local Officials Consumers Industry Health Professionals FDA Archive

U.S. Department of Health & Human Services

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7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10055490&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryN

EXHIBIT B-1

Certificate of Good Standing – Delaware

Attached

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PROCEPT BIOROBOTICS CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PROCEPT BIOROBOTICS CORPORATION" WAS INCORPORATED ON THE TWENTY-NINTH DAY OF JANUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

4697910 8300

SR# 20220877920

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202822621

Date: 03-03-22

EXHIBIT B-2

Certificate of Good Standing – California

Attached

Secretary of State
Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name:	PROCEPT BIOROBOTICS CORPORATION
File Number:	C4728541
Registration Date:	04/08/2021
Entity Type:	FOREIGN STOCK CORPORATION
Jurisdiction:	DELAWARE
Status:	ACTIVE (GOOD STANDING)

As of March 2, 2022 (Certification Date), the entity is qualified to transact intrastate business in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 3, 2022.

SHIRLEY N. WEBER, Ph.D.
Secretary of State

Certificate Verification Number: YD63XE6

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at *bebizfile.sos.ca.gov/certification/index*.

EXHIBIT C

Copy of SEC 8K

Attached

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d)
of the Securities Exchange Act of 1934
Date of Report (Date of earliest event reported): September 17, 2021

PROCEPT BIOROBOTICS CORPORATION

(Exact name of registrant as specified in its charter)

Delaware	001-40797	26-0199180
(State or other jurisdiction of incorporation)	(Commission File Number)	(IRS Employer Identification Number)

900 Island Drive
Redwood City, California 94065
(Address of principal executive offices, including Zip Code)

Registrant's telephone number, including area code: (650) 232-7200

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, $0.00001 par value per share	**PRCT**	**The Nasdaq Stock Market LLC**

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☒

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 5.03. Amendments to Articles of Incorporation or Bylaws; Change in Fiscal Year

On September 17, 2021, PROCEPT BioRobotics Corporation (the "Company") filed the amended and restated certificate of incorporation (the "Amended and Restated Certificate") with the Secretary of State of the State of Delaware in connection with the closing of the initial public offering (the "IPO") of shares of its common stock. The Company's board of directors and stockholders previously approved the Amended and Restated Certificate to be effective subject to and effective immediately after the closing of the IPO.

The Amended and Restated Certificate amends and restates the Company's certificate of incorporation in its entirety to, among other things: (i) fix the authorized number of shares of common stock to 300,000,000 shares; (ii) eliminate all references to the previously existing series of preferred stock; (iii) authorize 10,000,000 shares of undesignated preferred stock that may be issued from time to time by the Company's board of directors in one or more series; (iv) establish a classified board of directors, divided into three classes, each of whose members will serve for staggered three-year terms; (v) provide that directors may be removed from office only for cause and only upon the affirmative vote of the holders of at least two-thirds of the holders of the Company's capital stock entitled to vote; (vi) eliminate the ability of the Company's stockholders to take action by written consent in lieu of a meeting; and (vii) designate the Court of Chancery of the State of Delaware to be the sole and exclusive forum for certain actions, unless the Company consents in writing to the selection of an alternative forum, including, but not limited to, derivative actions or proceedings brought on behalf of the Company or actions asserting claims of breach of a fiduciary duty owned by any of the Company's directors, officers, employees or agents to the Company or the Company's stockholders, provided that the exclusive forum provision will not apply to suits brought to enforce any liability or duty created by the Securities Exchange Act of 1934, as amended, any other claim for which the federal courts have exclusive jurisdiction or to actions for which the Court of Chancery of the State of Delaware does not have subject matter jurisdiction. The Amended and Restated Certificate also provides that, unless the Company consents in writing to the selection of an alternative forum, the federal district courts of the United States of America will be the exclusive forum for the resolution of any complaint asserting a cause of action against the Company or any of the Company's directors, officers, employees or agents and arising under the Securities Act of 1933, as amended.

The foregoing description of the amendments made by the Amended and Restated Certificate is qualified by reference to the Amended and Restated Certificate, a copy of which is attached hereto as Exhibit 3.1 and is incorporated herein by reference.

On September 17, 2021, in connection with the closing of the IPO, amended and restated bylaws of the Company (the "Amended and Restated Bylaws"), previously approved by the Company's board of directors to become effective upon the closing of the IPO, became effective. The Amended and Restated Bylaws amend and restate the Company's bylaws in their entirety to, among other things: (i) establish procedures relating to the presentation of stockholder proposals at stockholder meetings; (ii) establish procedures relating to the nomination of directors; and (iii) conform to the amended provisions of the Amended and Restated Certificate.

The foregoing description of the amendments made in the Amended and Restated Bylaws is qualified by reference to the Amended and Restated Bylaws, a copy of which is attached hereto as Exhibit 3.2 and is incorporated herein by reference.

Item 9.01 Financial Statements and Exhibits.

Exhibit No.	Description
3.1	Amended and Restated Certificate of Incorporation of PROCEPT BioRobotics Corporation
3.2	Amended and Restated Bylaws of PROCEPT BioRobotics Corporation

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, as amended, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

PROCEPT BIOROBOTICS CORPORATION

Date: September 21, 2021

By: /s/ Alaleh Nouri
Alaleh Nouri
General Counsel and Secretary

EXHIBIT D

Medical Device Manufacturing License from State of California, Department of Public Health Food and Drug Branch

Attached

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH
FOOD AND DRUG BRANCH

MEDICAL DEVICE MANUFACTURING LICENSE

Procept BioRobotics Corporation
900 Island Drive, Ste 101
Redwood Shores, CA 94065

LICENSE NUMBER: 75147
EXPIRATION DATE: 10/28/2023

The person named herein is licensed to manufacture devices through the expiration date of this license. This license is issued in accordance with the provisions of Division 104, Chapter 6, Article 6 of the California Health and Safety Code and is not transferable to any other person or place. The licensee is required by law to immediately notify the California Department of Public Health of any change in the information reported in the application.

Food and Drug Branch, 1500 Capitol Avenue, MS 7602, PO Box 997435, Sacramento, CA 95899-7435 (916) 650-6500

4RR

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (08/12/2021)

Where is the facility located? ☐ Nevada ■ Out-of-State

Is your facility a reverse distributor? ☐ Yes ■ No

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler	* If making a change, provide current license number:	■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change* (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Tulsa Dental Products LLC

Physical Address: 608 Rolling Hills Drive

City: Johnson City State: Tn Zip: 37604

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (423) 282-1453 Website: www.dentsplysirona.com

Name of Designated Representative (DR): Terri Stanton

Licensing Company Email: dsstatelic@dentsplysirona.com DR Email: _____

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies	☐ Legend Pharmaceuticals, Supplies or Devices
■ Practitioners	☐ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
■ Wholesalers	☐ Veterinary Legend Pharmaceuticals
■ Others: Veterinarians, Dentists	■ Others:Devices

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: N/A

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware

Parent Company (if any): Dentsply Sirona Inc.

Corporation Name: Dentsply Sirona Inc.

Mailing Address: 13320-B Ballantyne Corporate Place

City: Charlotte State: NC Zip: 28277

Telephone: 704-587-0453 Email: dsstatelic@dentsplysirona.com

Contact Person Name: Gregory Matthew Sheehan

Date of SEC Registration: 02/29/2016 | SEC Registration Number: CLK00008182479 | Stock Exchange Symbol: X-Ray

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: N/A

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 6: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, **dated within the last 6 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Terri Stanton

Print Name of Authorized Person Submitting Application

Terri Stanton

Original signature of Authorized Person (copies or stamps not accepted)

March 11, 2022

Date

Board Use Only	Date Received: _____	Amount: $500 CC N	Processed 4/20/22

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206 – Reno, NV 89521 – (775) 850-1440

Send to State Board of Pharmacy for completion: A separate letter is acceptable. Do not return with application unless it has been completed by the licensing agency.

LICENSE VERIFICATION

Name: Tulsa Dental Products LLC

Address: 608 Rolling Hills Drive

City: Johnson City State: TN Zip: 37604

I hereby authorize the Tennessee Board of Pharmacy to furnish to the Nevada State Board of Pharmacy, the information requested below.

Signature of Applicant [redacted] 3/5/22

THIS FORM MUST BE FORWARDED TO THE HOME STATE LICENSING AGENCY FOR COMPLETION. DO **NOT** WRITE BELOW THIS LINE

License Number	License Status	Date License Issued	Date License Expires
7243	licensed	10/4/2021	10/31/2023

Has this license been encumbered in any way?	Type of Encumbrance: (if any)
☐ Yes ☑ No	☐ Revoked ☐ Surrendered ☐ Limited ☐ Suspended ☐ Restricted ☐ Probation Please attach copies of any pertinent legal documents

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain)	☐ Yes ☑ No
Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain)	☐ Yes ☑ No
Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain)	☐ Yes ☑ No
Has applicant met all licensing requirements of your state? (If no, please explain)	☑ Yes ☐

Signature of State Official	Title	State	Date
Sheila W Baxter	Admin Director	TN	3/15/202

Last Updated: 10/7/2021

For more information, please contact
Health Care Facilites
(615)741-7221 or 800-310-4650

Health Care Facilities

Licensed Facilities

Current Listings

Type = Pharmacy-Manufacturer/Wholesaler/Distributor
County = All
Results = 1

Click here to return to the search page

1

Tulsa Dental Prodcuts LLC 608 Rollings Hill Dr
Johnson City, TN 37604
Attn: Chris Gladson
423-915-7109

Rank: Manufacturer

Facility License Number: 00007243
Status: Licensed
Date of Original Licensure: 10/04/2021
Date of Expiration: 10/31/2023
No Disciplinary Actions

Fictitious Names of Tulsa Dental Products LLC

UDM

United Dental Manufacturers

VDW

MFNA

Maillefer NA

Maillefer North America

Dentsply Endodontics

Dentsply Sirona Endodontics

Roydent Dental Products

Tulsa Dental Specialties

Dentsply Tulsa Dental Specialties

Establishment Registration & Device Listing

Establishment:
TULSA DENTAL PRODUCTS LLC
Business Trade Names:
(1) Dentsply Endodontics (2) Dentsply Sirona Endodontics (3) Dentsply Tulsa Dental Specialties (4) Maillefer NA (5) Maillefer North America (6) MFNA (7) Roydent Dental Products (8) Tulsa Dental Specialties (9) UDM (10) United Dental Manufacturers (11) VDW

608 ROLLING HILLS DRIVE
Johnson City, TN 37604
Registration Number: 2320721
FEI Number*: 1000554802
Status: Active
Initial Distributor/Importer: Yes
*Note Firm May Have Additional Establishment Types.
Please Review Listings For Further Information.
Date Of Registration Status: 2022

Owner/Operator:
DENTSPLY SIRONA INC
221 WEST PHILADELPHIA ST.
SUITE 60W
York, PA US 17401
Owner/Operator Number: 2511302

Official Correspondent:
Courtney Clark
221 WEST PHILADELPHIA ST.
SUITE 60W
York, PA 17401
Phone: 248-8954379

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

Page Last Updated: 04/25/2022
Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.
Language Assistance Available: Español | 繁體中文 | Tiếng Việt | 한국어 | Tagalog | Русский | العربية | Kreyòl Ayisyen | Français | Polski | Português | Italiano | Deutsch | 日本語 | فارسی | English

Verified M.H 4/27/22

(./helpIndex.htm)

DRLM Home (mainMenu.htm)

Facility | Products Listing

Annual Registration Successful

Facility: TULSA DENTAL PRODUCTS LLC, Johnson City, Tennessee, UNITED STATES

You have successfully updated your registration and listing information for 2021.

Your registration will be valid through: Dec 31, 2021.

Be sure to print this page for your records.

The next registration renewal period is October 1 - December 31, 2021.

Registering your facility and listing devices does not, in any way, constitute FDA approval of your facility or devices.

You may contact the FDA with any questions at reglist@cdrh.fda.gov

The Owner/Operator Number for this Registration is: 2511302.

Facility Information

Registration Number:	**2320721**
Initial Importer:	**Y**
Facility Name:	**TULSA DENTAL PRODUCTS LLC**
Address:	**606 ROLLING HILLS DRIVE,** **Johnson City, Tennessee, 37604, UNITED STATES**
DUNS Number:	
Foreign Trade Zone:	**N**
Facility URL:	
Other Business Trade Name(s):	1. Mailefer NA 2. Dentsply Tulsa Dental Specialties 3. VDW 4. Tulsa Dental Specialties 5. UDM 6. United Dental Manufacturers 7. MFNA 8. Dentsply Sirona Endodontics 9. Maillefer North America 10. Dentsply Endodontics 11. Roydent Dental Products

Owner/Operator Information

Owner/Operator Number:	**2511302**
Contact Name:	**KARL NITTINGER**
Company:	**DENTSPLY SIRONA INC**
Address:	**221 WEST PHILADELPHIA ST. , SUITE 60** **York, PENNSYLVANIA, 17401, UNITED STATES**
Telephone:	**717 - 8494424**
Fax:	**717 - 8494343**
E-mail:	**Karl.Nittinger@dentsplysirona.com**
DUNS Number:	

Official Correspondent Information

Contact Name: KARL NITTINGER
Company: DENTSPLY SIRONA INC
Address: 221 WEST PHILADELPHIA ST. , SUITE 60
York, PENNSYLVANIA, 17401, UNITED STATES
Telephone: 717 - 8494424
Fax: 717 - 8494343
E-mail: Karl.Nittinger@dentsplysirona.com
DUNS Number:

Device Listings

Listing Number	Premarket Submission Number/Type	Product Code(s)	Device Name(s)	Activities
E639449	Exempt	EIE	DAM, RUBBER	Repackager/Relabeler
D076415	K981620	KIF	RESIN, ROOT CANAL FILLING	Repackager/Relabeler
D076414	K984174	KIF	RESIN, ROOT CANAL FILLING	Repackager/Relabeler
D044847	K972234	EIC	SYRINGE, PERIODONTIC, ENDODONTIC, IRRIGATING	Repackager/Relabeler
A855043	Exempt	DZA	DRILL, DENTAL, INTRAORAL	Contract Manufacturer Repackager/Relabeler
D257940	K142178	KIF	RESIN, ROOT CANAL FILLING	Repackager/Relabeler
D037747	K011009	KIF	RESIN, ROOT CANAL FILLING	Repackager/Relabeler
E227366	Exempt	EKN	POINT, PAPER, ENDODONTIC	Repackager/Relabeler
D057602	K073218	KIF	RESIN, ROOT CANAL FILLING	Repackager/Relabeler
D037700	K980332	KIF	RESIN, ROOT CANAL FILLING	Repackager/Relabeler
E526808	Exempt	EMR	FILE, PERIODONTIC	Repackager/Relabeler
E526810	Exempt	EKS	FILE, PULP CANAL, ENDODONTIC	Repackager/Relabeler
E540499	Exempt	EKK	SPREADER, PULP CANAL FILLING MATERIAL, ENDODONTIC	Repackager/Relabeler
E532656	Exempt	EKR	PLUGGER, ROOT CANAL, ENDODONTIC	Repackager/Relabeler
D046678	K080203	KIF	RESIN, ROOT CANAL FILLING	Repackager/Relabeler
A855039	Exempt	ELR	POST, RDOT CANAL	Repackager/Relabeler
B063626	Exempt	EIL	GAUGE, DEPTH, INSTRUMENT, DENTAL	Contract Manufacturer Repackager/Relabeler
D336093	K983183	EFB	Handpiece, air-powered, dental	Repackager/Relabeler
A873085	Exempt	EJL	BUR, DENTAL	Repackager/Relabeler
E151292	Exempt	EKW	BROACH, ENDODONTIC	Repackager/Relabeler
E226895	Exempt	EKM	GUTTA-PERCHA	Repackager/Relabeler Contract Manufacturer
D041399	K954261	ELW	MATERIAL, IMPRESSION	Repackager/Relabeler

D140254	K952960	EMA	CEMENT, DENTAL	Repackager/Relabeler
D140253	K961089	EKL	POINT, SILVER, ENDODONTIC	Repackager/Relabeler
D140250	K964430	LFC	DEVICE, CARIES DETECTION	Repackager/Relabeler
D140252	K932791	KIF	RESIN, ROOT CANAL FILLING	Repackager/Relabeler
D140251	K962743	KJJ	CLEANSER, ROOT CANAL	Repackager/Relabeler
E226897	Exempt	EKP	REAMER, PULP CANAL, ENDODONTIC	Repackager/Relabeler
D041401	K980357	EBI	RESIN, DENTURE, RELINING, REPAIRING, REBASING	Repackager/Relabeler
D041402	K010012	EBG	CROWN AND BRIDGE, TEMPORARY, RESIN	Repackager/Relabeler
G025111	Exempt	EIY	INSTRUMENT, FILLING, PLASTIC, DENTAL	Repackager/Relabeler
E228519	Exempt	EKL	POINT, SILVER, ENDODONTIC	Repackager/Relabeler

Imported Products and Manufacturers

Manufacturer(s) Name	Address	Product Code	Device Name	Premarket Submission Number
DENTSPLY DENTAL (TIANJIN) CO., LTD	H2 Hongtai Industrial Estate No. 78, Taihua Road, TEDA, Tianjin, 300457, CHINA	EKM	GUTTA-PERCHA	
DENTSPLY DENTAL (TIANJIN) CO., LTD	H2 Hongtai Industrial Estate No. 78, Taihua Road, TEDA, Tianjin, 300457, CHINA	EKN	POINT, PAPER, ENDODONTIC	
DENTSPLY DETREY GmbH	DETREY STRASSE 1, KONSTANZ, Baden-Wurttemberg, 78467, GERMANY	KIF	RESIN, ROOT CANAL FILLING	K960548
DENTSPLY DETREY GmbH	DETREY STRASSE 1, KONSTANZ, Baden-Wurttemberg, 78467, GERMANY	KIF	RESIN, ROOT CANAL FILLING	
VDW GMBH	BAYERWALDSTRASSE 15, MUNICH, Bayern, 81737, GERMANY	ELR	POST, ROOT CANAL	
VDW GMBH	BAYERWALDSTRASSE 15, MUNICH, Bayern, 81737, GERMANY	EFB	Handpiece, air-powered, dental	K012720
VDW GMBH	BAYERWALDSTRASSE 15, MUNICH, Bayern, 81737, GERMANY	EKL	POINT, SILVER, ENDODONTIC	
VDW GMBH	BAYERWALDSTRASSE 15, MUNICH, Bayern, 81737, GERMANY	EIY	INSTRUMENT, FILLING, PLASTIC, DENTAL	
VDW GMBH	BAYERWALDSTRASSE 15, MUNICH, Bayern, 81737, GERMANY	EIL	GAUGE, DEPTH, INSTRUMENT, DENTAL	
VDW GMBH	BAYERWALDSTRASSE 15, MUNICH, Bayern, 81737, GERMANY	LQY	Locator, root apex	K131907
VDW GMBH	BAYERWALDSTRASSE 15, MUNICH, Bayern, 81737, GERMANY	EKW	BROACH, ENDODONTIC	
VDW GMBH	BAYERWALDSTRASSE 15, MUNICH, Bayern, 81737, GERMANY	EKP	REAMER, PULP CANAL, ENDODONTIC	
VDW GMBH	BAYERWALDSTRASSE 15, MUNICH, Bayern, 81737, GERMANY	EKS	FILE, PULP CANAL, ENDODONTIC	
MAILLEFER INSTRUMENTS HOLDING SARL	CH. DU VERGER 3, BALLAIGUES, Vaud, CH-1338, SWITZERLAND	DZA	DRILL, DENTAL, INTRAORAL	
MAILLEFER INSTRUMENTS HOLDING SARL	CH. DU VERGER 3, BALLAIGUES, Vaud, CH-1338, SWITZERLAND	EJB	HANDLE, INSTRUMENT, DENTAL	
MAILLEFER INSTRUMENTS HOLDING SARL	CH. DU VERGER 3, BALLAIGUES, Vaud, CH-1338, SWITZERLAND	ELA	INSTRUMENT, HAND, CALCULUS REMOVAL	

MAILLEFER INSTRUMENTS HOLDING SARL	CH. DU VERGER 3, BALLAIGUES, Vaud, CH-1338, SWITZERLAND	EJL	BUR, DENTAL	
MAILLEFER INSTRUMENTS HOLDING SARL	CH. DU VERGER 3, BALLAIGUES, Vaud, CH-1338, SWITZERLAND	PEM	Dental barriers and sleeves	K161213
		EBW	Controller, foot, handpiece and cord	
MAILLEFER INSTRUMENTS HOLDING SARL	CH. DU VERGER 3, BALLAIGUES, Vaud, CH-1338, SWITZERLAND	LLZ	System, image processing, radiological	K171115
MAILLEFER INSTRUMENTS HOLDING SARL	CH. DU VERGER 3, BALLAIGUES, Vaud, CH-1338, SWITZERLAND	EIC	SYRINGE, PERIODONTIC, ENDODONTIC, IRRIGATING	
MAILLEFER INSTRUMENTS HOLDING SARL	CH. DU VERGER 3, BALLAIGUES, Vaud, CH-1338, SWITZERLAND	EKW	BROACH, ENDODONTIC	
MAILLEFER INSTRUMENTS HOLDING SARL	CH. DU VERGER 3, BALLAIGUES, Vaud, CH-1338, SWITZERLAND	EKS	FILE, PULP CANAL, ENDODONTIC	
MAILLEFER INSTRUMENTS HOLDING SARL	CH. DU VERGER 3, BALLAIGUES, Vaud, CH-1338, SWITZERLAND	EKR	PLUGGER, ROOT CANAL, ENDODONTIC	
MAILLEFER INSTRUMENTS HOLDING SARL	CH. DU VERGER 3, BALLAIGUES, Vaud, CH-1338, SWITZERLAND	EKK	SPREADER, PULP CANAL FILLING MATERIAL, ENDODONTIC	
MAILLEFER INSTRUMENTS HOLDING SARL	CH. DU VERGER 3, BALLAIGUES, Vaud, CH-1338, SWITZERLAND	DZP	INSTRUMENT, DIAMOND, DENTAL	
NAKANISHI INC.	700 SHIMOHINATA, Kanuma, Tochigi, 322-8666, JAPAN	EKX	Handpiece, direct drive, ac-powered	K990582
J. MORITA MFG. CORP.	680 HIGASHIHAMA MINAMI-CHO,, FUSHIMI-KU, Kyoto, 612-8533, JAPAN	EKX	Handpiece, direct drive, ac-powered	K071190
		LQY	Locator, root apex	
		EBZ	ACTIVATOR, ULTRAVIOLET, FOR POLYMERIZATION	
PRODUITS DENTAIRES SA	18, RUE DES BOSQUETS, VEVEY (SUISSE), Vaud, CH-1800, SWITZERLAND	EKI	CARRIER, AMALGAM, OPERATIVE	
PRODUITS DENTAIRES SA	18, RUE DES BOSQUETS, VEVEY (SUISSE), Vaud, CH-1800, SWITZERLAND	EIC	SYRINGE, PERIODONTIC, ENDODONTIC, IRRIGATING	
SATELEC-ACTEON GROUP	Z.I. DU PHARE, 17, AVENUE GUSTAVE EIFFEL, MERIGNAC, Gironde, 33708, FRANCE	ELC	Scaler, ultrasonic	K961158
SATELEC-ACTEON GROUP	Z.I. DU PHARE, 17, AVENUE GUSTAVE EIFFEL, MERIGNAC, Gironde, 33708, FRANCE	ELC	Scaler, ultrasonic	K113430
FORUM ENGINEERING TECHNOLOGIES (96) LTD.	40 Hussol HeYotser St , South Industrial Zone, Ashkelon, 7878563, ISRAEL	LQY	Locator, root apex	K121206

Date of Initial Registration: 1980-08-26 00:00:00.0

30770

TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF HEALTH RELATED BOARDS

ID NUMBER: 0000007243
EXPIRATION DATE: 10/31/2023

This is to certify that all requirements of the State of Tennessee have been met.

PHARMACY BOARD
MANUFACTURER
TULSA DENTAL PRODCUTS LLC

COMMISSIONER OF HEALTH

TERRI STANTON
TULSA DENTAL PRODUCTS LLC
5100 E SKELLY DR STE 300
TULSA OK 74135-6560

12817876
30770

State of Tennessee
Department of Health

BOARD OF PHARMACY
MANUFACTURER
TULSA DENTAL PRODCUTS LLC
608 ROLLINGS HILL DR
JOHNSON CITY TN 37604

This is to certify that all requirements of the State of Tennessee have been met.

ID NUMBER: 0000007243
EXPIRATION DATE: 10/31/2023

Jennifer L. Rothaus, Esq
ASSISTANT COMMISSIONER, HEALTH LICENSURE & REGULATION

COMMISSIONER

Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

DENTSPLY SIRONA INC.
PAT BALLANTYNE
221 W. PHILADELPHIA STREET, STE 60W
YORK, NC 17401

March 4, 2022

Request Type: Certificate of Existence/Authorization
Request #: 0463805

Issuance Date: 03/04/2022
Copies Requested: 1

Document Receipt

Receipt # : 006983653
Filing Fee: $20.00
Payment-Credit Card - State Payment Center - CC #: 3824703835 $20.00

Regarding: TULSA DENTAL PRODUCTS LLC
Filing Type: Limited Liability Company - Foreign
Formation/Qualification Date: 09/25/2007
Status: Active
Duration Term: Perpetual

Control # : 559455
Date Formed: 12/31/2006
Formation Locale: DELAWARE
Inactive Date:

CERTIFICATE OF AUTHORIZATION

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

TULSA DENTAL PRODUCTS LLC

* is a Limited Liability Company formed in the jurisdiction set forth above and is authorized to transact business in this State;
* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
* has filed the most recent annual report required with this office;
* has appointed a registered agent and registered office in this State;
* has not filed an Application for Certificate of Withdrawal.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 052208822

OFFICE OF THE SECRETARY OF STATE

STATE OF OKLAHOMA

CERTIFICATE OF GOOD STANDING

FOREIGN LIMITED LIABILITY COMPANY

I, THE UNDERSIGNED, *Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said State, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.*

I FURTHER CERTIFY *that DENTSPLY TULSA DENTAL PRODUCTS LLC, a fictitious name for TULSA DENTAL PRODUCTS LLC, a Foreign Limited Liability Company organized and existing by virtue of the laws of the state of DE, whose registered agent is CORPORATION SERVICE COMPANY, with its registered office at 10300 GREENBRIAR PLACE OKLAHOMA CITY 73159 7653 USA Oklahoma, is duly qualified as a Foreign Limited Liability Company to transact business within the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.*

GREAT SEAL OF THE STATE OF OKLAHOMA 1907

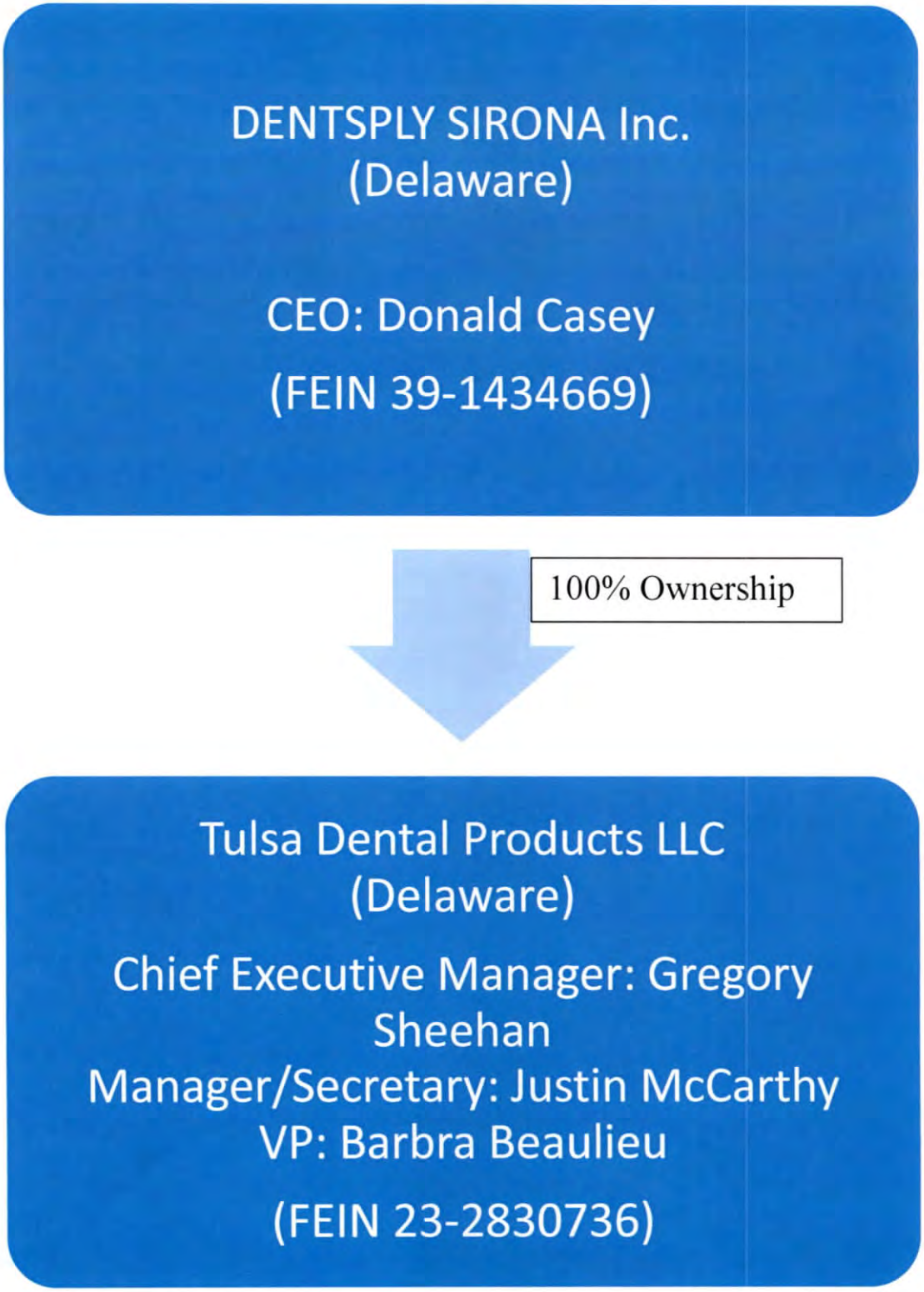
IN TESTIMONY WHEREOF, I *hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 30th, day of August, 2021.*

Brian Bingman

Secretary Of State

Beneficial Ownership of Tulsa Dental Products LLC Chart

Tulsa Dental Products LLC is a wholly owned subsidiary of DENTSPLY SIRONA Inc.:



ALL OWNERSHIP PERCENTAGES 100%
CONFIDENTIAL AND PROPRIETARY

Rev. 1-20-22

List of Officers and Managers of Dentsply LLC (NOT OWNERS):

Gregory Matthew Sheehan, Chief Executive Manager (Officer)

- 13320-B Ballantyne Corporate Place, Charlotte, NC 28277
- Personal address: [redacted] Taddington Lane, Lititz, PA 17543
- DOB: [redacted]
- [redacted]
- Gregory.Sheehan@dentsplysirona.com

Justin Huntly McCarthy II, Secretary

- Business address: 13320-B Ballantyne Corporate Place, Charlotte, NC 28277
- Personal address: [redacted] Lindsey Drive, Plano, TX 75093
- DOB: [redacted]
- [redacted]
- Justin.mccarthy@dentsplysirona.com

Barbra Marie Beaulieu, Vice President

- Business address: 13320-B Ballantyne Corporate Place, Charlotte, NC 28277
- Personal address: [redacted] Old Course Drive, Charlotte NC 28277
- DOB: [redacted]
- [redacted]
- Barbra.Beaulieu@DentsplySirona.com

List of DENTSPLY SIRONA Inc. Section 16 Officers (NOT OWNERS)

Business address for Corporation and Section 16 Officers:

DENTSPLY SIRONA Inc.
13320-B Ballantyne Corporate Place
Charlotte, NC 28277
Phone: 704-587-0453

Executive Vice President	Cherée Johnson
General Counsel	Cherée Johnson
Secretary	Cherée Johnson
Chief Human Resources Officer	Yankie, Lisa
Senior Vice President	Yankie, Lisa
Chief Financial Officer	Gomez, Jorge
Executive Vice President	Gomez, Jorge
Chief Executive Officer	Casey Jr., Donald M.
Chief Accounting Officer	Chadha, Ranjit S.
Senior Vice President	Petersohn, Walter
Chief Commercial Officer	Petersohn, Walter
Senior Vice President	Staehler, Cord
Chief Technology Officer	Staehler, Cord
Senior Vice President	Chidambaram, Chidam
Chief Digital Officer	Chidambaram, Chidam
Senior Vice President, Business Development & Strategy	Coggin, Matthew

Exported to Excel on Thursday, March 3, 2022 (Romance Standard Time +01:00)

System User ID	First Name	Last Name	SBU/RCO	Location	Division	Org Chart Title (English)	Function
tlhhw017	Heather	Ward	F002-Endodontics	L0010-Tulsa, OK, USA	D016-DENTSPLY Tulsa/JCM	Finance Project Manager	FUN01-Accounting & Finance
tlmrs017	Michelle	Shields	F002-Endodontics	L0010-Tulsa, OK, USA	D016-DENTSPLY Tulsa/JCM	Accounting Specialist	FUN01-Accounting & Finance
tltlh017	Tracey	Hilburn	F002-Endodontics	L0010-Tulsa, OK, USA	D016-DENTSPLY Tulsa/JCM	Global Sr Project Manager, Consumables PG	FUN02-Advertising, Marketing & Comm.
tldws017	Daniel	Scott	F002-Endodontics	L0010-Tulsa, OK, USA	D016-DENTSPLY Tulsa/JCM	LAN Admin III	FUN14-Information Technology
tlkmt017	Krystal	Tipton	F002-Endodontics	L0010-Tulsa, OK, USA	D016-DENTSPLY Tulsa/JCM	DBA Administrator	FUN14-Information Technology
tlbmm017	Brian	Mckeown	F002-Endodontics	L0010-Tulsa, OK, USA	D016-DENTSPLY Tulsa/JCM	Marketing Manager III	FUN18-Product Marketing & Development
tlexg017	Charles	Garrott	F002-Endodontics	L0010-Tulsa, OK, USA	D016-DENTSPLY Tulsa/JCM	Director Advanced Tooth Preservation	FUN18-Product Marketing & Development
2007479	Sheridan	Rose	F002-Endodontics	L0010-Tulsa, OK, USA	D016-DENTSPLY Tulsa/JCM	Lab Technician III	FUN20-Research and Development
tlsxr017	Stephen	Rigsby	F002-Endodontics	L0010-Tulsa, OK, USA	D016-DENTSPLY Tulsa/JCM	Engineer II	FUN20-Research and Development

tlcxt017	Cheryl	Terry	F002-Endodontics	L0010-Tulsa, OK, USA	D016-DENTSPLY Tulsa/JCM	Department Coordinator II	FUN27-G & A Other
tljja017	Jamie	Aary	F002-Endodontics	L0010-Tulsa, OK, USA	D016-DENTSPLY Tulsa/JCM	Facilities Supervisor	FUN27-G & A Other
tljxc017	John	Crouch	F002-Endodontics	L0010-Tulsa, OK, USA	D016-DENTSPLY Tulsa/JCM	Clinical Affairs Digital Education Manager	FUN29-Clinical Affairs
tlsrp017	Suzanne	Powers	F002-Endodontics	L0010-Tulsa, OK, USA	D016-DENTSPLY Tulsa/JCM	Digital CE Content Specialist	FUN29-Clinical Affairs

Entity	Job Code	Department	Manager	Pillar	Layer 2
EN057000-Tulsa Dental - USA (NEW)	AF1002-Financial Analyst II	E1116_6400-F061 - Finance	Mcguire, Randall K	Central Functions	Finance
EN057000-Tulsa Dental - USA (NEW)	AA2003-Accounting Specialist III	E1116_6400-F061 - Finance	Mcguire, Randall K	Central Functions	Finance
EN057000-Tulsa Dental - USA (NEW)	RD2045-Senior Project Manager	E1116_5803-F051 - Marketing Function	Mongiello, Kimberly A	Product Group	Consumables
EN057000-Tulsa Dental - USA (NEW)	IT1013-LAN Admin III	E1116_6410-F062 - IT Function	Short, Jarrett S	Central Functions	Information Technology
EN057000-Tulsa Dental - USA (NEW)	IT1003-Programmer Analyst III	E1116_6410-F062 - IT Function	Young, Gregory S	Central Functions	Information Technology
EN057000-Tulsa Dental - USA (NEW)	MK1010-Mktg Manager III	E1116_5805-F051 - Marketing Function	Guillemin, Jean-Marie	Product Group	Consumables
EN057000-Tulsa Dental - USA (NEW)	MK2005-Director, Marketing	E1116_5803-F051 - Marketing Function	Sheehan, Gregory M	Product Group	Consumables
EN057000-Tulsa Dental - USA (NEW)	MF2028-Lab Technician III	E1116_7106-F070 - R&D Function	Shotton, Vincent W	Product Group	Consumables
EN057000-Tulsa Dental - USA (NEW)	EN1002-Engineer II	E1116_7106-F070 - R&D Function	Shotton, Vincent W	Product Group	Consumables

EN057000-Tulsa Dental - USA (NEW)	AD2012-Department Coordinator II	E1116_6405-F060 - Other SG&A Function	Aary, Jamie J	Supply Chain	Logistics
EN057000-Tulsa Dental - USA (NEW)	FC1004-Facilities Supervisor	E1116_6405-F060 - Other SG&A Function	Short, Jarrett S	Supply Chain	Logistics
EN057000-Tulsa Dental - USA (NEW)	CE1025-Professional Services Manager I	E1116_5301-F055 - Clinical Affairs	Jensen, Daniel	Product Group	Consumables
EN057000-Tulsa Dental - USA (NEW)	CE1023-Clinical Affairs Specialist I	E1116_5301-F055 - Clinical Affairs	Jensen, Daniel	Product Group	Consumables

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 10-K

ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the fiscal year ended **December 31, 2021**
Commission File Number **0-16211**

DENTSPLY SIRONA Inc.

(Exact name of registrant as specified in its charter)

Delaware	**39-1434669**
(State or other jurisdiction of incorporation or organization)	(I.R.S. Employer Identification No.)
13320 Ballantyne Corporate Place, Charlotte, North Carolina	**28277-3607**
(Address of principal executive offices)	(Zip Code)

Registrant's telephone number, including area code: **(844) 848-0137**

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol	Name of each exchange on which registered
Common Stock, par value $.01 per share	**XRAY**	**The Nasdaq Stock Market LLC**

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.
Yes x No o

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act.
Yes o No x

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days.
Yes x No o

Indicate by check mark whether the Registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files).
Yes x No o

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company" and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large Accelerated Filer x Accelerated Filer o Non-Accelerated Filer o Smaller Reporting Company ☐
Emerging Growth Company ☐ If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. o

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C.7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Act) Yes ☐ No x

The aggregate market value of the voting common stock held by non-affiliates of the registrant computed by reference to the closing price as of the last business day of the registrant's most recently completed second quarter ended June 30, 2021, was $13,791,201,522. Based on the closing price on June 30, 2021. For purpose of this calculation only, without determining whether the following are affiliates of the registrant, the registrant has assumed that (i) its directors and executive officers are affiliates, and (ii) no party who has filed a Schedule 13D or 13G is an affiliate.

The number of shares of the registrant's common stock outstanding as of the close of business on February 21, 2022 was 217,554,303.

DOCUMENTS INCORPORATED BY REFERENCE

Certain portions of the definitive Proxy Statement of DENTSPLY SIRONA Inc. (the "Proxy Statement") to be used in connection with the 2022 Annual Meeting of Stockholders are incorporated by reference into Part III of this Form 10-K to the extent provided herein. Except as specifically incorporated by reference herein the Proxy Statement is not deemed to be filed as part of this Form 10-K.

4SS

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler ☒ Ownership Change ☒ Name Change ☐ Location Change (in-state only)	* If making a change, provide current license number: WH 01771	☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ■ No

Section 1: General Information

Facility Name: RGH Enterprises, LLC DBA: Edgepark Medical Supplies; Cardinal Health at Home

Physical Address: 1360 Madeline Lane, Suite 500

City: Elgin State: IL Zip: 60124

Mailing Address (if different from physical address): 7000 Cardinal Place

City: Dublin State: OH Zip: 43017

Telephone: 847-695-1702 Website: www.edgepark.com

Name of Designated Representative (DR): Christine McGovern

Licensing Company Email: licensure@cardinalhealth.com DR Email: christine.mcgovern@cardinalhealth.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☒ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☒ Practitioners	☐ Controlled Substances
☒ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Dexcom
Address: 6290 Sequence Dr. City: San Diego State: CA Zip: 92121

Name: Coloplast
Address: 1601 West River Road North City: Minneapolis State: MN Zip: 55411

Name: Convatec
Address: CenterPoint II – 1160 Route 22 East City: Bridgewater State: NJ Zip: 08807

Name: Hollister
Address: 2000 Hollister Dr City: Libertyville State: IL Zip: 60048

Section 4: Publicly Traded Corporation

State of Incorporation: Ohio
Parent Company (if any): Allegiance Corporation
Corporation Name: Allegiance Corporation
Mailing Address: 7000 Cardinal Place
City: Dublin State: OH Zip: 43017
Telephone: 508-422-9027 Email: licensure@cardinalhealth.com
Contact Person Name: Cynthia Rhodes
Date of SEC Registration: 2/25/22 SEC Registration Number: 721371 Stock Exchange Symbol: CAH

Section 5: Non-Publicly Traded Corporation

State of Incorporation: N/A
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name: N/A
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name: N/A
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

$500 check 10796083

CardinalHealth

February 2, 2022

Dave Wuest, Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Ste. 206
Reno, NV 89521

RE: Explanation of Disciplinary History
RGH Enterprises, LLC

Dear Mr. Wuest:

This letter is provided in conjunction with our affirmative response to question 3 on our application for our Out-of-State license. We have a few matters with corresponding derivative action to disclose.

In March 2015, the RGH pharmacy located in Twinsburg, OH, was issued a citation and fined $500 by the Maine Board of Pharmacy, for failure to timely report a change in the facility's pharmacist-in-charge. This failure to report within the seven-day time frame was due to the unavailability of the corporate official authorized to sign the application. RGH paid the fine to the Maine State Board of Pharmacy; additionally, RGH has undertaken a process to ensure regulatory notifications occur in a timely manner.

In April 2016, the Hawaii Board of Pharmacy took derivative action against the Twinsburg, OH, facility based on the action described above. RGH entered a Settlement Agreement with Hawaii and agreed to pay a $250 fine; the matter was closed on May 6, 2016.

Furthermore, Cardinal Health's distribution center in Valencia, California, entered into a settlement agreement with the California Board of Pharmacy. As a condition of that settlement, effective April 3, 2019, the California Wholesale license for our Valencia, CA distribution center will be on probation for a period of two years (through April 2, 2021). This probation in no way affects the continued ability of our Valencia distribution center to service our customers in a timely and efficient manner.

Probation was a result of a settlement agreement between our Valencia distribution center and the California Board of Pharmacy regarding sales that distribution center made to a customer between 2012 and 2014 and the failure to receive a pharmacist's signature on several deliveries in that same time frame.

Additionally, on March 11, 2019, Cardinal Health's Wheeling, West Virginia, distribution center entered into a settlement agreement with the Ohio Board of Pharmacy regarding the security and storage of drugs while those drugs were being distributed to the customer. This issue involved Ohio Board of Pharmacy inspectors manipulating our totes in such a way as to be able to retrieve a bottle out of a strapped/sealed tote. This occurred on several occasions all while the totes were in the custody of our delivery drivers or pharmacies. An inspector also witnessed a delivery

vehicle door that was not locked and secured appropriately. Cardinal Health agreed to pay a monetary penalty of $5,000.

As previously reported, on May 15, 2012, Cardinal Health entered into a settlement agreement with the U.S. Drug Enforcement Administration ("DEA") regarding Cardinal Health's registration to distribute controlled substances from our Lakeland, Florida facility. On February 3, 2012, DEA served an Order to Show Cause and Immediate Suspension of Registration (the "Order") on Cardinal Health's Lakeland, Florida distribution center. In the Order, DEA alleged that the Lakeland facility "failed to maintain effective controls against the diversion of controlled substances" and "failed to detect and report suspicious orders of oxycodone by its pharmacy customers." In particular, DEA identified four retail pharmacies located in Florida that were serviced by the Lakeland facility and alleged that "[n]otwithstanding the large quantities of controlled substances ordered by Cardinal's top retail pharmacy customers Cardinal failed to conduct meaningful due diligence to ensure that the controlled substances were not diverted...." Importantly, these allegations did not involve any diversion of controlled substances from Cardinal's facility.

Under the settlement agreement, the Lakeland facility's DEA registration was suspended for two years from the date of the settlement agreement. On May 21, 2014, the suspension was lifted and the DEA reinstated Lakeland's registration. On December 23, 2016, Cardinal Health reached a nationwide settlement with the federal government, resolving the outstanding civil penalty portion of this May 15, 2012 administrative settlement with the DEA. Under this civil settlement, Cardinal Health has agreed to pay $44 million to the Department of Justice (DOJ) to resolve this matter. The DOJ, including the DEA and the United States Attorneys' Offices for the Middle District of Florida, the Southern District of New York, the District of Maryland, and the Western District of Washington and all other districts across the country have also agreed to take no further administrative or civil action on these and related matters. In addition, Cardinal Health has reached an agreement with the State of West Virginia regarding the company's distribution of controlled substances in that state between 2007 and 2012. While Cardinal Health denies the allegations, it agreed to pay West Virginia $20 million to resolve issues and release the company from further actions.

In 2014, the Boards of Pharmacy in both California and Georgia took derivative action based upon the DEA settlement. The Georgia Board fined the Lakeland facility $500 in administrative fees, and the California Board fined the facility $1,505 in investigative fees. Both fees were paid to the respective Boards.

We make every effort to meet our customers' legitimate demands for controlled substances. However, we have also demonstrated a deep commitment to helping fight prescription drug abuse. If you have any questions about this issue, please contact Martha Russell, Assistant General Counsel, Regulatory, at 614-757-6654.

Sincerely,

Keegan Chamberlain
Director, Global Logistics Quality Management

NABP ACCREDITED

DRUG DISTRIBUTOR

RGH Enterprises, LLC
dba Cardinal Health at Home

located at

1360 Madeline Ln, Ste 500, Elgin, IL 60124

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary

12/27/2020 - 12/26/2023
Period of Accreditation

1623

CardinalHealth

Officer Name	Title	Business Address	Email Address
Scott B. Zimmerman	Vice President and Treasurer	7000 Cardinal Place, Dublin, OH 43017	scott.zimmerman@cardinalhealth.com
Keegan David Chamberlain	Director, Quality Management	7200 Cardinal Place, Dublin, OH 43017	Keegan.Chamberlain@cardinalhealth.com
John Joseph Tufano, Jr.	Senior Legal Counsel	7000 Cardinal Place, Dublin OH 43017	john.tufano@cardinalhealth.com
John Henry Martin Jr.	SVP, Tax	7000 Cardinal Place, Dublin OH 43017 (2B0060)	john.martin03@cardinalhealth.com

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The above information is confidential and to be used for licensing purposes only. Any other use is strictly prohibited without prior consent of Cardinal Health.

List the top four corporation shareholders and their percent ownership.

Stockholder	Stake
The Vanguard Group, Inc.	12.65%
SSgA Funds Management, Inc.	6.75%
BlackRock Fund Advisors	5.38%
T. Rowe Price Associates, Inc. (I...	5.12%
Macquarie Investment Management B...	2.67%

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show RGH ENTERPRISES, LLC, an Ohio For Profit Limited Liability Company, Registration Number 770802, was organized within the State of Ohio on April 9, 1990, is currently in FULL FORCE AND EFFECT upon the records of this office.

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 21st day of January, A.D. 2022.

Ohio Secretary of State

Validation Number: 202202102108

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0746016

P.O. Box 369, Trenton, New Jersey 08625-0369

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: ☐ manufacturer ☒ wholesaler which conducts business at the following locations in this State:

1810 SUMMIT COMERCE PARK TWINSBURG, OH 44087-
1265 S RIVER RD, STE 200 CRANBURY,NJ 08512-
1360 MADELINE LANE - STE 500 ELGIN, IL 60124-
5400 SANDSHELL DR - STE 160 FORT WORTH, TX 76137-
2584 NE 181ST AVE PORTLAND, OR 97230-
3980 EARLSTONE ST ONTARIO, CA 91761-
4234 SURLES CT - STE 100 DURHAM, NC 27703-
12600 NE 40TH ST, STE 100 KANSAS CITY, MO 64141-

Reg. No.
5003981

RGH ENTERPRISES, LLC
C/O CARDINAL HEALTH
ATTN: CYNTHIA RHODES, SUP
7000 CARDINAL PLACE, OCLC-QRA
DUBLIN, OH 43017-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2023

Establishment Copy

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, DC 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): January 10, 2022

Cardinal Health, Inc.
(Exact Name of Registrant as Specified in Charter)

Ohio	1-11373	31-0958666
(State or Other Jurisdiction of Incorporation)	(Commission File Number)	(IRS Employer Identification No.)

7000 Cardinal Place, Dublin, Ohio 43017
(Address of Principal Executive Offices) (Zip Code)

(614) 757-5000
(Registrant's telephone number, including area code)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (*see* General Instruction A.2. below):

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common shares (without par value)	CAH	New York Stock Exchange

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 7.01 Regulation FD Disclosure

On January 10, 2022, Cardinal Health, Inc. (the "Company") issued a press release announcing an update to its previously issued fiscal year 2022 Medical segment profit expectations and the related expected impact to fiscal year 2022 non-GAAP earnings per share. The release also contained information about the Company's upcoming appearance at the 40th Annual J.P. Morgan Healthcare Conference. A copy of the release is attached to this Form 8-K as Exhibit 99.1.

Item 9.01 Financial Statements and Exhibits

(d) Exhibits

Exhibit

99.1 Press Release issued January 10, 2022

104 Cover Page Interactive Data File – the cover page iXBRL tags are embedded within the Inline XBRL document

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the Registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Cardinal Health, Inc.
(Registrant)

Date: January 10, 2022

By: /s/ JASON M. HOLLAR
Jason M. Hollar
Chief Financial Officer

Signatures

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

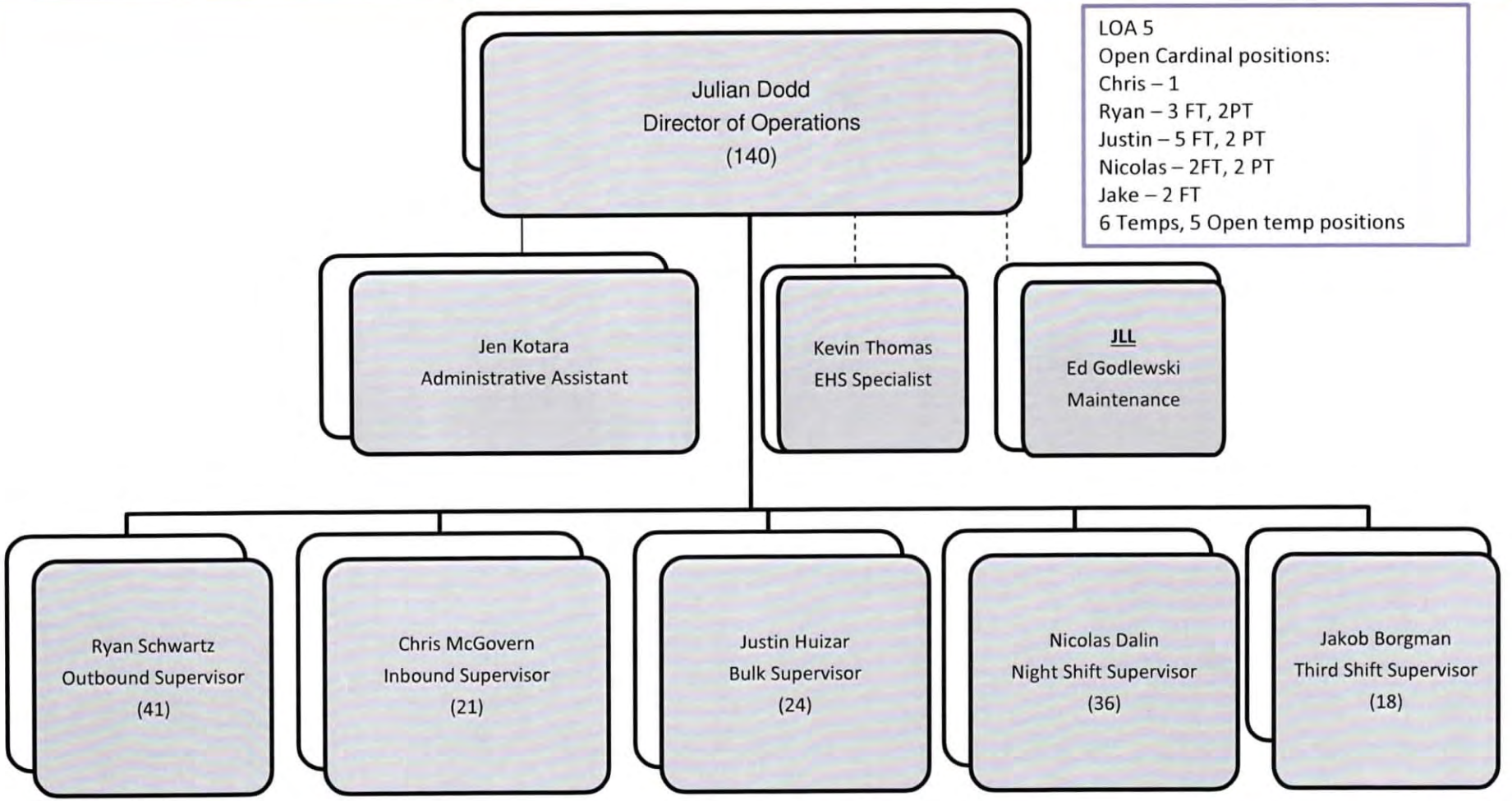
Cardinal Health, Inc.
(Registrant)

Date: January 10, 2022

By: /s/ JASON M. HOLLAR
Jason M. Hollar
Chief Financial Officer

INTERNAL USE ONLY

Cardinal Health at Home - Elgin



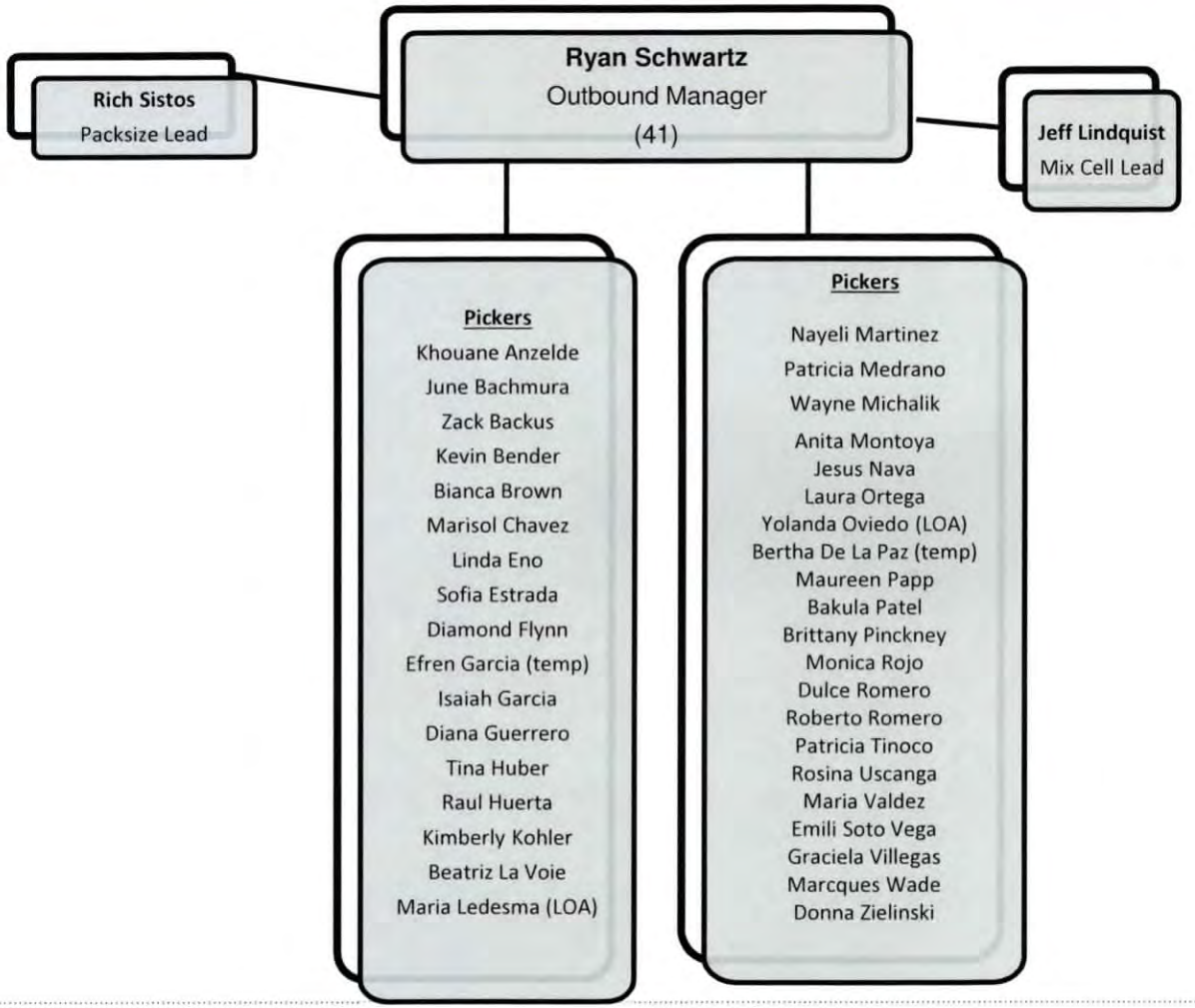
12/7/2021

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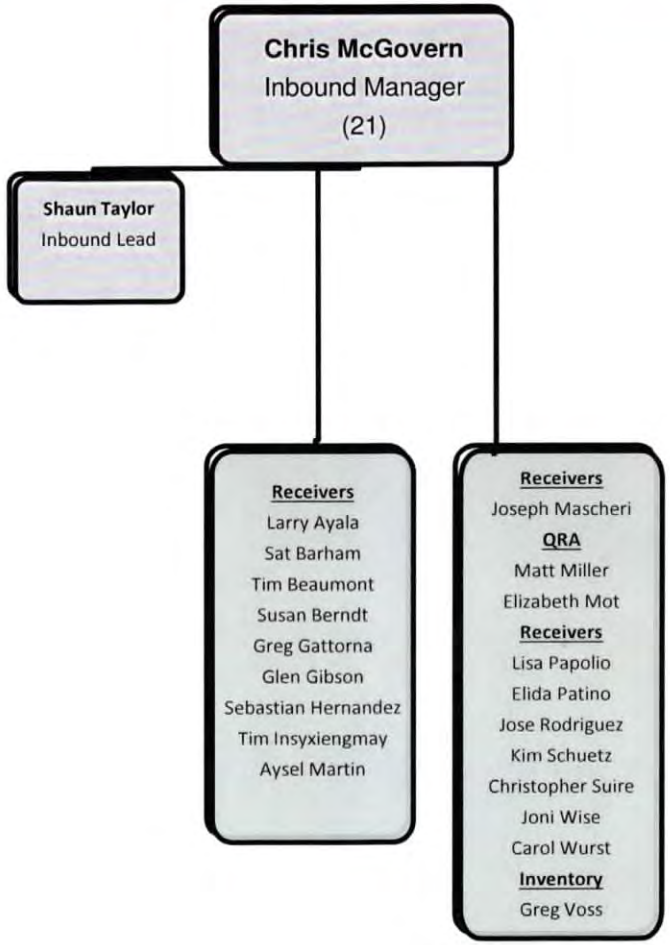


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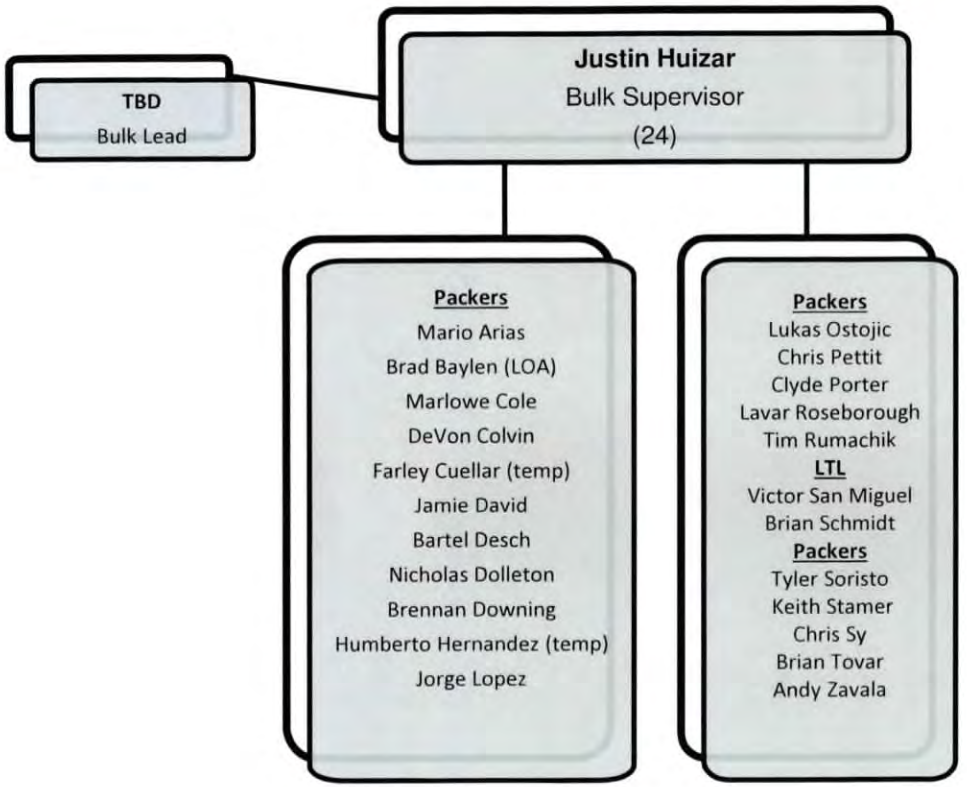


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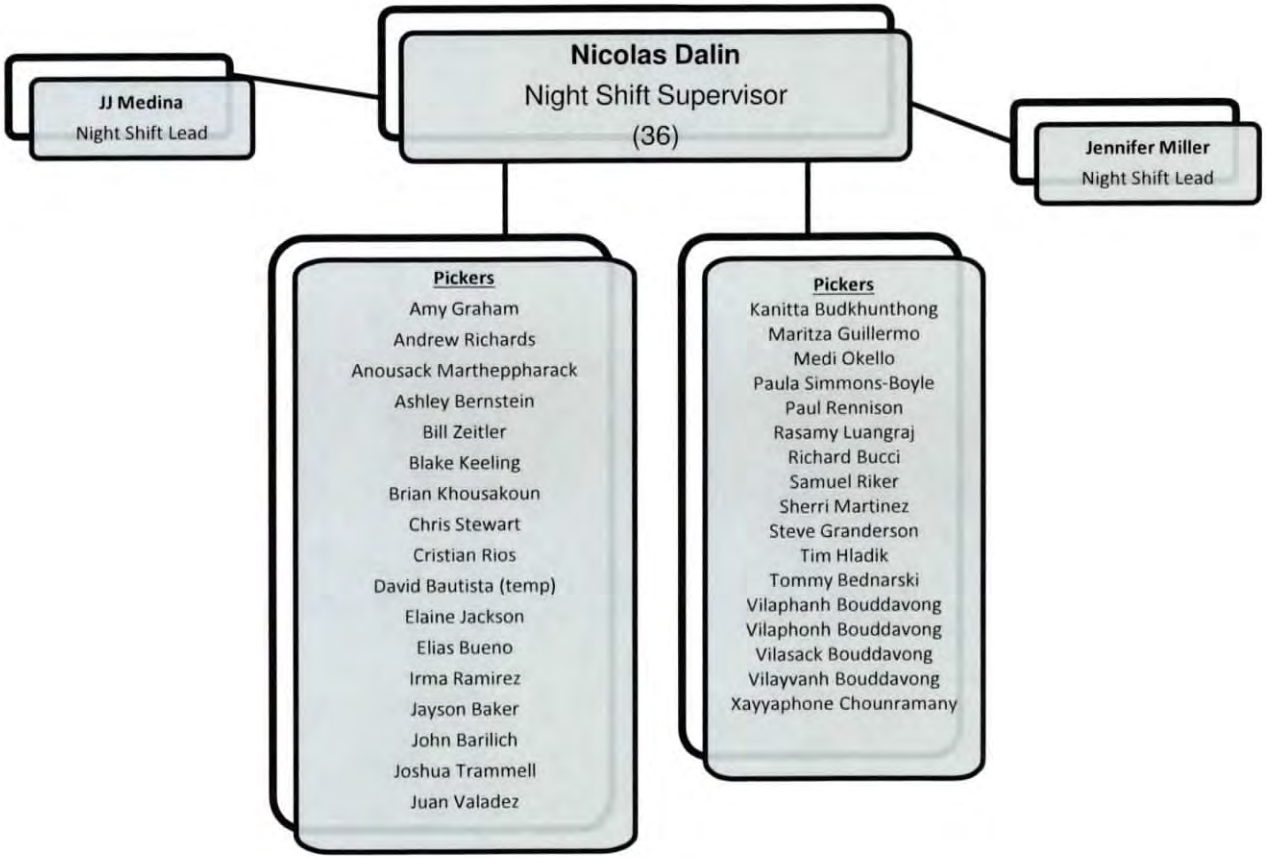


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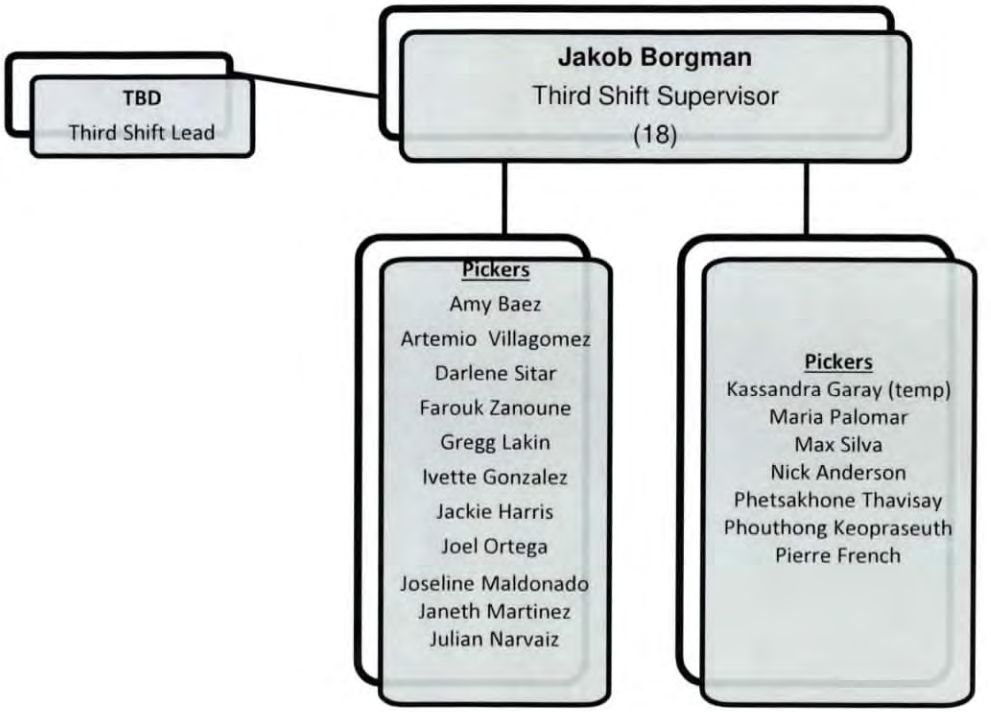
12/7/2021

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DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
09/22/2021	202126502216	Conversion Within SOS Records (CVS)	99.00	200.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

CT CORPORATION SYSTEM
ATTN: ZACH CAIN
4400 EASTON COMMONS WAY, STE 125
COLUMBUS, OH 43219

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose
770802

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

RGH ENTERPRISES, LLC

and, that said business records show the filing and recording of:

Document(s)	Document No(s):
Conversion Within SOS Records	**202126502216**

Effective Date: 10/01/2021

CHANGE BUSINESS TYPE DOM. PROFIT LIM. LIAB. CO.

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 22nd day of September, A.D. 2021.

Ohio Secretary of State

Form 700 Prescribed by:

Frank LaRose
Ohio Secretary of State

Toll Free: 877.767.3453
Central Ohio: 614.466.3910
OhioSoS.gov
business@OhioSoS.gov
File online or for more information: OhioBusinessCentral.gov

For screen readers, follow instructions located at this path.

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 1329
Columbus, OH 43216

Expedite Filing (Two business day processing time. Requires an additional $100.00)
P.O. Box 1390
Columbus, OH 43216

2021 SEP 22 AM 11:35

Certificate for Conversion for Entities Converting Within or Off the Records of the Ohio Secretary of State

Filing Fee: $99
Form Must Be Typed

(CHECK ONLY ONE (1) BOX)

(1) ☒ **Converting Within The Records of the Ohio Secretary of State**

(2) ☐ **Converting Off The Records of the Ohio Secretary of State** (187-VXX)

Name of the converting entity: RGH Enterprises, Inc.

Jurisdiction of Formation: Ohio

Charter/Registration Number: 770802

The converting entity is a:
(Check Only (1) One Box)

- ☐ Domestic Nonprofit Corporation
- ☒ Domestic For-Profit Corporation
- ☐ Foreign Nonprofit Corporation
- ☐ Foreign For-Profit Corporation
- ☐ Domestic Nonprofit Limited Liability Company
- ☐ Foreign Nonprofit Limited Liability Company
- ☐ Domestic For-Profit Limited Liability Company
- ☐ Foreign For-Profit Limited Liability Company
- ☐ Partnership
- ☐ Domestic Limited Partnership
- ☐ Foreign Limited Partnership
- ☐ Domestic Limited Liability Partnership
- ☐ Foreign Limited Liability Partnership

The converting entity hereby states that it has complied with all laws in the jurisdiction under which it exists and that those laws permit the conversion.

DOC ID ----> 202126502216

Name of the converted entity: RGH Enterprises, LLC.

Jurisdiction of Formation: Ohio

The converted entity is a:
(Check Only (1) One Box)

- ☐ Domestic For-Profit Corporation
- ☐ Domestic Professional Association
- ☐ Foreign Nonprofit Corporation
- ☐ Foreign For-Profit Corporation
- ☐ Domestic Nonprofit Limited Liability Company
- ☐ Foreign Nonprofit Limited Liability Company
- ☒ Domestic For-Profit Limited Liability Company
- ☐ Foreign For-Profit Limited Liability Company
- ☐ Partnership
- ☐ Domestic Limited Partnership
- ☐ Foreign Limited Partnership
- ☐ Domestic Limited Liability Partnership
- ☐ Foreign Limited Liability Partnership

Effective Date (MM/DD/YYYY) **(Optional)**: 10/01/2021 **(The conversion is effective upon the filing of this certificate or on a later date specified in the certificate)**

Name and address of the person or entity that will provide a copy of the declaration of conversion upon written request.

Samantha Bourdette
Name

7000 Cardinal Place
Mailing Address

Dublin | Ohio | 43017
City | State | Zip Code

Required information that must accompany conversion certificate if box 2 is checked

If the converting entity is a domestic or foreign entity that will not be licensed in Ohio, provide the name and address of the statutory agent upon whom any process, notice or demand may be served.

Name of Statutory Agent

Mailing Address

City | OH | State | ZIP Code

See instructions for additional filing requirements if
(1) the conversion creates a new domestic entity,
(2) the converted entity is a foreign entity that desires to transact business in Ohio; or
(3) if a domestic corporation or foreign corporation licensed in Ohio is the converting entity.

DOC ID ----> 202126502216

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required
Must be signed by an authorized representative.

Signature

By (if applicable)

John Tufano - Secretary

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

DOC ID ---> 202126502216

Complete the information in this section.

AFFIDAVIT

In lieu of dissolution releases from various governmental authorities.

RGH Enterprises, Inc.

Name of Corporation

The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governmental agencies was advised IN WRITING of the scheduled date of filing of the Certificate and was advised IN WRITING of the acknowledgement by the corporation of the applicability of the provisions of section 1701.95 of the ORC.

Agency	Date Notified (MM/DD/YYYY)
Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215 * Only required for domestic for-profit corporations	07/31/2021

Agency	Date Notified (MM/DD/YYYY)
Ohio Job & Family Services Status and Liability Section Data Correspondence Control **Fax:** 614-752-4811 **Phone:** 614-466-2319 **Overnight Address:** P.O. Box 182413 Columbus, OH 43218-2413 **Regular Address:** P.O. Box 182413 Columbus, OH 43218-2413	7/31/2021

Agency	Date Notified (MM/DD/YYYY)
Ohio Department of Taxation Taxpayer Services/Tax Release Unit P.O. Box 182382 Columbus, OH 43218-2382 Dissolution@tax.state.oh.us * Complete this date notified field only if the corporation is a domestic non-profit corporation or foreign corporation. * **Note:** Domestic for-profit corporations must submit with this filing a Certificate of Tax Clearance issued by the Ohio Department of Taxation.	07/07/2021

☐ The corporation is not required to pay or the department of taxation has not assessed any personal property tax.

Note: This affidavit must be signed by one or more persons executing the certificate or by an officer of the corporation.

Signature [signature] Title Secretary

John Tufano
Name

7000 Cardinal Place
Mailing Address

Dublin | Ohio | 43017
City | State | ZIP Code

Seal

Sworn to and subscribed in my presence on this date (MM/DD/YYYY) 9/15/2021

SAMANTHA J BOURDETTE
Notary Public
State of Ohio
My Comm. Expires
December 12, 2021

[signature]
Notary Public

Date Commission Expires (MM/DD/YYYY) 12/12/2021

DOC ID ---> 202126502216

AFFIDAVIT OF PERSONAL PROPERTY

State of Ohio

County of Franklin

John Tufano
Name of Officer

Secretary
Title of Officer

of

RGH Enterprises, Inc.
Name of Corporation

and that this affidavit is made in compliance with Ohio Revised Code Section 1701.86

That above-named corporation: (Check one (1) of the following)

☐ Has no personal property in any county in Ohio

☐ Is the type required to pay personal property taxes to state authorities only

☑ Has personal property in the following county (ies)

Summit
County

County

County

Signature [signature] Title Secretary

Sworn to and subscribed in my presence on this date (MM/DD/YYYY) 9/15/2021

Seal

SAMANTHA J BOURDETTE
Notary Public
State of Ohio
My Comm. Expires
December 12, 2021

[signature]
Notary Public

Date Commission Expires (MM/DD/YYYY) 12/12/2021

DOC ID ----> 202126502216

Ohio | Department of Taxation

PO Box 182382
Columbus, OH 43218-2382
tax.ohio.gov

ANDREW MUHN
7000 CARDINAL PL
DUBLIN, OH 43017
USA

August 24, 2021
Contact ID: 9873000272

RE: Certificate of Tax Clearance
Entity Name: Rgh Enterprises, Inc.
Ohio Charter # 00770802
Certificate Issue Date: 08/24/2021

This certificate confirms the above-referenced entity filed all tax returns and paid in full all taxes and fees administered by the Tax Commissioner through the certificate issue date referred to above.

This certificate does not preclude the Department from issuing a bill and/or assessment against the entity for any tax returns and/or tax liabilities and fees that become due after the certificate issue date. Also, this certificate does not preclude the Department from conducting an examination or audit for any period ending prior to the date this certificate is filed with the Ohio Secretary of State.

This Certificate of Tax Clearance is valid for thirty (30) days from the certificate issue date and must be filed along with all forms prescribed by the Ohio Secretary of State.

Jeffrey A. McClain
Tax Commissioner

If you have any questions, please contact us.

Tax Release Unit
Phone: 1-855-896-4422
Fax: 1-208-964-0378
TTY/TDD: 1-800-750-0750

DOC ID ----> 202126502216

Form 533A Prescribed by:

Frank LaRose
Ohio Secretary of State

Toll Free: 877.767.3453
Central Ohio: 614.466.3910
OhioSoS.gov
business@OhioSoS.gov
File online or for more information: OhioBusinessCentral.gov

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 670
Columbus, OH 43216

Expedite Filing (Two business day processing time. Requires an additional $100.00)
P.O. Box 1390
Columbus, OH 43216

For screen readers, follow instructions located at this path.

2021 SEP 22 AM 11:35

Articles of Organization for a Domestic Limited Liability Company

Filing Fee: $99

Form Must Be Typed

CHECK ONLY ONE (1) BOX

(1) ☒ Articles of Organization for Domestic For-Profit Limited Liability Company (115-LCA)

(2) ☐ Articles of Organization for Domestic Nonprofit Limited Liability Company (115-LCA)

Name of Limited Liability Company: RGH Enterprises, LLC

(Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd.," "or "ltd".)

Optional: Effective Date (MM/DD/YYYY): 10/01/2021

(The legal existence of the corporation begins upon the filing of the articles or on a later date specified that is not more than ninety days after filing.)

Optional: This limited liability company shall exist for: perpetual

Period of Existence

Optional: Purpose

**** Note for Nonprofit LLCs**
The Secretary of State does not grant tax exempt status. Filing with our office is not sufficient to obtain state or federal tax exemptions. Contact the Ohio Department of Taxation and the Internal Revenue Service to ensure that the nonprofit limited liability company secures the proper state and federal tax exemptions. These agencies may require that a purpose clause be provided. **

DOC ID ----> 202126502216

Original Appointment of Statutory Agent

The undersigned authorized member(s), manager(s) or representative(s) of

RGH Enterprises, LLC
(Name of Limited Liability Company)

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the corporation may be served. The complete address of the agent is:

C T Corporation System
(Name of Statutory Agent)

4400 Easton Commons Way, Suite 125
(Mailing Address)

Columbus | OH | 43219
(Mailing City) | (Mailing State) | (Mailing ZIP Code)

Acceptance of Appointment

The Undersigned, C T Corporation System, named herein as the
(Name of Statutory Agent)

Statutory agent for RGH Enterprises, LLC
(Name of Limited Liability Company)

hereby acknowledges and accepts the appointment of statutory agent for said limited liability company.

Statutory Agent Signature /s/ Tracy Kellner - Assistant Secretary
(Individual Agent's Signature / Signature on Behalf of Business Serving as Agent)

DOC ID ----> 202126502216

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Articles and original appointment of agent must be signed by a member, manager or other representative.

If the authorized representative is an individual, then they must sign in the "signature" box and print his/her name in the "Print Name" box.

If the authorized representative is a business entity, not an individual, then please print the entity name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print his/her name and title/authority in the "Print Name" box.

Signature

Allegiance Corporation, Sole Member

By (if applicable)

Samantha Bourdette, Assistant Secretary

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF MERGER, WHICH MERGES:

"ASSURAMED GROUP, INC.", A DELAWARE CORPORATION,

WITH AND INTO "ALLEGIANCE CORPORATION" UNDER THE NAME OF "ALLEGIANCE CORPORATION", A CORPORATION ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF DELAWARE, AS RECEIVED AND FILED IN THIS OFFICE ON THE THIRTIETH DAY OF JULY, A.D. 2021, AT 1:11 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF MERGER IS THE FIRST DAY OF AUGUST, A.D. 2021 AT 12:20 O'CLOCK A.M.

Jeffrey W. Bullock, Secretary of State

2627291 8100M
SR# 20212849024

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203837533
Date: 08-04-21

State of Delaware
Secretary of State
Division of Corporations
Delivered 01:07 PM 07/30/2021
FILED 01:11 PM 07/30/2021
SR 20212849024 - File Number 2627291

STATE OF DELAWARE CERTIFICATE OF MERGER O- DOMESTIC CORPORATIONS

Pursuant to Title 8, Section 251(c) of the Delaware General Corporation Law, the undersigned corporation executed the following Certificate of Merger:

FIRST: The name of the surviving corporation is Allegiance Corporation, and the name of the corporation being merged into this surviving corporation is AssuraMed Group, Inc.

SECOND: The Agreement of Merger has been approved, adopted, certified, executed and acknowledged by each of the constituent corporations.

THIRD: The name of the surviving corporation is Allegiance Corporation a Delaware corporation.

FOURTH: The Certificate of Incorporation of the surviving corporation shall be its Certificate of Incorporation.

FIFTH: The merger is to become effective on August 1, 2021 at 12:20am EST.

SIXTH: The Agreement of Merger is on file at 7000 Cardinal Place, Dublin, OH 43017, the place of business of the surviving corporation.

SEVENTH: A copy of the Agreement of Merger will be furnished by the surviving corporation on request, without cost, to any stockholder of the constituent corporations.

IN WITNESS WHEREOF, said surviving corporation has caused this certificate to be signed by an authorized officer, the 28th day of July, A.D., 2021.

By: [signature] Scott E Zimmerman, Jul 28, 2021 21:26 EDT
Authorized Officer

Name: Scott Zimmerman
Print or Type

Title: Vice President & Treasurer

4TT

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☐ New Wholesaler		☒ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☒ Ownership Change	* If making a change, provide current license number:	☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☒ Name Change	WH 01769	☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change (in-state only)		☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ■ No

Section 1: General Information

Facility Name: RGH Enterprises, LLC DBA: Edgepark Medical Supplies; Cardinal Health at Home

Physical Address: 1810 Summit Commerce Park

City: Twinsburg State: OH Zip: 44087

Mailing Address (if different from physical address): 7000 Cardinal Place

City: Dublin State: OH Zip: 43017

Telephone: 330-963-6998 ext. 347 Website: www.edgepark.com

Name of Designated Representative (DR): Donald Hazelwood Jr.

Licensing Company Email: licensure@cardinalhealth.com DR Email: donald.hazelwood@cardinalhealth.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☒ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☒ Practitioners	☐ Controlled Substances
☒ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☒ Others:	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Dexcom
Address: 6290 Sequence Dr. City: San Diego State: CA Zip: 92121

Name: Coloplast
Address: 1601 West River Road North City: Minneapolis State: MN Zip: 55411

Name: Convatec
Address: CenterPoint II – 1160 Route 22 East City: Bridgewater State: NJ Zip: 08807

Name: Hollister
Address: 2000 Hollister Dr City: Libertyville State: IL Zip: 60048

Section 4: Publicly Traded Corporation

State of Incorporation: Ohio
Parent Company (if any): Allegiance Corporation
Corporation Name: Allegiance Corporation
Mailing Address: 7000 Cardinal Place
City: Dublin State: OH Zip: 43017
Telephone: 508-422-9027 Email: licensure@cardinalhealth.com
Contact Person Name: Cynthia Rhodes

Date of SEC Registration: 02/25/22 | SEC Registration Number: 721371 | Stock Exchange Symbol: CAH

Section 5: Non-Publicly Traded Corporation

State of Incorporation: N/A
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 6: Partnership

Partnership Name: N/A
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name: N/A
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:	✓	
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Keegan Chamberlain

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

3/17/2022

Date

Board Use Only	Date Received: _____	Amount: $500 check 10796077

CardinalHealth

February 2, 2022

Dave Wuest, Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Ste. 206
Reno, NV 89521

RE: Explanation of Disciplinary History
RGH Enterprises, LLC

Dear Mr. Wuest:

This letter is provided in conjunction with our affirmative response to question 3 on our application for our Out-of-State license. We have a few matters with corresponding derivative action to disclose.

In March 2015, the RGH pharmacy located in Twinsburg, OH, was issued a citation and fined $500 by the Maine Board of Pharmacy, for failure to timely report a change in the facility's pharmacist-in-charge. This failure to report within the seven-day time frame was due to the unavailability of the corporate official authorized to sign the application. RGH paid the fine to the Maine State Board of Pharmacy; additionally, RGH has undertaken a process to ensure regulatory notifications occur in a timely manner.

In April 2016, the Hawaii Board of Pharmacy took derivative action against the Twinsburg, OH, facility based on the action described above. RGH entered a Settlement Agreement with Hawaii and agreed to pay a $250 fine; the matter was closed on May 6, 2016.

Furthermore, Cardinal Health's distribution center in Valencia, California, entered into a settlement agreement with the California Board of Pharmacy. As a condition of that settlement, effective April 3, 2019, the California Wholesale license for our Valencia, CA distribution center will be on probation for a period of two years (through April 2, 2021). This probation in no way affects the continued ability of our Valencia distribution center to service our customers in a timely and efficient manner.

Probation was a result of a settlement agreement between our Valencia distribution center and the California Board of Pharmacy regarding sales that distribution center made to a customer between 2012 and 2014 and the failure to receive a pharmacist's signature on several deliveries in that same time frame.

Additionally, on March 11, 2019, Cardinal Health's Wheeling, West Virginia, distribution center entered into a settlement agreement with the Ohio Board of Pharmacy regarding the security and storage of drugs while those drugs were being distributed to the customer. This issue involved Ohio Board of Pharmacy inspectors manipulating our totes in such a way as to be able to retrieve a bottle out of a strapped/sealed tote. This occurred on several occasions all while the totes were in the custody of our delivery drivers or pharmacies. An inspector also witnessed a delivery

vehicle door that was not locked and secured appropriately. Cardinal Health agreed to pay a monetary penalty of $5,000.

As previously reported, on May 15, 2012, Cardinal Health entered into a settlement agreement with the U.S. Drug Enforcement Administration ("DEA") regarding Cardinal Health's registration to distribute controlled substances from our Lakeland, Florida facility. On February 3, 2012, DEA served an Order to Show Cause and Immediate Suspension of Registration (the "Order") on Cardinal Health's Lakeland, Florida distribution center. In the Order, DEA alleged that the Lakeland facility "failed to maintain effective controls against the diversion of controlled substances" and "failed to detect and report suspicious orders of oxycodone by its pharmacy customers." In particular, DEA identified four retail pharmacies located in Florida that were serviced by the Lakeland facility and alleged that "[n]otwithstanding the large quantities of controlled substances ordered by Cardinal's top retail pharmacy customers Cardinal failed to conduct meaningful due diligence to ensure that the controlled substances were not diverted...." Importantly, these allegations did not involve any diversion of controlled substances from Cardinal's facility.

Under the settlement agreement, the Lakeland facility's DEA registration was suspended for two years from the date of the settlement agreement. On May 21, 2014, the suspension was lifted and the DEA reinstated Lakeland's registration. On December 23, 2016, Cardinal Health reached a nationwide settlement with the federal government, resolving the outstanding civil penalty portion of this May 15, 2012 administrative settlement with the DEA. Under this civil settlement, Cardinal Health has agreed to pay $44 million to the Department of Justice (DOJ) to resolve this matter. The DOJ, including the DEA and the United States Attorneys' Offices for the Middle District of Florida, the Southern District of New York, the District of Maryland, and the Western District of Washington and all other districts across the country have also agreed to take no further administrative or civil action on these and related matters. In addition, Cardinal Health has reached an agreement with the State of West Virginia regarding the company's distribution of controlled substances in that state between 2007 and 2012. While Cardinal Health denies the allegations, it agreed to pay West Virginia $20 million to resolve issues and release the company from further actions.

In 2014, the Boards of Pharmacy in both California and Georgia took derivative action based upon the DEA settlement. The Georgia Board fined the Lakeland facility $500 in administrative fees, and the California Board fined the facility $1,505 in investigative fees. Both fees were paid to the respective Boards.

We make every effort to meet our customers' legitimate demands for controlled substances. However, we have also demonstrated a deep commitment to helping fight prescription drug abuse. If you have any questions about this issue, please contact Martha Russell, Assistant General Counsel, Regulatory, at 614-757-6654.

Sincerely,

Keegan Chamberlain
Director, Global Logistics Quality Management

CardinalHealth

Officer Name	Title	Business Address	Email Address
Scott B. Zimmerman	Vice President and Treasurer	7000 Cardinal Place, Dublin, OH 43017	scott.zimmerman@cardinalhealth.com
Keegan David Chamberlain	Director, Quality Management	7200 Cardinal Place, Dublin, OH 43017	Keegan.Chamberlain@cardinalhealth.com
John Joseph Tufano, Jr.	Senior Legal Counsel	7000 Cardinal Place, Dublin OH 43017	john.tufano@cardinalhealth.com
John Henry Martin Jr.	SVP, Tax	7000 Cardinal Place, Dublin OH 43017 (2B0060)	john.martin03@cardinalhealth.com

Copyright © 2021 Cardinal Health. All Rights Reserved.
The above information is confidential and to be used for licensing purposes only. Any other use is strictly prohibited without prior consent of Cardinal Health.

List the top four corporation shareholders and their percent ownership.

Stockholder	Stake
The Vanguard Group, Inc.	12.65%
SSgA Funds Management, Inc.	6.75%
BlackRock Fund Advisors	5.38%
T. Rowe Price Associates, Inc. (I...	5.12%
Macquarie Investment Management B...	2.67%

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show RGH ENTERPRISES, LLC, an Ohio For Profit Limited Liability Company, Registration Number 770802, was organized within the State of Ohio on April 9, 1990, is currently in FULL FORCE AND EFFECT upon the records of this office.

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 21st day of January, A.D. 2022.

Ohio Secretary of State

Validation Number: 202202102108

STATE OF OHIO
BOARD OF PHARMACY

LICENSE TO DISTRIBUTE DANGEROUS DRUGS

The entity named below is duly licensed, and is entitled to conduct business in the state of Ohio until June 30, 2023.

RGH ENTERPRISES, LLC

Cardinal Health at Home; Edgepark Medical Supplies

1810 SUMMIT COMMERCE PARK

TWINSBURG, OH 44087

License Number: 011981950

Wholesaler - Category 2

Expiration Date: June 30, 2023

CLASS: Wholesaler - Category 2
BUSINESS TYPE: FS – Full Service

Responsible Person – Print, sign and keep license in a readily retrievable location at the address listed on this license.

Responsible Person Name (Print)	Signature of Responsible Person
DONALD HAZELWOOD	

Any change of responsible person must be reported within ten days of the effective date of the appointment of the new responsible person via Service Request on your Ohio eLicense Dashboard - https://elicense.ohio.gov/oh_homepage.

State of Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215
T: 614/466-4143 | F: 614/752-4836 | licensing@pharmacy.ohio.gov

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, DC 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): January 10, 2022

Cardinal Health, Inc.
(Exact Name of Registrant as Specified in Charter)

Ohio	1-11373	31-0958666
(State or Other Jurisdiction of Incorporation)	(Commission File Number)	(IRS Employer Identification No.)

7000 Cardinal Place, Dublin, Ohio 43017
(Address of Principal Executive Offices) (Zip Code)

(614) 757-5000
(Registrant's telephone number, including area code)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (*see* General Instruction A.2. below):

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common shares (without par value)	CAH	New York Stock Exchange

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 7.01 Regulation FD Disclosure

On January 10, 2022, Cardinal Health, Inc. (the "Company") issued a press release announcing an update to its previously issued fiscal year 2022 Medical segment profit expectations and the related expected impact to fiscal year 2022 non-GAAP earnings per share. The release also contained information about the Company's upcoming appearance at the 40th Annual J.P. Morgan Healthcare Conference. A copy of the release is attached to this Form 8-K as Exhibit 99.1.

Item 9.01 Financial Statements and Exhibits

(d) Exhibits

Exhibit

99.1 Press Release issued January 10, 2022

104 Cover Page Interactive Data File – the cover page iXBRL tags are embedded within the Inline XBRL document

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the Registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Cardinal Health, Inc.
(Registrant)

Date: January 10, 2022

By: /s/ JASON M. HOLLAR
Jason M. Hollar
Chief Financial Officer

Signatures

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Cardinal Health, Inc.
(Registrant)

Date: January 10, 2022

By: /s/ JASON M. HOLLAR
Jason M. Hollar
Chief Financial Officer

Twinsburg, OH – Employees

Don Hazelwood Site Leader
Kevin Papesh Supervisor
Veronica Zuniga Supervisor
Gage Hankins Supervisor
Angela Stier Lead
Austin Gaumer
Brandon Nichols
Brye Collins
Chad Curran Lead
Daeveon Hester
Damber Gautam
De'Mecka Jackson
Edriana Ramirez
Elhami Halili
Jackson Konah
Jose Santiago
Jovanny Vazquez
Juan Dones Arroyo
Linda Demko
Malenny Garcia
Maria Nieves
Michael Kleem
Pedro Melendez Fernandez
Waleska Arroyo
William Bentley
William Guamer
Andrew Wiley
Brian Kontur
Brianna Nameth
Calphenia Dunklin
Cheryl Duber
Craig Steed
David Howell
David Kapusinski
Landis Jones
Matthew Sandrick
Matthew Williams
Patricia Grimes
Patricia Meidlinger
Randall Alexander
Sandra Fishel
Ted Bronko
Timothy Johnson
Tracy Stonko
Alicia Latimer
Antwai Marcy

Antwanetta Thompson
Benjamin Collins Jr.
Brock Lawer
Collin Wiley
Denia Zelaya Diaz
Derrick Hudson
Don Carter Lead
Don McVicker Lead
Heather Edgington
Hector Castro
Iris Matute
Jacqueline Stadelman Lead
Joseph Giboyeaux
Keyshla Arroyo
Latasha Jenkins
Mahinder Mahal
Manpreet Sidhu
Mark Weaver
Michael Driscal
Michell Cintron
Orlando Rivera Colon
Patrick Ndege
William Head
Zeginald Spencer

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
09/22/2021	202126502216	Conversion Within SOS Records (CVS)	99.00	200.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

CT CORPORATION SYSTEM
ATTN: ZACH CAIN
4400 EASTON COMMONS WAY, STE 125
COLUMBUS, OH 43219

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose
770802

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

RGH ENTERPRISES, LLC

and, that said business records show the filing and recording of:

Document(s)	Document No(s):
Conversion Within SOS Records	**202126502216**

Effective Date: 10/01/2021

CHANGE BUSINESS TYPE DOM. PROFIT LIM. LIAB. CO.

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 22nd day of September, A.D. 2021.

Ohio Secretary of State

Form 700 Prescribed by:

Frank LaRose
Ohio Secretary of State

Toll Free: 877.767.3453
Central Ohio: 614.466.3910
OhioSoS.gov
business@OhioSoS.gov
File online or for more information: OhioBusinessCentral.gov

For screen readers, follow instructions located at this path.

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 1329
Columbus, OH 43216

Expedite Filing (Two business day processing time. Requires an additional $100.00)
P.O. Box 1390
Columbus, OH 43216

2021 SEP 22 AM 11:35

Certificate for Conversion for Entities Converting Within or Off the Records of the Ohio Secretary of State

Filing Fee: $99
Form Must Be Typed

(CHECK ONLY ONE (1) BOX)

(1) ☒ **Converting Within The Records of the Ohio Secretary of State**

(2) ☐ **Converting Off The Records of the Ohio Secretary of State** (187-VXX)

Name of the converting entity: RGH Enterprises, Inc.

Jurisdiction of Formation: Ohio

Charter/Registration Number: 770802

The converting entity is a:
(Check Only (1) One Box)

- ☐ Domestic Nonprofit Corporation
- ☒ Domestic For-Profit Corporation
- ☐ Foreign Nonprofit Corporation
- ☐ Foreign For-Profit Corporation
- ☐ Domestic Nonprofit Limited Liability Company
- ☐ Foreign Nonprofit Limited Liability Company
- ☐ Domestic For-Profit Limited Liability Company
- ☐ Foreign For-Profit Limited Liability Company
- ☐ Partnership
- ☐ Domestic Limited Partnership
- ☐ Foreign Limited Partnership
- ☐ Domestic Limited Liability Partnership
- ☐ Foreign Limited Liability Partnership

The converting entity hereby states that it has complied with all laws in the jurisdiction under which it exists and that those laws permit the conversion.

Name of the converted entity: RGH Enterprises, LLC.

Jurisdiction of Formation: Ohio

The converted entity is a:
(Check Only (1) One Box)

- ☐ Domestic For-Profit Corporation
- ☐ Domestic Professional Association
- ☐ Foreign Nonprofit Corporation
- ☐ Foreign For-Profit Corporation
- ☐ Domestic Nonprofit Limited Liability Company
- ☐ Foreign Nonprofit Limited Liability Company
- ☒ Domestic For-Profit Limited Liability Company
- ☐ Foreign For-Profit Limited Liability Company
- ☐ Partnership
- ☐ Domestic Limited Partnership
- ☐ Foreign Limited Partnership
- ☐ Domestic Limited Liability Partnership
- ☐ Foreign Limited Liability Partnership

Effective Date (MM/DD/YYYY) **(Optional)**: 10/01/2021 **(The conversion is effective upon the filing of this certificate or on a later date specified in the certificate)**

Name and address of the person or entity that will provide a copy of the declaration of conversion upon written request.

Samantha Bourdette
Name

7000 Cardinal Place
Mailing Address

Dublin | Ohio | 43017
City | State | Zip Code

Required information that must accompany conversion certificate if box 2 is checked

If the converting entity is a domestic or foreign entity that will not be licensed in Ohio, provide the name and address of the statutory agent upon whom any process, notice or demand may be served.

Name of Statutory Agent

Mailing Address

City | OH | ZIP Code
State

See instructions for additional filing requirements if
(1) the conversion creates a new domestic entity,
(2) the converted entity is a foreign entity that desires to transact business in Ohio; or
(3) if a domestic corporation or foreign corporation licensed in Ohio is the converting entity.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required
Must be signed by an authorized representative.

Signature

By (if applicable)

John Tufano - Secretary

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Complete the information in this section.

AFFIDAVIT

In lieu of dissolution releases from various governmental authorities.

RGH Enterprises, Inc.

Name of Corporation

The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governmental agencies was advised IN WRITING of the scheduled date of filing of the Certificate and was advised IN WRITING of the acknowledgement by the corporation of the applicability of the provisions of section 1701.95 of the ORC.

Agency	Date Notified (MM/DD/YYYY)
Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215 * Only required for domestic for-profit corporations	07/31/2021

Agency	Date Notified (MM/DD/YYYY)
Ohio Job & Family Services Status and Liability Section Data Correspondence Control **Fax:** 614-752-4811 **Phone:** 614-466-2319 **Overnight Address:** P.O. Box 182413 Columbus, OH 43218-2413 **Regular Address:** P.O. Box 182413 Columbus, OH 43218-2413	7/31/2021

Agency	Date Notified (MM/DD/YYYY)
Ohio Department of Taxation Taxpayer Services/Tax Release Unit P.O. Box 182382 Columbus, OH 43218-2382 Dissolution@tax.state.oh.us * Complete this date notified field only if the corporation is a domestic non-profit corporation or foreign corporation. * **Note**: Domestic for-profit corporations must submit with this filing a Certificate of Tax Clearance issued by the Ohio Department of Taxation.	07/07/2021

☐ The corporation is not required to pay or the department of taxation has not assessed any personal property tax.

Note: This affidavit must be signed by one or more persons executing the certificate or by an officer of the corporation.

Signature [signature] Title Secretary

John Tufano
Name

7000 Cardinal Place
Mailing Address

Dublin | Ohio | 43017
City | State | ZIP Code

Seal

Sworn to and subscribed in my presence on this date (MM/DD/YYYY) 9/15/2021

SAMANTHA J BOURDETTE
Notary Public
State of Ohio
My Comm. Expires
December 12, 2021

[signature]
Notary Public

Date Commission Expires (MM/DD/YYYY) 12/12/2021

AFFIDAVIT OF PERSONAL PROPERTY

State of Ohio

County of Franklin

John Tufano
Name of Officer

Secretary
Title of Officer

of RGH Enterprises, Inc.
Name of Corporation

and that this affidavit is made in compliance with Ohio Revised Code Section 1701.86

That above-named corporation: (Check one (1) of the following)

☐ Has no personal property in any county in Ohio

☐ Is the type required to pay personal property taxes to state authorities only

☑ Has personal property in the following county (ies)

Summit		
County	County	County

Signature [signature] Title Secretary

Sworn to and subscribed in my presence on this date (MM/DD/YYYY) 9/15/2021

Seal

SAMANTHA J BOURDETTE
Notary Public
State of Ohio
My Comm. Expires
December 12, 2021

[signature]
Notary Public

Date Commission Expires (MM/DD/YYYY) 12/12/2021

Ohio | Department of Taxation

PO Box 182382
Columbus, OH 43218-2382
tax.ohio.gov

ANDREW MUHN
7000 CARDINAL PL
DUBLIN, OH 43017
USA

August 24, 2021
Contact ID: 9873000272

RE: Certificate of Tax Clearance
Entity Name: Rgh Enterprises, Inc.
Ohio Charter # 00770802
Certificate Issue Date: 08/24/2021

This certificate confirms the above-referenced entity filed all tax returns and paid in full all taxes and fees administered by the Tax Commissioner through the certificate issue date referred to above.

This certificate does not preclude the Department from issuing a bill and/or assessment against the entity for any tax returns and/or tax liabilities and fees that become due after the certificate issue date. Also, this certificate does not preclude the Department from conducting an examination or audit for any period ending prior to the date this certificate is filed with the Ohio Secretary of State.

This Certificate of Tax Clearance is valid for thirty (30) days from the certificate issue date and must be filed along with all forms prescribed by the Ohio Secretary of State.

Jeffrey A. McClain
Tax Commissioner

If you have any questions, please contact us.

Tax Release Unit
Phone: 1-888-996-4422
Fax: 1-206-964-0378
TTY/TDD: 1-800-750-0750

Form 533A Prescribed by:

Frank LaRose
Ohio Secretary of State

Toll Free: 877.767.3453
Central Ohio: 614.466.3910
OhioSoS.gov
business@OhioSoS.gov
File online or for more information: OhioBusinessCentral.gov

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 670
Columbus, OH 43216

Expedite Filing (Two business day processing time. Requires an additional $100.00)
P.O. Box 1390
Columbus, OH 43216

For screen readers, follow instructions located at this path.

2021 SEP 22 AM 11:35

Articles of Organization for a Domestic Limited Liability Company

Filing Fee: $99

Form Must Be Typed

CHECK ONLY ONE (1) BOX

(1) ☒ Articles of Organization for Domestic For-Profit Limited Liability Company (115-LCA)

(2) ☐ Articles of Organization for Domestic Nonprofit Limited Liability Company (115-LCA)

Name of Limited Liability Company: RGH Enterprises, LLC

(Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd.," or "ltd".)

Optional: Effective Date (MM/DD/YYYY): 10/01/2021

(The legal existence of the corporation begins upon the filing of the articles or on a later date specified that is not more than ninety days after filing.)

Optional: This limited liability company shall exist for: perpetual

Period of Existence

Optional: Purpose

**** Note for Nonprofit LLCs**
The Secretary of State does not grant tax exempt status. Filing with our office is not sufficient to obtain state or federal tax exemptions. Contact the Ohio Department of Taxation and the Internal Revenue Service to ensure that the nonprofit limited liability company secures the proper state and federal tax exemptions. These agencies may require that a purpose clause be provided. **

Original Appointment of Statutory Agent

The undersigned authorized member(s), manager(s) or representative(s) of

RGH Enterprises, LLC

(Name of Limited Liability Company)

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the corporation may be served. The complete address of the agent is:

C T Corporation System

(Name of Statutory Agent)

4400 Easton Commons Way, Suite 125

(Mailing Address)

Columbus	OH	43219
(Mailing City)	(Mailing State)	(Mailing ZIP Code)

Acceptance of Appointment

The Undersigned, C T Corporation System, named herein as the

(Name of Statutory Agent)

Statutory agent for RGH Enterprises, LLC

(Name of Limited Liability Company)

hereby acknowledges and accepts the appointment of statutory agent for said limited liability company.

Statutory Agent Signature /s/ Tracy Kellner - Assistant Secretary

(Individual Agent's Signature / Signature on Behalf of Business Serving as Agent)

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Articles and original appointment of agent must be signed by a member, manager or other representative.

If the authorized representative is an individual, then they must sign in the "signature" box and print his/her name in the "Print Name" box.

If the authorized representative is a business entity, not an individual, then please print the entity name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print his/her name and title/authority in the "Print Name" box.

Signature

Allegiance Corporation, Sole Member

By (if applicable)

Samantha Bourdette, Assistant Secretary

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF MERGER, WHICH MERGES:

"ASSURAMED GROUP, INC.", A DELAWARE CORPORATION,

WITH AND INTO "ALLEGIANCE CORPORATION" UNDER THE NAME OF 'ALLEGIANCE CORPORATION', A CORPORATION ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF DELAWARE, AS RECEIVED AND FILED IN THIS OFFICE ON THE THIRTIETH DAY OF JULY, A.D. 2021, AT 1:11 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF MERGER IS THE FIRST DAY OF AUGUST, A.D. 2021 AT 12:20 O'CLOCK A.M.

Jeffrey W. Bullock, Secretary of State

2627291 8100M
SR# 20212849024

Authentication: 203837533
Date: 08-04-21

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Delaware
Secretary of State
Division of Corporations
Delivered 01:07 PM 07/30/2021
FILED 01:11 PM 07/30/2021
SR 20212849024 - File Number 2627291

STATE OF DELAWARE
CERTIFICATE OF MERGER O_
DOMESTIC CORPORATIONS

Pursuant to Title 8, Section 251(c) of the Delaware General Corporation Law, the undersigned corporation executed the following Certificate of Merger:

FIRST: The name of the surviving corporation is Allegiance Corporation, and the name of the corporation being merged into this surviving corporation is AssuraMed Group, Inc.

SECOND: The Agreement of Merger has been approved, adopted, certified, executed and acknowledged by each of the constituent corporations.

THIRD: The name of the surviving corporation is Allegiance Corporation a Delaware corporation.

FOURTH: The Certificate of Incorporation of the surviving corporation shall be its Certificate of Incorporation.

FIFTH: The merger is to become effective on August 1, 2021 at 12:20am EST.

SIXTH: The Agreement of Merger is on file at 7000 Cardinal Place, Dublin, OH 43017, the place of business of the surviving corporation.

SEVENTH: A copy of the Agreement of Merger will be furnished by the surviving corporation on request, without cost, to any stockholder of the constituent corporations.

IN WITNESS WHEREOF, said surviving corporation has caused this certificate to be signed by an authorized officer, the 28th day of July, A.D., 2021.

By: [signature]
Authorized Officer

Name: Scott Zimmerman
Print or Type

Title: Vice President & Treasurer

4UU

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Y

Where is the facility located? ☐ Nevada ☒ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler		☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change	* If making a change, provide current license number:	☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ☒ No

Section 1: General Information

Facility Name: ASD Specialty Healthcare, LLC

Physical Address: 5566 Arrow Hwy

City: Montclair State: CA Zip: 91763

Mailing Address (if different from physical address): 1 West First Ave Attn: Legal Dept.-Licensing

City: Conshohocken State: PA Zip: 19428

(951) 283-1221 Website: asdhealthcare.com

Name of Designated Representative (DR): Orette Dixon

Licensing Company Email: licenserenewals@absg.com DR Email: odixon@amerisourcebergen.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☒ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☒ Practitioners	☐ Controlled Substances
☒ Hospitals	☐ Hypodermic Devices
☒ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☒ Others: Specialty Distributors/Pharmacies, Long Term Care/ Assisted Living, Military, Repackagers	☒ Others: OTC Medications

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		x
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		x
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?	x	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		x
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		x

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: No suppliers sold, dispensed, or distributed w/in last year

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 4: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation

State of Incorporation: CA

Parent Company (if any): AmerisourceBergen Specialty Group, LLC

Corporation Name: ASD Specialty Healthcare, LLC

Mailing Address: 1 West First Ave Attn: Legal Dept.-Licensing

City: Conshohocken State: PA Zip: 19428

Telephone: 6107277000 Email: licenserenewals@absg.com

Contact Person Name: John G. Chou

Section 6: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		x
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		x
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

John Chou

Print Name of Authorized Person Submitting Application

J. Chou

Original signature of Authorized Person (copies or stamps not accepted)

9/14/21

Date

Board Use Only	Date Received: _____	Amount: 500 check # 14378

Secretary of State
Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name:	ASD SPECIALTY HEALTHCARE, LLC
File Number:	201709310165
Registration Date:	03/31/2017
Entity Type:	DOMESTIC LIMITED LIABILITY COMPANY
Jurisdiction:	CALIFORNIA
Status:	ACTIVE (GOOD STANDING)

As of March 29, 2022 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 30, 2022.

SHIRLEY N. WEBER, Ph.D.
Secretary of State

Certificate Verification Number: R4NNP26

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at *bebizfile.sos.ca.gov/certification/index*.

ASD Healthcare
AmerisourceBergen

TwoLabs
PHARMA SERVICES

October 15, 2021

Via FedEx

To Whom It May Concern:

On behalf of ASD Specialty Healthcare, LLC ("ASD"), attached is ASD's application for Wholesaler.

ASD Specialty Healthcare, LLC, is part of AmerisourceBergen Corporations. ASD Specialty Healthcare, LLC is a National Wholesale Distributor and 3PL with its newest facility located in Montclair, CA. ASD has other specialty divisions such as Besse Medical, Oncology Supply and ASD Healthcare. ASD is a distributor of specialty health care products such as prescription drugs, OTC medications, and medical devices, across the United States.

At the time of this filing, ASD Specialty Healthcare, LLC, Montclair, CA facility is only licensed in their home state of California. California does not inspect new wholesale or 3PL facilities.

I hope this information is helpful as your review ASD's application. If you have any questions in regards to this application, please contact me at [redacted] or via email at cheryl.midian@twolabs.com. Please also address all written communication to me. My address is [redacted] Cadogan Place, New Albany, OH 43054.

Thank you in advance for your consideration.

Cheryl Midian
Licensing Analyst

RECEIVED
OCT 19 2021
NEVADA STATE BOARD
OF PHARMACY

Secretary of State
Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name:	ASD SPECIALTY HEALTHCARE, LLC
File Number:	201709310165
Registration Date:	03/31/2017
Entity Type:	DOMESTIC LIMITED LIABILITY COMPANY
Jurisdiction:	CALIFORNIA
Status:	ACTIVE (GOOD STANDING)

As of March 9, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 10, 2021.

SHIRLEY N. WEBER, Ph.D.
Secretary of State

Certificate Verification Number: ZV9ENAY

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bebizfile.sos.ca.gov/certification/index.

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

Board of Pharmacy

ORIGINAL CERTIFICATE

Wholesale Drug Permit

LICENSE NO. WLS 7923

ISSUE DATE APRIL 22, 2021

ASD SPECIALTY HEALTHCARE LLC

5566 ARROW HWY
MONTCLAIR CA 91763

The above is licensed with the State Board of Pharmacy as a Limited Liability Company.

LIMITED LIABILITY COMPANY
JOSE MANUEL PAREDES EXEMPTEE IN CHARGE

The official status of this license can be verified at www.pharmacy.ca.gov

PLACE RENEWAL LICENSE HERE

VALID UNTIL APRIL 01, 2022

RECEIPT NUMBER 00000000

This original license must be kept for the life of the license and posted in public view.

In accordance with section 4060 of the Business and Professions Code, the business named above is hereby licensed at the above address, and is subject to the rules and regulations of the California State Board of Pharmacy.

This permit is NONTRANSFERABLE and must be renewed annually on or before the indicated date. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, shareholder (more than 10 percent share change), designated representative-in-charge, manager or vice president of operations. If you are planning to change location or designated representative-in-charge, the approval must be in advance of the change.

CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

----- POST IN PUBLIC VIEW -----

BOARD OF PHARMACY

LICENSING DETAILS FOR: WLS 7923

NAME: ASD SPECIALTY HEALTHCARE LLC

LICENSE TYPE: WHOLESALER

LICENSE STATUS: CLEAR

ADDRESS

5566 ARROW HWY
MONTCLAIR CA 91763
SAN BERNARDINO COUNTY

ISSUANCE DATE

APRIL 22, 2021

EXPIRATION DATE

APRIL 1, 2023

CURRENT DATE / TIME

APRIL 27, 2022
9:43:41 AM

LICENSE RELATIONSHIPS

NAME: PAREDES, JOSE MANUEL

ADDRESS NOT DISCLOSED

LICENSE/REGISTRATION TYPE: DESIGNATED REPRESENTATIVE (WHOLESALER)

LICENSE NUMBER: 17446 **PRIMARY STATUS:** CLEAR

BOARD OF PHARMACY

LICENSING DETAILS FOR: WLS 7923

NAME: ASD SPECIALTY HEALTHCARE LLC

LICENSE TYPE: WHOLESALER

LICENSE STATUS: CLEAR

ADDRESS

5566 ARROW HWY
MONTCLAIR CA 91763
SAN BERNARDINO COUNTY

ISSUANCE DATE

APRIL 22, 2021

EXPIRATION DATE

APRIL 1, 2022

CURRENT DATE / TIME

JUNE 7, 2021
10:00:59 AM

LICENSE RELATIONSHIPS

NAME: PAREDES, JOSE MANUEL

ADDRESS NOT DISCLOSED

LICENSE/REGISTRATION TYPE: DESIGNATED REPRESENTATIVE (WHOLESALER)

LICENSE NUMBER: 17446 **PRIMARY STATUS:** CLEAR

ASD Healthcare
AmerisourceBergen

Description of Operations

ASD Specialty Healthcare, LLC, is part of AmerisourceBergen Corporations. ASD Specialty Healthcare, LLC is a National Wholesale Distributor and 3PL located in Montclair, CA. ASD has other specialty divisions such as Besse Medical, Oncology Supply and ASD Healthcare. ASD is a distributor of specialty health care products such as prescription drugs, OTC medications, and medical devices, across the United States. ASD's hours of operation are 9:00 a.m. – 5:00 p.m. PST Monday – Friday. ASD Specialty Healthcare, LLC, distributes products to wholesalers, hospitals, specialty distributors, specialty pharmacies, retailers, physicians, and long- term care facilities, military, surgical centers, and repackagers.

ASD Healthcare
AmerisourceBergen

Ownership Information

ASD Specialty Healthcare, LLC, a California corporation is owned 100% by AmerisourceBergen Specialty Group, LLC, a Delaware corporation, which is owned 100% by AmerisourceBergen Drug Corporation, a Delaware corporation. All entities are overall owned by AmerisourceBergen Corporation which is publicly traded on the NASDAQ (ABC).

ASD Specialty Healthcare, LLC

Is 100% owned by. . .

Parent Company:
AmerisourceBergen Specialty Group, LLC
1 West First Avenue
Conshohocken, PA. 19428
Tax ID: 26-4394862

Company Information

Company Name: ASD Specialty Healthcare, LLC
Address: 5566 Arrow Hwy
City, State, Zip: Montclair, CA 91763
Phone: (951) 283-1221
Website: www.asdhealthcare.com
E-mail: licenserenewals@absg.com
FEIN: 33-0800482
State of Formation: CA
Date Incorporated: 03/31/2017

Officers

Steven Collis, CEO
Business Address: 1 West First Ave., Conshohocken, PA 19428
Business Phone: (610)727-7000

James Cleary, Jr., Executive VP and CFO
Business Address: 1 West First Ave., Conshohocken, PA 19428
Business Phone: (610)727-7000



John G. Chou, Executive VP, General Counsel, Secretary
Business Address: 1 West First Ave., Conshohocken, PA 19428
Business Phone: (610)727-7000

John F. Quinn, Jr., Senior Vice President, Corporate Treasurer
Business Address: 1 West First Ave., Conshohocken, PA 19428
Business Phone: (610)727-7000

ASD Healthcare
AmerisourceBergen

Employee List

Steven Collis, CEO

James Cleary, Jr., Executive VP and CFO

John G. Chou, Executive VP, General Counsel, Secretary

John F. Quinn, Jr., Senior Vice President, Corporate Treasurer

Orette Dixon, Warehouse Manager, Designated Rep

Angela Kozak, Legal Specialist

Rafael Diaz, Warehouse Manager

VERIFICATION OF BOND IN FORCE
Form SB-3

Type of Bond: License/Permit Bond

Name of Principal: AMERISOURCEBERGEN CORPORATION

Obligee: STATE OF NEVADA

Carrier: FIDELITY AND DEPOSIT COMPANY OF MARYLAND

Bond Number: 08861011

Effective Date: September 20, 2020

Limit: $ 100,000.00

Premium: $ 500.00

This Bond is continuous with no definite expiration date. Sufficient Premium has been paid to satisfy the requirements of the Carrier for this bond to September 20, 2021.

FIDELITY AND DEPOSIT COMPANY OF MARYLAND

By: _____
Sara Owens Attorney in Fact

Date: September 15, 2020

ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND
POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the ZURICH AMERICAN INSURANCE COMPANY, a corporation of the State of New York, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, a corporation of the State of Illinois, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND a corporation of the State of Illinois (herein collectively called the "Companies"), by **Robert D. Murray, Vice President,** in pursuance of authority granted by Article V, Section 8, of the By-Laws of said Companies, which are set forth on the reverse side hereof and are hereby certified to be in full force and effect on the date hereof, do hereby nominate, constitute, and appoint **Wayne G. MCVAUGH, Elizabeth MARRERO, Patricia A. RAMBO, Sara OWENS, Kimberly G. SHERROD, Joanne C. WAGNER, Vicki JOHNSTON, Cathy H. HO, George GIONIS, Lori SHELTON, Jaquanda MARTIN and Kaitlyn MALKOWSKI all of Philadelphia, Pennsylvania, EACH,** its true and lawful agent and Attorney-in-Fact, to make, execute, seal and deliver, for, and on its behalf as surety, and as its act and deed: **any and all bonds and undertakings,** and the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Companies, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the ZURICH AMERICAN INSURANCE COMPANY at its office in New York, New York., the regularly elected officers of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at its office in Owings Mills, Maryland., and the regularly elected officers of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at its office in Owings Mills, Maryland., in their own proper persons.

The said Vice President does hereby certify that the extract set forth on the reverse side hereof is a true copy of Article V, Section 8, of the By-Laws of said Companies, and is now in force.

IN WITNESS WHEREOF, the said Vice-President has hereunto subscribed his/her names and affixed the Corporate Seals of the said **ZURICH AMERICAN INSURANCE COMPANY, COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and FIDELITY AND DEPOSIT COMPANY OF MARYLAND,** this 15th day of May, A.D. 2019.

ATTEST:
ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND

By: Robert D. Murray
Vice President

By: Dawn E. Brown
Secretary

State of Maryland
County of Baltimore

On this 15th day of May, A.D. 2019, before the subscriber, a Notary Public of the State of Maryland, duly commissioned and qualified, **Robert D. Murray, Vice President and Dawn E. Brown, Secretary** of the Companies, to me personally known to be the individuals and officers described in and who executed the preceding instrument, and acknowledged the execution of same, and being by me duly sworn, deposeth and saith, that he/she is the said officer of the Company aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and that the said Corporate Seals and the signature as such officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal the day and year first above written.

Constance A. Dunn, Notary Public
My Commission Expires: July 9, 2019

EXTRACT FROM BY-LAWS OF THE COMPANIES

"Article V, Section 8, Attorneys-in-Fact. The Chief Executive Officer, the President, or any Executive Vice President or Vice President may, by written instrument under the attested corporate seal, appoint attorneys-in-fact with authority to execute bonds, policies, recognizances, stipulations, undertakings, or other like instruments on behalf of the Company, and may authorize any officer or any such attorney-in-fact to affix the corporate seal thereto; and may with or without cause modify of revoke any such appointment or authority at any time."

CERTIFICATE

I, the undersigned, Vice President of the ZURICH AMERICAN INSURANCE COMPANY, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing Power of Attorney is still in full force and effect on the date of this certificate; and I do further certify that Article V, Section 8, of the By-Laws of the Companies is still in force.

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the ZURICH AMERICAN INSURANCE COMPANY at a meeting duly called and held on the 15th day of December 1998.

RESOLVED: "That the signature of the President or a Vice President and the attesting signature of a Secretary or an Assistant Secretary and the Seal of the Company may be affixed by facsimile on any Power of Attorney...Any such Power or any certificate thereof bearing such facsimile signature and seal shall be valid and binding on the Company."

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at a meeting duly called and held on the 5th day of May, 1994, and the following resolution of the Board of Directors of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at a meeting duly called and held on the 10th day of May, 1990.

RESOLVED: "That the facsimile or mechanically reproduced seal of the company and facsimile or mechanically reproduced signature of any Vice-President, Secretary, or Assistant Secretary of the Company, whether made heretofore or hereafter, wherever appearing upon a certified copy of any power of attorney issued by the Company, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seals of the said Companies, this 15th day of September, 2020.

Brian M. Hodges, Vice President

TO REPORT A CLAIM WITH REGARD TO A SURETY BOND, PLEASE SUBMIT A COMPLETE DESCRIPTION OF THE CLAIM INCLUDING THE PRINCIPAL ON THE BOND, THE BOND NUMBER, AND YOUR CONTACT INFORMATION TO:

Zurich Surety Claims
1299 Zurich Way
Schaumburg, IL 60196-1056
www.reportsfclaims@zurichna.com
800-626-4577

RIDER

To be attached to and form part of:

Bond Number 08861011

dated September 20, 2006

issued by the FIDELITY AND DEPOSIT COMPANY OF MARYLAND

in the amount of $100,000.00

on behalf of AMERISOURCEBERGEN CORPORATION
(Principal)

and in favor of STATE OF NEVADA
(Obligee)

Now therefore, it is agreed that in consideration of the premium charged, the attached bond shall be amended as follows:

LOCATION VERIFICATION:

See Attached

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This Rider is to be Effective this 6th day of January, 2022.

Signed, Sealed & Dated this 6th day of January, 2022.

AMERISOURCEBERGEN CORPORATION
(Principal)

By: John A. Chou
John G. Chou (Jan 12, 2022 11:14 EST)

FIDELITY AND DEPOSIT COMPANY OF MARYLAND
(Surety)

By: Sara Owens
Sara Owens, Attorney-in-Fact

The Following Address shall be Made Part of this Bond:

ABDC Amityville:	5500 New Horizon Blvd., No. Amityville, NY 11701
ABDC Atlanta/Buford:	3930 Mason Mill Rd., Buford, GA 30518
ABDC Boston:	101 Norfolk Street, Mansfield, MA 02048
ABDC Chicago:	1001 West Taylor Rd., Romeoville, IL 60446
ABDC Columbus:	6301 LaSalle Drive, Lockbourne, OH 43137
ABDC Columbus:	6305 LaSalle Dr., Lockbourne, OH 43137
ABDC Corona:	1851 California Avenue, Corona, CA 92881
ABDC Dallas:	501 Patriot Parkway, Roanoke, TX 76262
ABDC: Denver:	501 W. 44th Avenue, Denver, CO 80216
ABDC Honolulu:	238 Sand Island Access Rd. #MI, Honolulu, HI 96819
ABDC Houston:	12727 W. Airport Blvd., Sugar Land, TX 77478
ABDC Kansas City:	11200 N. Congress Ave., Kansas City, MO 64153
ABDC Kentucky:	6001 Global Distribution Way, Suite 102, Louisville, KY 40228
ABDC Morrisville:	120 Trans Air Drive, Morrisville, NC 27560
ABDC Newburgh:	108 Route 17K, Suite 1, Newburgh, NY 12550
ABDC N. Amityville:	5500 New Horizon Blvd., N. Amityville, NY 11701
ABDC Olive Branch:	12577 Stateline Road, Olive Branch, MS 38654
ABDC Orlando:	10910 Lee Vista Blvd., Suite 1, Orlando FL 32829
ABDC Phoenix:	7775 Buckeye Rd., Suite 150, Phoenix, AZ 85043
ABDC Richmond:	9900 J.E.B. Stuart Pkwy., Glen Allen, VA 23060
ABDC Sacramento:	1325 West Striker Ave., Sacramento, CA 95834
ABDC Salt Lake City:	1765 Fremont Drive., Salt Lake City, UT 84104
ABDC Seattle:	2141 S. 211th Street, Des Moines, WA 98198
ABDC Shakopee:	500 Innovation Drive, Shakopee, MN 55379
ABDC Valencia:	24903 Avenue Kearny, Valencia, CA 91355
ABDC Williamston:	One Industrial Park, Williamston, MI 48895
ABDC Whitestown:	4680 Indianapolis Rd, Whitestown, IN 46075

Theracom, LLC	1195 Trademark Drive, #102-C, Reno, NV89511

ASD Specialty Healthcare, LLC:	1195 Trademark Drive, #102-A, Reno, NV 89511 345 International Blvd. Suite 400A, Brooks, KY 40109 2811 Horace Shepard Drive., Dothan, AL 36303 5566 Arrow Hwy, Montclair, CA 91763

Integrated Commercialization Solutions, LLC:	1195 Trademark Drive, #102-B Reno, NV 8951 6450 LaSalle Drive, Suite B/D Lockbourne, OH 43137 167 International Blvd., STE A, Brooks, KY 40109 420 International Blvd., Suite 500, Brooks, KY 4

EXTRACT FROM BY-LAWS OF THE COMPANIES

"Article V, Section 8. Attorneys-in-Fact. The Chief Executive Officer, the President, or any Executive Vice President or Vice President may, by written instrument under the attested corporate seal, appoint attorneys-in-fact with authority to execute bonds, policies, recognizances, stipulations, undertakings, or other like instruments on behalf of the Company, and may authorize any officer or any such attorney-in-fact to affix the corporate seal thereto; and may with or without cause modify of revoke any such appointment or authority at any time."

CERTIFICATE

I, the undersigned, Vice President of the ZURICH AMERICAN INSURANCE COMPANY, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing Power of Attorney is still in full force and effect on the date of this certificate; and I do further certify that Article V, Section 8, of the By-Laws of the Companies is still in force.

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the ZURICH AMERICAN INSURANCE COMPANY at a meeting duly called and held on the 15th day of December 1998.

RESOLVED: "That the signature of the President or a Vice President and the attesting signature of a Secretary or an Assistant Secretary and the Seal of the Company may be affixed by facsimile on any Power of Attorney...Any such Power or any certificate thereof bearing such facsimile signature and seal shall be valid and binding on the Company."

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at a meeting duly called and held on the 5th day of May, 1994, and the following resolution of the Board of Directors of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at a meeting duly called and held on the 10th day of May, 1990.

RESOLVED: "That the facsimile or mechanically reproduced seal of the company and facsimile or mechanically reproduced signature of any Vice-President, Secretary, or Assistant Secretary of the Company, whether made heretofore or hereafter, wherever appearing upon a certified copy of any power of attorney issued by the Company, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seals of the said Companies, this 6th day of January, 2022.

Brian M. Hodges, Vice President

TO REPORT A CLAIM WITH REGARD TO A SURETY BOND, PLEASE SUBMIT A COMPLETE DESCRIPTION OF THE CLAIM INCLUDING THE PRINCIPAL ON THE BOND, THE BOND NUMBER, AND YOUR CONTACT INFORMATION TO:

Zurich Surety Claims
1299 Zurich Way
Schaumburg, IL 60196-1056
www.reportsfclaims@zurichna.com
800-626-4577

ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND
POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the ZURICH AMERICAN INSURANCE COMPANY, a corporation of the State of New York, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, a corporation of the State of Illinois, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND a corporation of the State of Illinois (herein collectively called the "Companies"), by **Robert D. Murray, Vice President**, in pursuance of authority granted by Article V, Section 8, of the By-Laws of said Companies, which are set forth on the reverse side hereof and are hereby certified to be in full force and effect on the date hereof, do hereby nominate, constitute, and appoint **Wayne G. MCVAUGH, Elizabeth MARRERO, Patricia A. RAMBO, Sara OWENS, Kimberly G. SHERROD, Joanne C. WAGNER, Vicki JOHNSTON, Cathy H. HO, George GIONIS, Lori SHELTON, Jaquanda MARTIN and Kaitlyn MALKOWSKI all of Philadelphia, Pennsylvania, EACH,** its true and lawful agent and Attorney-in-Fact, to make, execute, seal and deliver, for, and on its behalf as surety, and as its act and deed: **any and all bonds and undertakings,** and the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Companies, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the ZURICH AMERICAN INSURANCE COMPANY at its office in New York, New York., the regularly elected officers of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at its office in Owings Mills, Maryland., and the regularly elected officers of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at its office in Owings Mills, Maryland., in their own proper persons.

The said Vice President does hereby certify that the extract set forth on the reverse side hereof is a true copy of Article V, Section 8, of the By-Laws of said Companies, and is now in force.

IN WITNESS WHEREOF, the said Vice-President has hereunto subscribed his/her names and affixed the Corporate Seals of the said **ZURICH AMERICAN INSURANCE COMPANY, COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and FIDELITY AND DEPOSIT COMPANY OF MARYLAND,** this 15th day of May, A.D. 2019.

ATTEST:
ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND

By: Robert D. Murray
Vice President

By: Dawn E. Brown
Secretary

State of Maryland
County of Baltimore

On this 15th day of May, A.D. 2019, before the subscriber, a Notary Public of the State of Maryland, duly commissioned and qualified, **Robert D. Murray, Vice President and Dawn E. Brown, Secretary** of the Companies, to me personally known to be the individuals and officers described in and who executed the preceding instrument, and acknowledged the execution of same, and being by me duly sworn, deposeth and saith, that he/she is the said officer of the Company aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and that the said Corporate Seals and the signature as such officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal the day and year first above written.

Constance A. Dunn

Constance A. Dunn, Notary Public
My Commission Expires July 9, 2019

ABC - Nevada Surety Bond - For Licensing

Final Audit Report 2022-01-12

Created:	2022-01-12
By:	Sam Smith (samuel.smith@amerisourcebergen.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAvsMj7V5jr72N62waCsrV1_k9W8RopqLi

"ABC - Nevada Surety Bond - For Licensing" History

Document created by Sam Smith (samuel.smith@amerisourcebergen.com)
2022-01-12 - 3:20:33 PM GMT- IP address: 163.116.157.34

Document emailed to John G. Chou (jchou@amerisourcebergen.com) for signature
2022-01-12 - 3:21:02 PM GMT

Email viewed by John G. Chou (jchou@amerisourcebergen.com)
2022-01-12 - 4:14:14 PM GMT- IP address: 107.77.204.98

Document e-signed by John G. Chou (jchou@amerisourcebergen.com)
Signature Date: 2022-01-12 - 4:14:40 PM GMT - Time Source: server- IP address: 107.77.204.98

Agreement completed.
2022-01-12 - 4:14:40 PM GMT

NEVADA STATE BOARD OF PHARMACY
555 Double Eagle Court #1100
Reno, Nevada 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 08861011

Application/License No. _____

AMERISOURCEBERGEN CORPORATION (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1300 Morris Drive Chesterbrook, PA 19087 (Address of Applicant/Principal), as PRINCIPAL, and FIDELITY AND DEPOSIT COMPANY OF MARYLAND (Surety Company), a corporation organized under the laws of the state of MD (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 3910 Keswick Road Baltimore, MD 21211 (Address of Surety), as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 9/20/2006 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal

may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.

(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.

(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.

(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.

(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.

(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.

(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 20th day of September, 2006.

APPLICANT/PRINCIPAL
AMERISOURCEBERGEN CORPORATION

_____
Authorized Representative

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND

_____
Surety Company's Representative

Wayne G. McVaugh, Attorney-In-fact
print name

SIGNED and SEALED in the presence of:

_____
Witness Sandra Bronson

_____
Witness

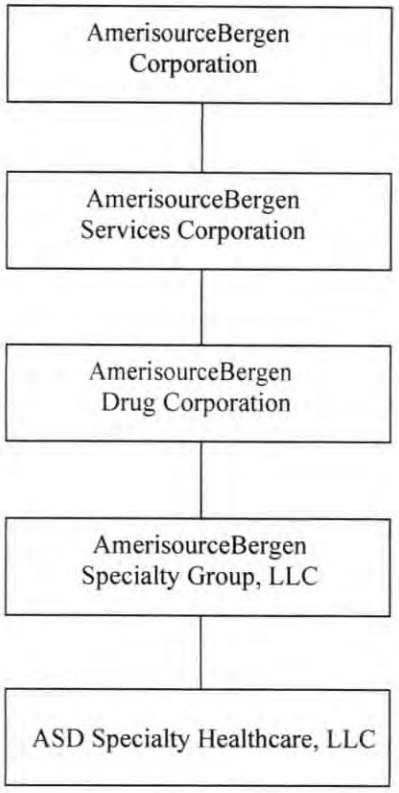
Countersigned by:

_____
Nevada Resident Agent

ASD Healthcare
AmerisourceBergen

ASD SPECIALTY HEALTHCARE, LLC

Organization Flow Chart



Entity	Parent Company	Percentage Owned
ASD Specialty Healthcare, LLC	AmerisourceBergen Specialty Group, LLC	100%
AmerisourceBergen Specialty Group, LLC	AmerisourceBergen Drug Corporation	100%
AmerisourceBergen Drug Corporation	AmerisourceBergen Services Corporation	100%
AmerisourceBergen Services Corporation	AmerisourceBergen Corporation	Publicly-Held

PERSONAL AND CONFIDENTIAL ***– Do not reproduce without the express written consent of AmerisourceBergen Corporation***

ASD Healthcare
AmerisourceBergen

ASD Specialty Healthcare, LLC
Compliance History

*Please Note: ASD Specialty Healthcare, LLC in Montclair, CA does not have any disciplinary.

With respect to the distribution center operated by ASD Specialty Healthcare, LLC ("ASD") located in Kentucky, in February 2001, ASD and the Kentucky Board of Pharmacy entered into an Agreed Order with respect to ASD's alleged failure to complete certain DEA forms, and ASD paid a small fine.

In December 2012, the Florida Department of Business & Professional Regulation alleged that ASD's Besse Medical had (i) erroneously identified the manufacturer of a drug as "Eyetech Pharmaceuticals" on certain pedigrees, when the holder of the NDC for the drug in question was "Eyetech," and (ii) included the name of the purchasing entity, the qualifying practitioner, and his medical license number on certain invoices to a customer, but did not include the entity's health care clinic establishment permit number on the invoices. In January 2013, ASD entered into a settlement agreement with the Department resolving the matter, without admitting wrongdoing, and paid a small fine.

In February 2015, the Florida Department of Business & Professional Regulation alleged that ASD violated Florida rules by (i) listing an incorrect permit number for ASD on four invoices, (ii) failing to list the purchaser's and/or recipient's permit number on seven invoices, and (iii) listing an incorrect address and permit number for ASD on one invoice. In March 2015, ASD entered into two settlement agreements with the Department resolving these matters and paid a small reduced fine.

ASD is owned by AmerisourceBergen Specialty Group, LLC ("ABSG"). In September 2017, ABSG pled guilty in the Eastern District of New York to a strict liability misdemeanor offense in connection with the failure of one of ABSG's formerly operating entities, Medical Initiatives, Inc., to register with the United States Food and Drug Administration. ABSG paid a fine and forfeiture and entered into a three-year compliance agreement as a result of the plea. In June 2018, the Florida Department of Business and Professional Regulation issued a Notice of Violation, alleging that ASD violated Section 499.067 of the Florida Statutes because ASD's owner, ABSG, was found to have violated a federal drug law. In June 2018, ASD and the Department entered into a Settlement Agreement resolving the matter and paid a fine, without ASD admitting the allegations in the Notice of Violation.

In June 2018, the Florida Department of Business and Professional Regulation issued a Notice of Violation, alleging that ASD violated Section 499.067 of the Florida Statutes because ASD's owner, ABSG, was found to have violated a federal drug law. In June 2018, ASD and the Department entered into a Settlement Agreement resolving the matter and paid a fine, without ASD admitting the allegations in the Notice of Violation.

In September 2019, the Utah Board of Pharmacy issued a citation alleging that ASD failed to report its 2018 disciplinary action from the State of Florida within 10 days to the Utah Board of Pharmacy and imposed a small fine on ASD. In October 2019, ASD paid the fine and returned the citation to the Utah Board of Pharmacy.

In January 2020, the Alabama Board of Pharmacy issued a Statement of Charges and Notice of Hearing alleging ASD Specialty Healthcare, LLC dba Oncology Supply's facility in Dothan, AL violated the

ASD Healthcare
AmerisourceBergen

Alabama Pharmacy Practice Act because of a Plea Agreement entered into by ASD's owner, AmerisourceBergen Specialty Group, in the E.D. N.Y. in September of 2017 and a Settlement Agreement ASD entered into with the State of Florida in July of 2018. In July 2020, ASD and the Department entered into a Consent Order resolving the matter and paid a fine.

In June 2020, the State of the Maine Board of Pharmacy issued an administrative citation to the ASD facility located in Dothan, AL for failing to report its 2018 settlement with the Florida Dept. of Professional and Business Regulation to the Maine Board within the 10-day time frame as outlined in 10 M.R.S. §§ 8003(5-A)(A)(l l), and 10 M.R.S. § 8003-G(2)(C). In July 2020 the facility entered into a settlement agreement with the Board and paid a small fine.

AmerisourceBergen
Specialty Group

AMERISOURCEBERGEN SPECIALTY GROUP, LLC
COMPLIANCE HISTORY

With respect to the distribution center operated by ASD Specialty Healthcare, LLC ("ASD") located in Kentucky, in February 2001, ASD and the Kentucky Board of Pharmacy entered into an Agreed Order with respect to ASD's alleged failure to complete certain DEA forms, and ASD paid a small fine.

Integrated Commercialization Solutions, LLC ("ICS") provides distribution and third party logistics services to pharmaceutical manufacturers, including the shipment of pharmaceutical products to customers in the State of Florida, out of a distribution center in Brooks, Kentucky. ICS operates its wholesale distribution business out of Suite 400 at the distribution center, which it operates jointly with its parent corporation, ASD Specialty Healthcare, LLC ("ASD"). At all relevant times, ASD held an Out-State Rx Drug Wholesaler permit issued by the Florida Department of Health for this facility. In addition, ICS held its own non-resident prescription drug manufacturer permit issued by the Florida Department of Health at an adjacent facility located at Suite 100 in the same building.

In August 2006, the Florida Department of Health informed ICS that it should obtain its own Out-State Rx Drug Wholesaler permit, in addition to ASD's Out-State Rx Drug Wholesaler permit, for Suite 400. ICS immediately filed an application for that permit, and now holds its own Out-State Rx Drug Wholesaler permit issued by the Florida Department of Health. In July 2007, ICS entered into an agreement with the Florida Department of Health, without admitting wrongdoing in any way, and paid a fine in full settlement of any claims with respect to the status of ICS's Florida permits prior to August 2006.

In October and November 2010, the Colorado Board of Pharmacy cited ICS's locations at Suite 500 in Brooks, Kentucky, and its location in Reno, Nevada, for not timely notifying the Board of a change in designated representative. Another individual had been appointed as the designated representative at each location, but ICS had not timely notified the Board of the appointment. ICS entered into two Stipulations with the Colorado Board of Pharmacy resolving the matters and paid two fines.

In December 2012, the Florida Department of Business & Professional Regulation alleged that ASD's Besse Medical had (i) erroneously identified the manufacturer of a drug as "Eyetech Pharmaceuticals" on certain pedigrees, when the holder of the NDC for the drug in question was "Eyetech," and (ii) included the name of the purchasing entity, the qualifying practitioner, and his medical license number on certain invoices to a customer, but did not include the entity's health care clinic establishment permit number on the invoices. In January 2013, ASD entered into a settlement agreement with the Department resolving the matter, without admitting wrongdoing, and paid a small fine.

In February 2015, the Florida Department of Business & Professional Regulation alleged that ASD violated Florida rules by (i) listing an incorrect permit number for ASD on four invoices, (ii) failing to list the purchaser's and/or recipient's permit number on seven invoices, and (iii) listing an incorrect address and permit number for ASD on one invoice. In March 2015, ASD entered into two settlement agreements with the Department resolving these matters and paid a small reduced fine.

AmerisourceBergen
Specialty Group

ASD is owned by AmerisourceBergen Specialty Group, LLC ("ABSG"). In September 2017, ABSG pled guilty in the Eastern District of New York to a strict liability misdemeanor offense in connection with the failure of one of ABSG's formerly operating entities, Medical Initiatives, Inc., to register with the United States Food and Drug Administration. ABSG paid a fine and forfeiture and entered into a three-year compliance agreement as a result of the plea.

In June 2018, the Florida Department of Business and Professional Regulation issued a Notice of Violation, alleging that ASD violated Section 499.067 of the Florida Statutes because ASD's owner, ABSG, was found to have violated a federal drug law. In June 2018, ASD and the Department entered into a Settlement Agreement resolving the matter and paid a fine, without ASD admitting the allegations in the Notice of Violation.

In September 2019, the Utah Board of Pharmacy issued a citation alleging that ASD failed to report its 2018 disciplinary action from the State of Florida within 10 days to the Utah Board of Pharmacy and imposed a small fine on ASD. In October 2019, ASD paid the fine and returned the citation to the Utah Board of Pharmacy.

In January 2020, the Alabama Board of Pharmacy issued a Statement of Charges and Notice of Hearing alleging ASD Specialty Healthcare, LLC dba Oncology Supply's facility in Dothan, AL violated the Alabama Pharmacy Practice Act because of a Plea Agreement entered into by ASD's owner, AmerisourceBergen Specialty Group, in the E.D. N.Y. in September of 2017 and a Settlement Agreement ASD entered into with the State of Florida in July of 2018. In July 2020, ASD and the Department entered into a Consent Order resolving the matter and paid a fine.

In June 2020, the State of the Maine Board of Pharmacy issued an administrative citation to the ASD facility located in Dothan, AL for failing to report its 2018 settlement with the Florida Dept. of Professional and Business Regulation to the Maine Board within the 10-day time frame as outlined in 10 M.R.S. §§ 8003(5-A)(A)(1 l), and 10 M.R.S. § 8003-G(2)(C). In July 2020 the facility entered into a settlement agreement with the Board and paid a small fine.

In January 2021, ICS entered into a settlement agreement with the Florida Department of Business and Professional Regulation to resolve allegations that ICS's Lockbourne, Ohio distribution center division operated as Florida-licensed out of state prescription drug wholesale distributor without a licensed Florida Certified Designated Representative in its employ, as required by Florida law. As a result of the settlement, ICS paid a fine but did not admit guilt.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Y

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler ASD Specialty Healthcare, LLC

Physical Address 5566 Arrow Hwy

City Montclair State CA Zip 91763

Mailing Address (if different from physical address) 1 West First Ave

City Conshohocken State PA Zip 19428

Telephone (951) 283-1221 Website www.oncologysupply.com

Licensing Company Email licenserenewals@absg.com

Section 2: Personal Information

First Orette Middle Antonio Last Dixon

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address 5566 East Arrow Highway

City Montclair State CA Zip 91763

Telephone [redacted] Email odixon@amerisourcebergen.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty Logistics Specialist

Branch: ☒ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Walden University			
Address	**City**	**State**	**Zip**
100 S Washington Ave Suite 1210	Minneapolis	MN	55401
Diploma/Degree obtained, if any			
Bachelor of Business Administration			

School Name		From - To (MM/YY – MM/YY)	
MIAMI NORLAND SENIOR HIGH			
Address	**City**	**State**	**Zip**
1193 NW 193RD ST, MIAMI GARDENS	MIAMI GARDENS	FL	33169
Diploma/Degree obtained, if any			
HIGH SCHOOL DIPLOMA			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1/2017-Present	[redacted] Greencrest Court	Lawrenceville	GA	30045
1/2008-1/2017	[redacted] Carlysle Cove Drive	Lawrenceville	GA	30044

Applicant's initials _____ 3

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5985) or wholesalers (NAC 639.5985) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
AmerisourceBergen			July 2016-Present	
Business Address		**City**	**State**	**Zip**
1 West First Avenue		Conshohocken	PA	19428
Phone	**Title**		**Number of Employed Hours**	
610-727-7000	Warehouse Manager		>6K Hours	
Description of Duties				
See Attached Resume				

Business Name			From - To (MM/YY – MM/YY)	
Tyco International			January, 2013-July,	
Business Address		**City**	**State**	**Zip**
2600 Westpoint Dr.		Lithia Springs	Georgia	30122
Phone	**Title**		**Number of Employed Hours**	
(678) 505-2089	Senior Supervisor			
Description of Duties				
See Attached Resume				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Applicant's initials _____

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	x	
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		x
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		x
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		x
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		x
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		x
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		x
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		x
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		x
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		x

AmerisourceBergen

Orette Dixon
Director of Operations
ODixon@amerisourcebergen.com

5566 Arrow Hwy
Montclair, CA 91763

To Whom It May Concern:

In full disclosure, I would like to mention that I have a prior misdemeanor from an incident that occurred over eleven years ago, March 3rd, 2010, in Cobb County, Georgia. After leaving a social event I was pulled over and charged with a DUI (Driving Under the Influence of Alcohol). A copy of the arrest report is attached. I plead guilty and was sentenced as a first-time offender (misdemeanor). I was ordered to complete a 24- hour confinement, community service which I performed with the Red Cross, and attend a DUI risk reduction class. All the requirements were completed successfully.

As a family man and father of two children, I have always tried to do the best that I can and live my life with honor. I have worked very hard in moving on from the DUI incident and have since made positive strides with my life and career.

Sincerely,

Orette Dixon

X

Orette Dixon
Warehouse Manager, Designated Represen...

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
		See Attached		
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

9/21/21
Date

Applicant's initials

I, Orette Dixon, **certify that as the designated representative for**

ASD Specialty Healthcare, LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Orette Dixon

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/21/21

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Orette Dixon
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/21/21
Date

Please have this section completed in the presence of a Notary Public.

State of GEORGIA, ss. County of GWINNETT

I, ORETTE A. DIXON, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

9/21/21
Date

Subscribed and Sworn to before me this 21 day of September 2021

Notary Public Signature

ALEXAS SAAVEDRA NOTARY PUBLIC DEKALB COUNTY, GEORGIA MY COMMISSION EXPIRES MAY 13, 2023

ALEXAS SAAVEDRA NOTARY PUBLIC DEKALB COUNTY GEORGIA MY COMMISSION EXPIRES MAY 13, 2023

Applicant's initials

Orette A. Dixon

5566 East Arrow Highway Montclair, CA 91763, [redacted], [redacted]@yahoo.com
LinkedIn Profile https://www.linkedin.com/in/orette-dixon-[redacted]

Director of Operations

Strategy Development & Execution~ Leadership ~ Continuous Improvement ~ Optimization

An accomplished leader with an extensive background in logistics and distribution, including order fulfillment and supply chain management. Expertise in creating a common vision, devising strategic plans and executing tactical initiatives to drive successful organizational transformation. Ten years track record cultivating strategic, financial, and analytical competencies that have continuously positioned organization to achieve mission critical objectives.

Warehouse Management • Quality Control • Warehouse Management Systems • 3PL Management • • Organizational and People Leadership •Safety and Compliance •Inventory Management

EDUCATION & TRAINING

- **Bachelor of Business Administration** *(Walden University)*
- **Greenbelt Training** *(PDI University of North Texas)*
- **Corporate and Professional Education: Encouraging and Developing Employees, Coaching a Winning Team** *(Chattahoochee Technical College)*
- **Management Essentials: Developing Your Direct Reports** *(Learning Management System)*
- **United States Army** *Logistics Specialist*

PROFESSIONAL EXPERIENCE

AMERISOURCEBERGEN, Montclair, CA **Aug, 2021 – Present**

Director of Operation

Through our distribution capabilities, we ensure crucial medications efficiently, reliably, and securely reach their destinations every day. Over 1,500 pharmaceutical manufacturers and tens of thousands of healthcare providers rely on AmerisourceBergen to deliver the medicines and treatments patients need in a timely manner. By seamlessly connecting our partners, we create healthier futures.

ACCOMPLISHMENTS:

- Strategically staff key leadership roles to optimize recruiting of 50 – 60 associates
- Oversee the performance of all DC operation, including all employee management, inventory, and equipment
- Develop and implement distribution strategies to achieve high service levels
- Recognize companywide for outstanding work and driving several process improvement initiatives
- Strengthen company's business by leading implementation of performance management and establishing goals and objectives

AMERISOURCEBERGEN, Buford, GA **July, 2016 – Aug, 2021**

Warehouse Manager

A World-class company that provides pharmaceutical products and business solutions that improves access to care. Operate as the backbone of the healthcare supply chain and drive the future of local care delivery.

ACCOMPLISHMENTS:

- Participated on AOS Agile project that resulted in roughly 300k/year in labor savings
- Responsible for shipping 500+K lines per week, in a highly automated environment
- Continuously analyze and interpret results to identify improvements and optimize processes
- Directed strategic initiatives to achieve 99% on time shipping of linehauls.
- Provide hands on day to day leadership that includes coaching, performance evaluations, and wage reviews for an operation of 80+ hourly associates
- Recognized for being innovative, detailed, and having a positive attitude
- Strong communications and leadership abilities that resulted in a team with a clear focus on corporate objectives and metrics
- Proficient in PKMS warehouse management system and Red Prairie (JDA)

TYCO INTERNATIONAL, Atlanta, GA **Jan, 2013 – July, 2016**

A diversified, global company that provides vital products and services to customers in five business segments with annual revenues of more than $17 billion

Senior Supervisor

Selected as a high performing talent to turnaround warehouse operations in Atlanta facility focusing on shrinking operational costs and improving the customer experience. Stabilized inventory volumes while simultaneously maximizing labor output. Utilized organizational metrics including inbound quality, on-time delivery, customer inquiry, accuracy and cycle time to establish performance baseline and employed continuous improvement systems to surpass standards.

ACCOMPLISHMENTS:

- Successfully increased number of orders and lines shipped from 48 orders/198 lines monthly to 8,048 orders/19,406 lines monthly with a fulfillment rate of 98.9 % (unfiltered).
- Accountable for departmental budget of DC operations
- Reduced $5,000,000 revenue backlog to less than $500K; reduced customer order backlog from 1200 to less than 50 orders.
- Identified critical warehouse floor positions and strategically staffed these roles based on needed competencies to achieve objectives.
- Increased On-Time percentage from less than 60% to 93%.
- Improved productivity from 2 lines per hour to greater than 8 lines per hour.
- Reduced direct labor from 180 to 109 through Blended Shift Project, resulting in $1.4m in savings.
- Reduced the total Recordable Incident Rate from 3.7 to 1.0 incident.
- Managed and tracked a $500,000 dollar department budget
- Provided department level strategy and implementation of the following programs: 5s, safety committee, visual workplace training and process implementation.
- Created a metrics system for facility to challenge standards and objectively measure operational progress creating a culture of continuous improvement.

CEVA LOGISTICS, ATLANTA, GA

Distribution Supervisor, **Jun, 2007 - Jan, 2013**

Recruited for managerial role to benchmark and establish best practices for departmental processes including outbound shipping and the distribution center reporting systems. Directly managed multiple functions including order planning and data coordination while indirectly managing inventory planning and 3PL operations. This leadership resulted in improved productivity, effective communication and a seamless process with business continuity planning. Provided recommendations to executive management on process improvements and technology strategy.

ACCOMPLISHMENTS:

- Consolidated outbound process for three warehouses into an existing facility, which increased order revenue from $225 million to $1 billion.
- Managed the daily flow of 3,500 customer orders across five Strategic Business Units in Ceva's Atlanta Distribution Center.
- Served as process owner and trainer for Atlanta's implementation of an automated product available to promise system, which reduced labor, increased accuracy of delivery dates and product allocations. Included visioning new system requirements, designing modules, testing/documenting new processes, and change management implementation.
- Developed, innovated and implemented first departmental customer service performance indicators through gathering and validation of customer requirements which enabled Order Administration to measure and manage customer satisfaction for the first time.

8/31/2006 4058 126035

NEVADA STATE BOARD OF PHARMACY

555 Double Eagle Court #1100 · Reno, NV 89521-2957 · (775) 850-1440

WHOLESALER RENEWAL APPLICATION

for the period of November 1, 2006 to October 31, 2008

RENEWAL FEE: $500.00 PER LICENSE

If postmarked after October 31, 2006 FEE $750.00 PER LICENSE

Make check or money order payable to: Nevada State Board of Pharmacy

WH00091

Chapin Drug Company
Mark C. Johnson
5100 E Hunter Ave
Anaheim Hills, CA 92807

Include a list of corporate officers

Phone: (714) 777-4200 Fax: (714) 777-1764

DEA:

Manager:

Since our last Pharmacy Board renewal or recent registration the owner or any of the owner(s), thereof:

1) have ☐ have not ☐ been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical conditions that would impair ability to perform any of the essential functions of the license?

1) have ☐ have not ☐ been the subject of an administrative action whether completed or pending.

1) have ☐ have not ☐ had a license suspended, revoked, surrendered or otherwise disciplined, including private or non-public stipulation.

1) have ☐ have not ☐ been charged, arrested, or convicted of a felony or misdemeanor.

If you checked "have" to questions 2, 3, or 4 above, please include the following information:

Board Administrative Action: State: Date: Case #

and/or

Criminal Action: State: Date: Case #

County Court

Warnings:

Nevada has no grace period. All applications postmarked by the United States Postal Service after October 31 will be assessed a late fee.

Any applications sent in without being 100% complete will be returned and not considered received until they arrive at the board office with complete information.

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury,

SIGNATURE DATED

Office Use Only Received Check # Amount

Facility Name	Facility Type	License Number	License State	License Expire	Reporting Year	Address	Facility Contact Name	Facility Contact Email
ASD Specialty Healthcare, LLC DBA: **ASD Healthcare; Besse Medical; Oncology Supply**	WDD	W002644	US-AZ	10/31/2022	2021	1195 Trademark Dr., #102-A Reno NV	Tracie Sasaki	Tracie.Sasaki@absg.com
ASD Specialty Healthcare, LLC DBA: **ASD Healthcare; Besse Medical; Oncology Supply**	WDD	WLS5703	US-CA	03/01/2022	2021	5100 E. Hunter Avenue Anaheim CA	Jose Rivas	jose.rivas@chapinmedical.com
ASD Specialty Healthcare, LLC DBA: **ASD Healthcare; Besse Medical; Oncology Supply**	WDD	WLS7923	US-CA	04/01/2022	2021	5566 Arrow Hwy Montclair CA	Brianne Vilums	Brianne.Vilums@ABSG.com
ASD Specialty Healthcare, LLC DBA: **ASD Healthcare; Besse Medical; Oncology Supply**	WDD	OSD3263	US-CA	05/01/2021	2021	345 International Boulevard, Suite 400A Brooks KY	Brianne Vilums	brianne.vilums@asdhealthcare.com

Showing 81 to 90 of 182 entries
Previous1…8910…19Next

Mark I. Sedar

From: Kozak, Angela <AKozak@amerisourcebergen.com>
Sent: Thursday, April 14, 2022 5:30 AM
To: Mark I. Sedar
Cc: Cheryl Midian; Marcy Rowley; Cleary, James
Subject: ASD Specialty Healthcare, LLC - Montclair, CA - Nevada Application - RE: James Cleary
Attachments: Idaho_Motion to Dismiss - J. Cleary.pdf; Idaho_Order to Dismiss 03 12 2014 - J. Cleary.pdf

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Dear Mr. Sedar,

Thank you for reaching out for clarification on charges brought against Mr. James Cleary, which were later dismissed.

Mr. Cleary was charged with misdemeanor Driving while Under the Influence ten years ago and all charges were dismissed. This was his first and only charge of this nature and no fines were paid, nor time served. I have attached the Motion to Dismiss as well as the Order to Dismiss which has been executed by the Magistrate.

Should you require additional information, please do not hesitate to contact me.

Kind Regards,

Angela Kozak
AmerisourceBergen
Legal Licensing Manager

610.727.2495

1 West First Ave.
Conshohocken, PA 19428
United States of America
www.amerisourcebergen.com

United in our responsibility
to create healthier futures

EXHIBIT F

MAR 19 2014

NO. _____
A.M. _____ FILED P.M. _____

MAR 17 2014

CHRISTOPHER D. RICH, Clerk
By VICKY EMERY
DEPUTY

CARY COLAIANNI
BOISE CITY ATTORNEY

Leon J. Samuels
Assistant City Attorney
BOISE CITY ATTORNEY'S OFFICE
P.O. Box 500
Boise, Idaho 83701-0500
Telephone: (208) 384-3870
Idaho State Bar No. 8770

RECEIVED
MAR 06 2014
Ada County Clerk

COPY

IN THE DISTRICT COURT OF THE FOURTH JUDICIAL DISTRICT OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF ADA

THE STATE OF IDAHO, Plaintiff, v. JAMES F. CLEARY, Defendant.	Case No. CR-MD-2012-0018553 **ORDER TO DISMISS**

Having considered the Motion to Dismiss filed with this Court, this case is hereby dismissed.

DATED this 12 day of March, 2014.

KEVIN SWAIN
Magistrate

EXHIBIT F

MAR 07 2014

CARY COLAIANNI
BOISE CITY ATTORNEY

Leon J. Samuels
Assistant City Attorney
BOISE CITY ATTORNEY'S OFFICE
P.O. Box 500
Boise, Idaho 83701-0500
Telephone: (208) 384-3870
Idaho State Bar No. 8770

IN THE DISTRICT COURT OF THE FOURTH JUDICIAL DISTRICT OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF ADA

THE STATE OF IDAHO, Plaintiff, v. JAMES F. CLEARY, Defendant.	Case No. CR-MD-2012-0018553 **MOTION TO DISMISS**

COMES NOW, the state of Idaho, by and through their attorney of record, the Boise City Attorney's Office, and moves to DISMISS the charge herein. The Motion is based on the District Court affirming the Magistrate Court's decision granting Defendant's Motion to Suppress. The State is unable to prosecute this matter and moves to dismiss this case.

DATED this 4 day of March, 2014.

Leon J. Samuels
Assistant City Attorney

CERTIFICATE OF MAILING

I HEREBY CERTIFY that on this 10 day of March, 2014, I served a true and correct copy of the foregoing by the method indicated below, and addressed to the following:

Michael J. Bartlett
NEVIN, BENJAMIN, McKAY & BARTLETT LLP
Attorney at Law
P.O. Box 2772
Boise Idaho 83701

☒ **US MAIL**
__ **INTERDEPARTMENTAL MAIL**
__ **FACSIMILE**
__ **HAND DELIVER**

MAR 12 2014

CARY COLAIANNI
BOISE CITY ATTORNEY

Leon J. Samuels
Assistant City Attorney
BOISE CITY ATTORNEY'S OFFICE
P.O. Box 500
Boise, Idaho 83701-0500
Telephone: (208) 384-3870
Idaho State Bar No. 8770

IN THE DISTRICT COURT OF THE FOURTH JUDICIAL DISTRICT OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF ADA

THE STATE OF IDAHO, Plaintiff, v. JAMES F. CLEARY, Defendant.	)	Case No. CR-MD-2012-0018553 **ORDER TO DISMISS**

Having considered the Motion to Dismiss filed with this Court, this case is hereby dismissed.

DATED this _____ day of _____, 2014.

_____
Magistrate

4VV

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (08/12/2021)

Where is the facility located? ☐ Nevada ■ Out-of-State

Is your facility a reverse distributor? ☐ Yes ■ No

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change* (in-state only)	WH _____	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: HemaSource, Inc.

Physical Address: 1201 BigTown Blvd, Suite 150

City: Dallas State: TX Zip: 75227

Mailing Address (if different from physical address): 485 S 5700 West, Suite 400

City: Salt Lake City State: UT Zip: 84104

Telephone: 801-280-5151 Website: _____

Name of Designated Representative (DR): Gregory Clark

Licensing Company Email: licensing@hemasource.com DR Email: gclark@hemasource.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies	■ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☐ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
☐ Wholesalers	☐ Veterinary Legend Pharmaceuticals
■ Others: Plasma Donation Centers	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: See attached list

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Section 4: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: UT

Parent Company (if any): HemaSource Intermediate, Inc.

Corporation/Organization Name: HemaSource, Inc.

Mailing Address: 485 S 5700 West, Suite 400

City: Salt Lake City State: UT Zip: 84104

Telephone: 801.280.5151 Email: licensing@hemasource.com

Contact Person Name: Simone Orange

Section 6: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Section 7: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kent Janes, Senior VP

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

2/11/22

Date

Board Use Only	Date Received: _____	Amount: 500	CHECK # 54480

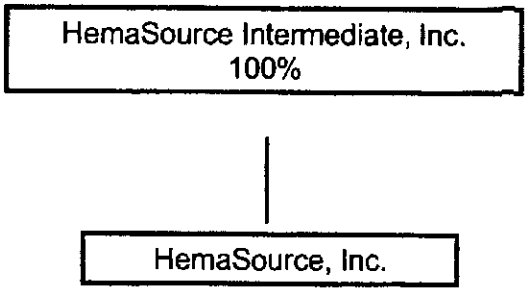
HemaSource

LIST OF SUPPLIERS

Name	Address
Baxter Healthcare	21179 Network Place, Chicago, IL 60673
ICU Medical	951 Calle Amanecer, San Clemente, CA 92673
Kaleo, Inc.	111 Virginia Street, Richmond, VA 23219

HemaSource

HemaSource, Inc. is 100% owned by HemaSource Intermediate, Inc.



HemaSource, Inc.
EIN: 87-0574076

HemaSource

LIST OF OFFICERS

Name	Position/Title
Thomas Jordan	President & CEO
Kent Janes	Senior VP
Julie Babcock	CFO

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

John B. Scott
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Application for Registration for HEMASOURCE, INC. (file number 803493936), a UTAH, USA, Foreign For-Profit Corporation, was filed in this office on December 13, 2019.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on March 07, 2022.

John B. Scott
Secretary of State

TEXAS Health and Human Services | Texas Department of State Health Services

License Details

"License" means a license, certificate, registration, permit, or other form of authorization, including a renewal of the authorization, that: a person must obtain to practice or engage in a particular business, occupation, or profession; or a facility must obtain before a particular business, occupation, or profession is practiced or engaged in within the facility. A "License Rank" is the level of license; a "License Modifier" provides additional information on the scope of the license.

A license may have one or two statuses. The first status is normally "Current" which means the license is in good standing. If the first status is "Expired" or "Null and Void", or if either status shows "Inactive", the licensee may not practice in the profession and/or operate as a licensed business.

For more information regarding this license, including any disciplinary information displayed below, please contact the appropriate board or program office. A list of DSHS licensing board and programs may be found at: http://www.dshs.state.tx.us/Licensee-Registrant-Permittee.aspx or click the link at the bottom of this page.

Press "Previous Record" to display the previous license.

Press "Next Record" to display the next license.

Press "Search Results" to return to the Search Results list.

Press "New Search Criteria" to do another search of this type.

Press "New Search" to start a new search.

License Number: 1002963 ***Current Date: 04/26/2022 02:14 PM***

Name:	HEMASOURCE INC
License Type:	Prescription Drug Distributor
License Status:	Current
Expiry Date:	03/08/2024
Effective Rank Date:	04/02/2020
Modifier(s):	Wholesales Distributor Third Party Logistics Provider Prescription

Addresses

Mailing Address

Address

HEMASOURCE INC
SALT LAKE CITY , UT
OUT OF STATE/UNKNOWN
84104

Physical Loc

Address

HEMASOURCE INC
1201 BIG TOWN BLVD STE 150
DALLAS , TX
DALLAS
75227
US

Food & Drug Owner

Licensee's Role:	Food & Drug License
Related Party Role:	Food & Drug Owner

Related Party Name	License	Address
HEMASOURCE INC	Owner # Status: Current Expiration Date:	SALT LAKE CITY , UT OUT OF STATE/UNKNOWN 84104 US

Employee List for HemaSource, Inc TX facility

Name	Reports To	Department	Location
Clark, Gregory	Kent Janes	Warehouse - Texas	Texas
Kauk, Christopher	Gregory Clark	Warehouse - Texas	Texas
Hammond, Jon	Gregory Clark	Warehouse - Texas	Texas
Alexander, Rodie	Gregory Clark	Warehouse - Texas	Texas
Antwine, Micheal	Gregory Clark	Warehouse - Texas	Texas
Lucas, Yolanda	Gregory Clark	Warehouse - Texas	Texas
Black, Jarvis	Gregory Clark	Warehouse - Texas	Texas
Black, Christopher	Gregory Clark	Warehouse - Texas	Texas
Grant, Charles	Gregory Clark	Warehouse - Texas	Texas
Clifton, Channie	Gregory Clark	Warehouse - Texas	Texas
Burns, Watt	Gregory Clark	Warehouse - Texas	Texas
Hernandez, Silvia	Gregory Clark	Warehouse - Texas	Texas

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Hema Source, Inc.

Physical Address 1201 Big Town Blvd. Suite 150

City Dallas State TX Zip 75227

Mailing Address (if different from physical address) 485 S 5700 West Suite 400

City Salt Lake City State UT Zip 84104

Telephone 801-280-5151 Website

Licensing Company Email licensing@hemasource.com

Section 2: Personal Information

First GREGORY Middle MARTEL Last CLARK

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Blanchard Rd.

City ~~Sachse~~ Rowlett State TX Zip ~~75048~~ 75089

Telephone [redacted] Email gclark@hemasource.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials GMC

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name	From - To (MM/YY – MM/YY)
McAdams High School	05/96

Address	City	State	Zip
6315 Co Rd 4167	Sallis	MS	39160

Diploma/Degree obtained, if any: YES

School Name	From - To (MM/YY – MM/YY)
Mississippi State University	08/96 - 05/00

Address	City	State	Zip
75 B. S. Hood Rd,	Mississippi State	MS	39762

Diploma/Degree obtained, if any: YES

School Name	From - To (MM/YY – MM/YY)

Address	City	State	Zip

Diploma/Degree obtained, if any:

School Name	From - To (MM/YY – MM/YY)

Address	City	State	Zip

Diploma/Degree obtained, if any:

School Name	From - To (MM/YY – MM/YY)

Address	City	State	Zip

Diploma/Degree obtained, if any:

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/15 - 01/22	[redacted] Holly Hills LN	Sachse	TX	75048
04/22 - Present	[redacted] Blanchard Rd.	Rowlett	TX	75089
04/08 - 04/15	[redacted] Frankford Rd #2212	Dallas	TX	75252
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials GHU

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Hema Source, Inc.			03/20 - present
Business Address	**City**	**State**	**Zip**
1201 Big Town Blvd. Suite 150	Dallas	TX	75227
Phone	**Title**	**Number of Employed Hours**	
214.801.1079	Director of Operations	3,000	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
McKesson / MSD / First Choice Medical Supply			08/03 - 03/20
Business Address	**City**	**State**	**Zip**
6555 State Highway 161	Irving	TX	75039
Phone	**Title**	**Number of Employed Hours**	
972.446.4800	Operations Manager	35,000	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Pertaining to Section 7 of the Designated Representative Application, description of duties for Gregory Clark:

Employer: HemaSource, Inc.

Description of duties: Responsible for day-to-day operations including financials, internal quality outcomes, employee relations, external quality outcomes and compliance with local state and federal laws; Develop efficiency strategies to ensure the distribution central meets production goals and standards at minimal costs; Collaborate with department heads to coordinate purchasing, production, and distribution operations; Oversee the opening and expansion of distribution centers as they are acquired; Direct and coordinate the daily operations of the warehouse; Review plans and approve all build outs; Supervise the installation of a robotic system that will assist in process improvement of on-hand materials/ storage; Create and implement policies and procedures; Conduct mandatory training for supervisors; Work directly with Human Resources to improve performance where necessary; Schedule and conduct yearly performance reviews

Employer: McKesson

Description of duties: Developed long-term strategic plans toward operational excellence including long-range forecasts; maintaining long-range financial plans; implementing organizational strategies and policies; Supervised and increased effectiveness and efficiency of operational systems and processes/ policies to support organization's mission; Ensured the safety of facility and healthful working conditions and an organized work environment; Performed staff management functions for all Warehouse employees to include scheduling, work assignments, pay and performance reviews, time and attendance coordination, record keeping, general counseling and team building; negotiated carrier costs from LTL carriers; Implemented training programs for managers and general operations employees.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials GMU

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Gregg M. Clark

Original Signature (electronic, copies or stamps not accepted)

3/10/2022

Date

Applicant's initials GMC

I, Gregory Clark, **certify that as the designated representative for** HemaSource, Inc.,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Gregory CLARK
Print Name (First, Last)

Gregory Clark
Original Signature (electronic, copies or stamps not accepted)

3/10/2022
Date

Applicant's initials GNC

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

GREGORY CLARK
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/10/2022
Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Dallas

I, Gregory Clark, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3/10/2022
Date

Subscribed and Sworn to before me this 10th day of March, 2022

Notary Public Signature

SIMONE M. ORANGE
Notary Public, State of Texas
Comm. Expires 07-24-2022
Notary ID 11471702

(Seal)

Applicant's initials GHU

GENERAL SURETY RIDER

To be attached and form a part of

Type of Bond: License & Permit

Bond No. : 106093018

Dated effective: 12/12/2020
(MONTH, DAY, YEAR)

executed by: HemaSource, Inc. , **as Principal,**
(PRINCIPAL)

and by: Travelers Casualty and Surety Company of America , **as Surety,**
(SURETY)

and in favor of : Nevada State Board of Pharmacy .
(OBLIGEE)

In consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to adding:

Principal Address	1201 Big Town Blvd. Ste. 150
Principal City	Dallas
Principal State	TX
Principal Zip	75227

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider is effective 4/27/2021
(MONTH, DAY, YEAR)

Signed and Sealed 4/27/2021
(MONTH, DAY, YEAR)

HemaSource, Inc.
PRINCIPAL

BY: _____
TITLE

Travelers Casualty and Surety Company of America
SURETY

BY: Cathy Hutson
Cathy Hutson, ATTORNEY-IN-FACT

TRAVELERS

Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company
Farmington Casualty Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, St. Paul Fire and Marine Insurance Company, and Farmington Casualty Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Cathy Hutson** of **Milwaukee, WI** , their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law, including the following bond:

Surety Bond No.: 106093018
OR
Project Description: NV Pharmaceutical Wholesaler Bond (License & Permit):SAAcode=900

Principal: HemaSource, Inc.
Obligee: Nevada State Board of Pharmacy

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **6th** day of **May, 2019.**

State of Connecticut

By: _____
Robert L. Raney, Senior Vice President

City of Hartford ss.

On this the **6th** day of **May, 2019**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2021**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions ere now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, eny Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secratary may appoint Attorneys-in-Fact and Agents to act for end on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or eny Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificata bearing such facsimile signature or facsimile seal shall be valid and binding upon the Compeny and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 27th day of April, 2021.

_____
Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney-in-Fact and the details of the bond to which this Power of Attorney is attached.

TRAVELERS

VERIFICATION CERTIFICATE

License No. _____

Bond No.: 106093018

Current Billing Term From December 12, 2019 to December 12, 2020

THIS IS TO CERTIFY that the above referenced Bond,

issued by Travelers Casualty and Surety Company of America,

dated December 12, 2014, in the amount of One Hundred Thousand ($100,000.00) on behalf of

HEMASOURCE, INC (as Principal),

and in favor of Nevada State Board of Pharmacy (as Obligee),

remains in effect, subject to all agreements, conditions and limitations.

Signed, sealed and dated October 29, 2019

Travelers Casualty and Surety Company of America

By: _____

Joseph L. Nespor Attorney-in-Fact

F-307-J (10/68)
(Rev. 05/16)

TRAVELERS

POWER OF ATTORNEY

Farmington Casualty Company
Fidelity and Guaranty Insurance Company
Fidelity and Guaranty Insurance Underwriters, Inc.
St. Paul Fire and Marine Insurance Company
St. Paul Guardian Insurance Company

St. Paul Mercury Insurance Company
Travelers Casualty and Surety Company
Travelers Casualty and Surety Company of America
United States Fidelity and Guaranty Company

Surety Bond No. **106093018**

Principal: **HEMASOURCE, INC**
485 SOUTH 5700 WEST, SUITE 400 SALT LAKE CITY, UT 84104
Obligee: **Nevada State Board of Pharmacy**
985 Damonte Rance Pkwy, Ste. 206 RENO, NV 89521

KNOW ALL MEN BY THESE PRESENTS: That Farmington Casualty Company, St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, are corporations duly organized under the laws of the State of Connecticut, that Fidelity and Guaranty Insurance Company is a corporation duly organized under the laws of the State of Iowa, and that Fidelity and Guaranty Insurance Underwriters, Inc. is a corporation duly organized under the laws of the State of Wisconsin (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Joseph L. Nespor**, of the City of **Hartford**, State of **CT**, their true and lawful Attorney(s)-in-Fact, to sign, execute, seal and acknowledge the surety bond referenced above.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed and their corporate seals to be hereto affixed, this **7th** day of **July, 2016.**

Farmington Casualty Company
Fidelity and Guaranty Insurance Company
Fidelity and Guaranty Insurance Underwriters, Inc.
St. Paul Fire and Marine Insurance Company
St. Paul Guardian Insurance Company

St. Paul Mercury Insurance Company
Travelers Casualty and Surety Company
Travelers Casualty and Surety Company of America
United States Fidelity and Guaranty Company

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **7th** day of **July, 2016**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2021**.

Marie C. Tetreault, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, Kevin E. Hughes, the undersigned, Assistant Secretary, of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 29 day of October, 2019.

Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, call 1-800-421-3880 or contact us at www.travelersbond.com. Please refer to the above-named individuals and the details of the bond to which the power is attached.

4WW

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- ■ Nevada
- ☐ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
■ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH_____	■ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: DBA: Henderson Pharmacy (Henderson Pharmacy LLC)

Physical Address: 3005 W Horizon Ridge Pkwy, Suite 100-B

City: Henderson State: NV Zip: 89052

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 702-874-8109 Toll Free # (NAC 639.708, NRS 639.23286): tbd

Fax: tbd Contact Email: hendersonpharmacyllc@gmail.com

Website: vegas-pharmacy.com/henderson-location

Nevada Business License # (if applicable) ~~tbd~~ NV 20222423774

Supervising/Managing Pharmacist Name (NRS 639.220): Bradly Lende / New Pharmacist - Pending Approval of Pharmacy

Supervising/Managing Pharmacist NV Pharmacist Registration #: 20664 / New Pharmacist - Pending Approval of Pharmacy

Type of Pharmacy (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Retail/Community	■ Retail/Community
☐ Hospital (# beds _____)	■ Non-sterile Compounding
☐ Internet	☐ Sterile Compounding
☐ Nuclear	☐ Mail-Order Service
■ Other: Specialty Pharmacy	☐ Off-site Cognitive Services
	■ Long Term Care
	☐ Hospital
	■ Other: Delivery

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ☐ Saturday ☐ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)	
Name: Bradly Lende	NV Pharmacist Registration #: 20664
Name: New Manager / Pharmacist Pending Approval of Pharmacy	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	✔	
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔
If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.		

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)		
Name: N / A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: Henderson Pharmacy LLC (DBA: Henderson Pharmacy)

Mailing Address: 3005 W Horizon Ridge Pkwy, Suite 100-B

City: Henderson State: NV Zip: 89052

Telephone: 702-874-8109 Email: hendersonpharmacyllc@gmail.com

Contact Person Name: Bradly Lende / Brandon Lende

Please check type of partnership (NAC 639.214) ☐ General ■ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ■ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Pharmacy Manager (title) for Henderson Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Bradly Lende

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

04/13/2022

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Bradly Lende hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacy Manager (title) for Henderson Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

State of Nevada, County of Clark
SUBSCRIBED AND SWORN TO
Before me, a notary public this 14th day of April, 2022 by Bradly Beau Lende.

Notary Public

WENDY SCHEH
Notary Public, State of Nevada
No. 11-5218-1
My Appt. Exp. June 24, 2023

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Bradly Lende Pharmacist Registration #: 20664

Pharmacy Name: Henderson Pharmacy

Initial each statement below to indicate you have read and agree with the following:

BL I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

BL I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

BL I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

BL I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

BL I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?	✔	
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✔
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✔

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:
See attached					

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

04/13/2022
Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** o **All General Partners;** o **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application found at** http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a. For Non-publicly traded -** The top 4 shareholder/stockholders. **b. For Partnerships -** All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner.		✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Bradly Lende - Nevada Pharmacist and Nevada Resident

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

04/13/2022

Date

Board Use Only	Date Received: _____	Amount: $500 CC ✓

SECRETARY OF STATE

STATE OF NEVADA

DOMESTIC LIMITED-LIABILITY COMPANY (86) CHARTER

I, BARBARA K. CEGAVSKE, the duly qualified and elected Nevada Secretary of State, do hereby certify that **Henderson Pharmacy, LLC** did, on 04/13/2022, file in this office the original Articles of Organization that said document is now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said document contains all the provisions required by the law of the State of Nevada.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 04/13/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate
Number: B202204132579005
You may verify this certificate online at http://www.nvsos.gov

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

Henderson Pharmacy, LLC

Nevada Business Identification # NV20222423774
Expiration Date: 04/30/2023

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot he waived.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 04/13/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202204132579006
You may verify this certificate online at http://www.nvsos.gov

Pending Board Approval

Gmail

Bradly Lende <vegaspharmacyllc@gmail.com>

RESPONSE REQUIRED City of Henderson Business License case number efm 22-635825

1 message

Business License <ContactHenderson@comcate.com> Thu, Apr 14, 2022 at 8:08 AM
Reply-To: Business License <r+1841269@comcate.com>
To: vegaspharmacyllc@gmail.com

Dear Bradly Lende,

Thank you for applying for a City of Henderson Business License. This email is in regards to your business license application for Retail Pharmacy location selling prescription and OTC pharmaceuticals, located at 3005 W HORIZON RIDGE PKWY SUITE 100-B. The application received is incomplete and cannot be processed. In order to process your application, we will need you to submit the following information:

- Pharmacy license issued by the Nevada State Board of Pharmacy ✓
- Proof of current registration with the State of Nevada Department of Taxation ✓

To submit the missing document(s), ask questions or add notes to your case click reply from within this email and attach the missing document(s), enter any question(s) and/or note(s) then click send

OR

You may log into your case in Contact Henderson by clicking on the link below and entering your username and password; and follow these steps:

1. Click on the Case Number;

2. Go to the "Attachments" section and click on **Add Attachments** to upload the missing document(s) – (If you do not need to add attachments, skip Step 2.); Please include an email as we do not get notified of attachments only.

3. To add notes or log a question, go to the "My Additional Notes" section, click **Add Notes**; enter your question(s) and/or note(s) - (If you do not need to add notes or questions skip Step 3.); and

4. Click Save.

In addition, businesses operating from a commercial location in the City may be required to obtain an Operational fire permit, if so, the associated fee must be paid prior to the issuance of the business license. Once your application is complete and ready for payment, you will be contacted with a business license invoice number and an operational fire permit invoice number, if applicable.

Please note: Business License is unable to assist with any questions regarding the Operational fire permit. For Operational fire permit questions, please contact the Fire Plans Examiners office at (702) 267-3630 or the Fire Inspection office at (702) 267-3930. You may also contact Senior Fire Inspectors Bradley J. Stasik at 702-275-6253 or Roy A. Rodriguez at 702-265-2372 for assistance.

Reply to this email or use this link to add notes to the case:
https://clients.comcate.com/myfeedbackView.php?view=1841269&id=90

Thank you,
City of Henderson

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary for
Commercial Recordings

STATE OF NEVADA

OFFICE OF THE
SECRETARY OF STATE

Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138

North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

Business Entity - Filing Acknowledgement

04/13/2022

Work Order Item Number:	W2022041304077 - 2055357
Filing Number:	20222250113
Filing Type:	Articles of Organization
Filing Date/Time:	04/13/2022 19:59:35 PM
Filing Page(s):	2

Indexed Entity Information:

Entity ID: E22501142022-7

Entity Name: Henderson Pharmacy, LLC

Entity Status: Active

Expiration Date: None

Represented Entity

1851 HILLPOINTE RD UNIT 1721, Henderson, NV 89074, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

STATE OF NEVADA

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary for
Commercial Recordings

OFFICE OF THE
SECRETARY OF STATE

Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138

North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

Business Entity - Filing Acknowledgement

04/13/2022

Work Order Item Number:	W2022041304077 - 2055358
Filing Number:	20222250115
Filing Type:	Initial List
Filing Date/Time:	04/13/2022 19:59:36 PM
Filing Page(s):	2

Indexed Entity Information:

Entity ID: E22501142022-7 **Entity Name:** Henderson Pharmacy, LLC

Entity Status: Active **Expiration Date:** None

Represented Entity

1851 HILLPOINTE RD UNIT 1721, Henderson, NV 89074, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Filed in the Office of	Business Number
Barbara K. Cegavske	E22501142022-7
	Filing Number
	20222250113
Secretary of State	Filed On
State Of Nevada	04/13/2022 19:59:35 PM
	Number of Pages
	2

Formation - Limited-Liability Company

- [x] NRS 86 - Articles of Organization Limited-Liability Company
- [ ] NRS 86.544 - Registration of Foreign Limited-Liability Company
- [ ] NRS 89 - Articles of Organization Professional Limited-Liability Company
- [ ] NRS 86.555 - Registration of Professional Foreign Limited-Liability Company

1. Name Being Registered in Nevada: (See instructions)
Henderson Pharmacy, LLC

2. Foreign Entity Name: (Name in home jurisdiction)

3. Jurisdiction of Formation: (Foreign Limited-Liability Companies)
3a) Jurisdiction of formation: 3b) Date formed:
3c) I declare this entity is in good standing in the jurisdiction of its formation. ☐

4. Registered Agent for Service of Process*: (check only one box)
☐ Commercial Registered Agent (name only below) ☐ Noncommercial Registered Agent (name and address below) ☑ Office or position with Entity (title and address below)

MANAGING MEMBER
Name of Registered Agent **OR** Title of Office or Position with Entity

[redacted] HILLPOINTE RD, UNIT [redacted] | Henderson | Nevada | 89074
Street Address | City | Zip Code

Mailing Address (If different from street address) | City | Nevada | Zip Code

4a. Certificate of Acceptance of Appointment of Registered Agent:
I hereby accept appointment as Registered Agent for the above named Entity. If the registered agent is unable to sign the Articles of Incorporation, submit a separate signed Registered Agent Acceptance form.

X BRADLY LENDE — 04/13/2022
Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity — Date

5. Management: (Domestic Limited-Liability Companies only)
Company shall be managed by: (check one box) ☐ Manager(s) **OR** ☑ Member(s)

6. Name and Address of each Manager(s) or Managing Member(s): (NRS 86 and NRS 86.544, see instructions)
Name and Address of the Original Manager(s) and Member(s): (NRS 89, see instructions)
IMPORTANT:
A certificate from the regulatory board must be submitted showing that each individual is licensed at the time of filing.

1) BRADLY LENDE
Name
[redacted] HILLPOINTE RD UNIT [redacted] | Henderson | NV | 89074
Address | City | State | Zip Code

2) BRANDON LENDE
Name
[redacted] FR 245 | Ashland | WI | 54806
Address | City | State | Zip Code

7. Dissolution Date: (Domestic only)
Latest date upon which the company is to dissolve (if existence is not perpetual):

This form must be accompanied by appropriate fees.

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Formation - Limited-Liability Company

Continued, Page 2

8. Profession to be Practiced: (NRS 89 only)

9. Series and/or Restricted Limited-Liability Company: (Optional)

Check box if a Series Limited-Liability Company ☐

Domestic Limited-Liability Company's only: The Limited-Liability Company is a Restricted Limited-Liability Company ☐

10. Records Office: (Foreign Limited-Liability Companies)

Address | City | State | Zip code

Country

11. Street Address of Principal Office: (Foreign Limited-Liability Companies)

Address | City | State | Zip code

Country

12. Name, Address and Signature of the Organizer: (NRS 86, NRS 89 -Each Organizer must be a licensed professional.)

*Foreign Limited-Liability Company - In the event the designated Agent for Service of Process resigns and is not replaced or the agent's authority has been revoked or the agent cannot be found or served with exercise of reasonable diligence, then the Secretary of State is hereby appointed as the Agent for Service of Process.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

Name and Signature of Manager or Member: (NRS 86.544 only)

See instructions

BRADLY LENDE — Name
United States — Country

[redacted] HILLPOINTE RD, UNIT [redacted] — Address
Henderson — City
NV — State
89074 — Zip/Postal Code

X BRADLY LENDE (attach additional page if necessary)

AN INITIAL LIST OF OFFICERS MUST ACCOMPANY THIS FILING

Please include any required or optional information in space below:
(attach additional page(s) if necessary)

This form must be accompanied by appropriate fees.

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Initial List and State Business License Application

Initial List Of Officers, Managers, Members, General Partners, Managing Partners, or Trustees:

Henderson Pharmacy, LLC

NAME OF ENTITY

TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT

IMPORTANT: *Read instructions before completing and returning this form.*

Please indicate the entity type (check only one):

- ☐ Corporation
  - ☐ This corporation is publicly traded, the Central Index Key number is: ____
- ☐ Nonprofit Corporation (see nonprofit sections below)
- ☑ Limited-Liability Company
- ☐ Limited Partnership
- ☐ Limited-Liability Partnership
- ☐ Limited-Liability Limited Partnership (if formed at the same time as the Limited Partnership)
- ☐ Business Trust

Filed in the Office of	Business Number
Barbara K. Cegavske	E22501142022-7
	Filing Number
	20222250115
Secretary of State	Filed On
State Of Nevada	04/13/2022 19:59:36 PM
	Number of Pages
	2

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

CHECK ONLY IF APPLICABLE

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.

- ☐ 001 - Governmental Entity
- ☐ 006 - NRS 680B.020 Insurance Co, provide license or certificate of authority number ____

For nonprofit entities formed under NRS chapter 80: entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is $200.00. Those claiming and exemption under 501(c) designation must indicate by checking box below.

- ☐ Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee. Exemption Code 002

For nonprofit entities formed under NRS Chapter 81: entities which are Unit-owners' association or Religious, Charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C $ 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit $200.00 for the state business license.

- ☐ Unit-owners' Association
- ☐ Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. $501(c)

For nonprofit entities formed under NRS Chapter 82 and 80:Charitable Solicitation Information - check applicable box

Does the Organization intend to solicit charitable or tax deductible contributions?

- ☐ No - no additional form is required
- ☐ Yes - the *Charitable Solicitation Registration Statement* is required.
- ☐ The Organization claims exemption pursuant to NRS 82A 210 - the *Exemption From Charitable Solicitation Registration Statement* is required

****Failure to include the required statement form will result in rejection of the filing and could result in late fees.****

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Initial List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners or Trustees:

CORPORATION, INDICATE THE MANAGING MEMBER:

Name	Country
BRADLY LENDE	USA

Address	City	State	Zip/Postal Code
[redacted]HILLPOINTE RD UNIT[redacted]	Henderson	NV	89074

CORPORATION, INDICATE THE MANAGING MEMBER:

Name	Country
BRANDON LENDE	USA

Address	City	State	Zip/Postal Code
[redacted]FR 245	Ashland	WI	54806

None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the office of the Secretary of State.

X BRADLY LENDE
Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Member, Owner of Business, Partner or Authorized Signer *FORM WILL BE RETURNED IF UNSIGNED*

Title	Date
Managing Member	04/13/2022

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 04-14-2022

Employer Identification Number:
88-1762933

Form: SS-4

Number of this notice: CP 575 A

HENDERSON PHARMACY LLC
HENDERSON PHARMACY
% BRADLY LENDE MBR
3005 W HORIZON RIDGE PKWY STE 100-B
HENDERSON, NV 89052

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 88-1762933. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

Based on the information received from you or your representative, you must file the following forms by the dates shown.

Form 941	10/31/2022
Form 940	01/31/2023
Form 1065	03/15/2023

If you have questions about the forms or the due dates shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification (corporation, partnership, etc.) based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2020-1, 2020-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:
If you intend to elect to file your return as a small business corporation, an election to file a *Form 1120-S, U.S. Income Tax Return for an S Corporation*, must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, Election by a Small Business Corporation.

(IRS USE ONLY) 575A 04-14-2022 HEND B 9999999999 SS-4

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents or other payroll service providers, are available to assist you. Visit www.irs.gov/mefbusproviders for a list of companies that offer IRS e-file for business products and services.

IMPORTANT REMINDERS:

* Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.

* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.

* Refer to this EIN on your tax-related correspondence and documents.

* Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is HEND. You will need to provide this information along with your EIN, if you file your returns electronically.

Safeguard your EIN by referring to Publication 4557, Safeguarding Taxpayer Data: A Guide for Your Business.

You can get any of the forms or publications mentioned in this letter by visiting our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter.

Thank you for your cooperation.

(IRS USE ONLY) 575A 04-14-2022 HEND B 9999999999 SS-4

Keep this part for your records. CP 575 A (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 A

9999999999

Your Telephone Number
( ) -
_____

Best Time to Call
_____

DATE OF THIS NOTICE: 04-14-2022
EMPLOYER IDENTIFICATION NUMBER: 88-1762933
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

HENDERSON PHARMACY LLC
HENDERSON PHARMACY
% BRADLY LENDE MBR
3005 W HORIZON RIDGE PKWY STE 100-B
HENDERSON, NV 89052

Nevada Board of Pharmacy:

All requested information for personal history and criminal activity has been previously provided to the Board, reviewed, and accepted upon application for our other pharmacy 'Vegas Pharmacy LLC'. We are providing the documents within this application for 'Henderson Pharmacy LLC' as well.

State/City Business Licensing: Information will be provided prior to the board hearing in amended documents along with updated Certificate of Corporate Status, updated Fax Number, and an updated Toll Free Number. The City of Henderson Business Department requires a Nevada Board of Pharmacy Pharmacy License to approve their city business license. As shown by the attached document, this is pending board approval.

Limited Partnership Roster: Henderson Pharmacy LLC

Bradly Lende, Pharm.D and Nevada Resident - 51%
Brandon Lende - 49%

Designated Representative: Not Required per board supplied checklist as I, Bradly Lende, am a registered Nevada Pharmacist and Resident and am a 51% majority owner

If any further information is needed or required please call Bradly Lende [redacted] or Brandon Lende [redacted]

Thank you for your time and consideration.

Bradly Lende 04/13/2022



NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Henderson Pharmacy

Physical Address: 3005 W Horizon Ridge Pkwy, Suite 100-B

City: Henderson State: NV Zip: 89052

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 702-874-8109 Website: vegas-pharmacy.com/henderson-location

Licensing Company Email: hendersonpharmacyllc@gmail.com

Section 2: Personal Information

First: Bradly Middle: Beau Last: Lende

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]illpointe Rd, Apt #[redacted]

City: Henderson State: NV Zip: 89074

Telephone: [redacted] Email: [redacted]@gmail.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty: _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: BL

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
North Dakota State University			08/2011 - 05/2018	
Address		City	State	Zip
1340 Administration Ave		Fargo	ND	58108
Diploma/Degree obtained, if any				
Doctor of Pharmacy / Bachelor of Pharmaceutical Sciences				
School Name			From - To (MM/YY – MM/YY)	
Carrington High School			08/2006 - 05/2011	
Address		City	State	Zip
100 3rd Ave S		Carrington	ND	58421
Diploma/Degree obtained, if any				
High School Deploma				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/2020 - present	[redacted] Hillpointe Rd, Apt 1721	Henderson	NV	89074
08/2019 - 08/2020	[redacted] E John St, #6	Rice Lake	WI	54868
08/2018 - 08/2019	[redacted] 27 1/4 - 27 3/4 St	Rice Lake	WI	54868
08/2017 - 07/2018	Stayed w/ friends/relatives - pharmacy scho			
08/2016 - 08/2017	[redacted] Dakota Dr N, #304	Fargo	ND	58102
08/2014 - 08/2016	[redacted] 11th Ave N, #135	Fargo	ND	58102
08/2013 - 08/2014	[redacted] 13th Ave N, #6	Fargo	ND	58102
05/2012 - 08/2013	[redacted] 34th Ave S, #308	Fargo	ND	58104
08/2011 - 05/2012	NDSU Dorm - Johnson Hall	Fargo	ND	58108

Applicant's initials BL

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Vegas Pharmacy LLC			04/2021 - present	
Business Address	**City**		**State**	**Zip**
8352 W Warm Springs Rd, Ste #330	Las Vegas		NV	89113
Phone	**Title**			
702-410-5620	Pharmacy Manager / Pharmacist - Pharmacy Co-Owner / Partner			
Description of Duties				
Typical managerial and pharmacist duties along with day to day business operations and financial oversight.				

Business Name			From - To (MM/YY – MM/YY)	
All City Pharmacy #2			10/2020 - 11/2020	
Business Address	**City**		**State**	**Zip**
8352 W Warm Springs Rd, FL 3	Las Vegas		NV	89113
Phone	**Title**			
N/A CLOSED	Pharmacy Manager			
Description of Duties				
Typical managerial and pharmacist duties.				

Business Name			From - To (MM/YY – MM/YY)	
Co-op Pharmacy			08/2018 - 08/2020	
Business Address	**City**		**State**	**Zip**
15846 W US Hwy 63 S	Hayward		WI	54843
Phone	**Title**			
715-634-8238	Pharmacy Manager			
Description of Duties				
Typical managerial and pharmacist duties.				

Business Name			From - To (MM/YY – MM/YY)	
Hillsboro Drug			06/2018 - 07/2018	
Business Address	**City**		**State**	**Zip**
13 N Main St	Hillsboro		ND	58045
Phone	**Title**			
701-636-5231	Pharmacist			
Description of Duties				
Typical pharmacist duties.				

Business Name			From - To (MM/YY – MM/YY)	
Courtyard By Marriott			01/2014 - 03/2020	
Business Address	**City**		**State**	**Zip**
1080 28th Ave S	Moorhead		MN	56560
Phone	**Title**			
218-214-1000	Party Bartender / Bistro Server			
Description of Duties				
Make food and drinks by request. Close out till.				

Continue on next page if additional space is needed.

Applicant's initials BL

Business Name			From - To (MM/YY – MM/YY)
Hillsboro Drug			05/2012 - 05/2017
Business Address	**City**	**State**	**Zip**
13 N Main St	Hillsboro	ND	58045
Phone	**Title**		
701-636-5231	Pharmacy Intern		
Description of Duties			
Typical pharmacy intern duties including counting rx's, processing rx's, counseling patients, taking phone orders from physicians, etc.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials BL

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	✔	
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✔	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1 & 6 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case # see attached information		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Personal History: Bradly Lende

Residence / Work: The only change to my personal history from what is on file is that my work history now includes being the Pharmacy Manager / Pharmacist for Vegas Pharmacy LLC since our licensing approval date in April of 2021. My address has remained the same in Henderson, NV since 2018.

Criminal: All criminal misconduct has been reported previously during pharmacist licensure along with the approval of Vegas Pharmacy of which I am a partner. I will attach all documents in reference again.

Appearance in front of licensing board: Bradly Lende

I appeared in front of the North Dakota Board of Pharmacy to explain my DUI in 2014 which no disciplinary action was taken or required. I also appeared in front of the Nevada Board of Pharmacy during a board meeting during the approval process of our other pharmacy ' Vegas Pharmacy ' in which we were approved with no restrictions or issues.

Original Signature (electronic, copies or stamps not accepted)

04/13/2022
Date

Applicant's initials BL

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Bradly Lende

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/13/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Bradly Lende, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/14/2022

Date

Subscribed and Sworn to before me this 14th day of April 2022 by Bradly Beau Lende.

Wendy Scheh

Notary Public Signature

WENDY SCHEH
Notary Public, State of Nevada
No. 11-5218-1
My Appt. Exp. June 24, 2023

Applicant's initials BL

Explanation Of "Offense & Current Use" Statement

Nevada Board of Pharmacy

3/18/20

To Whom It May Concern,

My name is Bradly Lende. I am applying for licensure as a pharmacist via transfer for the state of Nevada. Almost six years ago, on May 9th 2014, I was out with friends at a bar. I made the unfortunate decision to drive after consuming alcohol. It resulted in a DUI arrest. I deeply regret this decision. It's one of the worst and dumbest decisions I've ever made. I plead guilty immediately. I completed every requirement asked of me by the law, the board of pharmacy, and my school of pharmacy. Since this happened, I have always used an Uber or taxi when consuming any amount of alcohol.

I have never misused or abused any form of controlled substance, whether prescribed or otherwise. I have never tried, nor do I intend to try, any illegal substance such as marijuana, cocaine, etc. In regards to alcohol consumption, I will continue to consume responsibly and in moderation, while at social outings or events. I will continue to always call a taxi or Uber when traveling is necessary after consuming alcohol. I deeply regret the decisions that led to my DUI, and I have taken that as an opportunity to grow as a person and become more responsible. If any further information is needed, please let me know.

Sincerely,

Bradly Lende

email: [redacted]@gmail.com

phone: [redacted]

4/13/2022

FILED-CLERK OF MUNICIPAL COURT

MAY 20 2014

FARGO, ND

CHRIS SHIARO COUNSELING SERVICES, PLLC

1323 23rd Street S., Ste. I
Fargo, North Dakota 58103
Telephone: 701-271-0600

May 15, 2014

Fargo Municipal Court
402 NP Avenue N.
PO Box 49
Fargo, ND 58107-0049

RE: Bradly Lende
DOB: [redacted]
DR LIC/ SSN: [redacted] CASE: FA-2014-CR-01690

I evaluated the above individual 5/13/14. Mr. Lende is a 21 year old, single male with a self-reported first DUI (May/14). He reported a blood alcohol level of .19.

By client's history and confirmed by testing, client does not meet DSM-IV criteria for 303.90 Alcohol Dependence. Client was negative for alcohol dependence on the CAGE questionnaire and the Michigan Alcohol Screening Test. This writer recommended the 16 Hour DUI Seminar. He reported he plans complete the Seminar at this agency.

If you have any questions, please call 701-271-0600

Respectfully,

Chris Shiaro, M.Ed., LAC
Licensed Addiction Counselor

CC: BL

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of his information unless further disclosure is expressly permitted by the written authorization of the person to whom it pertains or as otherwise permitted by 42CFR Part 2. A general authorization for the disclosure of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

IN MUNICIPAL COURT, CITY OF FARGO, STATE OF NORTH DAKOTA

402 NP Ave N., Fargo, ND 58102 Telephone 701-241-1316 Fax 701-241-1320

JUDGMENT AND DISPOSITION OF CRIMINAL COMPLAINT

CASE FA-2014-CR-01690

CITY OF FARGO vs. Bradly Beau Lende

OFFENSE 080310 DUI/APC

DISPOSITION [X] PLEAD GUILTY [ ] FOUND GUILTY [ ] FOUND NOT GUILTY [ ] DISMISSED [ ] TURNED OVER TO STATES ATTORNEY

FINE $ 600.00, OF WHICH $ 0 IS SUSPENDED

CENTRE COSTS $ _____ COURT COSTS $ _____ VICTIM FEE $ 25.00

JAIL SENTENCE 30 DAYS, OF WHICH 29 DAYS ARE SUSPENDED. Credit ~~from~~ 1 day.

Additional credit of _____ days for time previously served _____.

Serve at **Cass Jail** yes / no May transfer to CENTRE yes / no Serve at **CENTRE, Inc** yes / no

Serve on **EMS** @ defendant's expense yes / no **WORK RELEASE** yes / no.

Community Service _____ hours

Conditions of your suspended sentence/unsupervised probation are circled below and in effect for 11 months. You must promptly comply with all orders of the court, not violate any criminal laws or ordinances, maintain general good behavior, immediately inform the court of any address change, complete all forms as instructed and provide information to assist the court in monitoring your sentence.

1. _____
2. Participate in the 24/7 Sobriety Program and comply with all requirements of the program until _____.
3. Attend the ASPEN program on _____.
4. Complete a Chemical Dependency evaluation by 6-8-14. Pay the fee at the time of the evaluation.
5. Complete Mental Health Assessment by _____.
6. Follow all recommendations for counseling, treatment, or educational classes. After the evaluation you must **immediately inform the court** if you intend to comply with the recommendation **or appear in court** if you disagree.
7. Provide copy of judgment signed by parents and notarized to Clerk of Court's office by _____.
8. Complete Defensive Driving Course and provide proof to the clerk's office by _____.
9. Complete a Minor in Possession seminar on _____ at _____.
10. Not use or possess alcohol until any required evaluation, counseling, or educational classes are completed or for a period of 11 months whichever is longer, and not go on or about any premises where alcohol or other mood altering substances are unlawfully used, possessed, delivered, sold or consumed.
11. Not to contact _____ in person or through agents and not to go on or about the premises of their residence or place of business.
12. Not to go on or about the premises of _____.
13. Obtain GED or High School diploma and provide proof to the clerk's office by _____.
14. Pay restitution in the amount of $_____ per Restitution Instructions from City Prosecutor.
15. Surrender North Dakota vehicle license plates per your Order to Surrender License Plates.
16. Attend Victim Impact Panel on 6-11-14.

FILED-CLERK OF MUNICIPAL COURT
MAY 09 2014
FARGO, ND

BY THE COURT:

STATE OF NORTH DAKOTA MUNICIPAL COURT CITY OF FARGO

FAXED TO DEFENDANT AT CCJ

Defendant's signature 5/9/14 Date

Municipal Judge

Copy to: def atty_____ city pros_____ jail_____ Centre_____ Alt Corr_____ hearing notice form

I hereby certify that this is a true and complete copy of the original record on file in Municipal Court, City of Fargo, County of Cass, State of North Dakota. Given under my hand, with seal of said Court affixed this 14th day of September 2010.

SHILOH HANSON
Clerk of Municipal Court

By: _____ Deputy

IN MUNICIPAL COURT, CITY OF FARGO, STATE OF NORTH DAKOTA

NOTIFICATION OF RIGHTS AND ACKNOWLEDGMENT – CRIMINAL OFFENSE

City of Fargo vs. **Bradly Beau Lende**

Case FA-2014-CR-01690 DUI/APC

Maximum Penalty: Class B Misdemeanor - 30 days imprisonment and a $1,500 fine.
Infraction - $1000.00 fine

YOU HAVE THE FOLLOWING RIGHTS:

1. To be informed of the nature of the charge against you.
2. To be informed of the maximum and minimum penalties that may be imposed if you are convicted or if you plead guilty to the offense.
3. Against self-incrimination, which means that you have the right to remain silent, and to know that any statement made by you may be used against you in a criminal prosecution. At trial, you may testify or not testify as you choose.
4. If the offense charged is one for which appointed counsel is required, you have the right to have legal services provided at public expense to the extent that you are unable to pay for your own defense without undue hardship. **(Appointed counsel is not available if the offense is an infraction.)**
5. To be admitted to bail pursuant to the provisions of N.D.Crim.P. 46. (Conditions which reasonably assure your appearance at all court proceedings).
6. To enter a plea of either guilty or not guilty and to persist in a plea of not guilty.
7. To be presumed innocent. You may be convicted only if the city proves beyond a reasonable doubt that you have committed each and every element of the offense.
8. To confront and cross-examine in court the witnesses against you. To present witnesses to testify on your behalf and to use this court's subpoena power to have witnesses appear at trial on your behalf.
9. To have a trial by a jury in district court if you make a written request for jury trial within 28 days following a plea of not guilty. If your case remains in municipal court and you are found guilty by a judge you may appeal to the district court for a new trial before a judge. **(A jury is not available for the trial of an infraction).**

If you plead guilty, there will be no trial of any kind. By pleading guilty, you give up your right to a trial and to an appeal, to confront the witnesses against you, and your privilege against self-incrimination.

NOTE: If you fail to appear for a scheduled court date, your bond will be forfeited, a conviction (where authorized by statute) may be entered against you on the pending charge pursuant to Section 39-06-30, North Dakota Century Code, and a warrant may issue for your arrest.

FILED-CLERK OF MUNICIPAL COURT

MAY 09 2014

FARGO, ND

Brad Lende
Defendant's signature

Date
Hearing notice

STATE OF NORTH DAKOTA MUNICIPAL COURT FARGO

IN MUNICIPAL COURT, CITY OF FARGO, STATE OF NORTH DAKOTA

ENTRY OF PLEA

City of Fargo vs. **Bradly Beau Lende**

Case FA-2014-CR-01690 DUI/APC

GUILTY PLEA:

I plead guilty and waive all my rights listed and acknowledged by me on the Notification of Rights. My plea is freely and voluntarily made without threat or the result of force, and without any promises except for any plea agreement made between the prosecuting attorney and myself or my attorney.

My guilty plea (circle one) **IS** or **IS NOT** the result of a plea agreement.

The attorney representing me is _____. If I am not represented by an attorney, I waive my right to consult with an attorney of my choosing and any right I may have to have an attorney appointed to represent me.

I have read and understand each of my legal rights listed in the Notification of Rights. The judge accepting this plea has answered all of my questions.

Bradly Lende 5/9/14
Defendant's signature Date

ACCEPTANCE OF GUILTY PLEA:

Having established a factual basis for the guilty plea by:

_____ the defendant's statement,
__X__ the prosecution's statement, or
_____ other (describe) _____,

I hereby accept the defendant's plea of guilty.

[signature] 5/9/14
Municipal Judge Date

NOT GUILTY PLEA:

I have read and understand each of my legal rights listed in the Notification of Rights.

I plead not guilty, and make the following choice concerning court appointed counsel:

I (circle one) **DO** or **DO NOT** **request that I be provided with a court appointed attorney. If I do not request an appointed attorney I will either retain an attorney to represent me or I waive my right to be represented by an attorney.**

NOTE: TO REQUEST A COURT APPOINTED ATTORNEY, you must complete an application providing financial information prior to your appearance today and submit it to the court **(an appointed attorney is not provided on the trial of an infraction).**

I understand that if I do not make a written demand for a jury trial of a class B misdemeanor within 28 days from today, I will have waived my right to a jury trial and my case will be tried before a municipal court judge without a jury.

Bradly Lende 5/9/14
Defendant's signature Date

Application for appointed counsel: **Approved** _____ **Denied** _____

Name of appointed counsel: _____

BY THE COURT:

_____
Municipal Judge Date

hearing notice

FILED-CLERK OF MUNICIPAL COURT

MAY 09 2014

FARGO, ND

STATE OF NORTH DAKOTA MUNICIPAL COURT CITY OF FARGO

IN MUNICIPAL COURT, CITY OF FARGO, STATE OF NORTH DAKOTA
SPECIAL ADVISEMENT

City of Fargo vs. **Bradly Beau Lende**

Case FA-2014-CR-01690 DUI/APC

You are advised that the following are **mandatory minimum** penalties that will be imposed upon you if you are convicted or if you plead guilty to the offenses listed:

You are advised that if you are convicted of or if you plead guilty to either driving while under the influence, driving under suspension, or driving without liability insurance, this conviction may be used to increase any penalty upon further convictions.

DRIVING WHILE UNDER THE INFLUENCE/REFUSE TO SUBMIT TO CHEMICAL TEST:

- For a 1st offense, the sentence must include both a fine of at least 500.00 and an order for an addiction evaluation by an appropriate licensed addiction treatment program. For a 1st offense with a BAC of .16 or greater the sentence must include a fine of at least $750.00, 2 days' imprisonment, and an order for an addiction evaluation by an appropriate licensed addiction treatment program.
- For a 2nd offense within 7 years, the sentence must include at least 10 days' imprisonment, of which 48 hours must be served consecutively, a fine of at least $1500.00, and an order for an addiction evaluation by an appropriate licensed addiction treatment program, and at least twelve months' participation in the twenty-four seven sobriety program under chapter 54-12.
- If you have 3 or more offenses within 7 years, or 4th or subsequent offense, the municipal court does not have jurisdiction and the charge will be dismissed and referred to the states attorney.

DRIVING UNDER SUSPENSION:

Any person who drives a motor vehicle on a highway or on public or private areas to which the public has a right of access for vehicular use in this state while that person's license or privilege so to do is suspended or revoked in any jurisdiction is guilty of a class B misdemeanor for the 1st, 2nd or 3rd offense within a 5-year period. Any subsequent offense within the same 5-year period is a class A misdemeanor.

If your driving privileges are revoked or suspended for an alcohol-related offense, any conviction for driving under suspension will result in a mandatory minimum sentence of 4 consecutive days' imprisonment.

State law provides that a charge may be dismissed under this section upon motion by the defendant if the defendant's operator's license is reinstated within sixty days of the date of the offense and the defendant provides to the court satisfactory evidence of the reinstatement.

DRIVING WITHOUT LIABILITY INSURANCE:

- For a 1st offense the sentence imposed must include a fine of at least $150.00.
- For a 2nd or subsequent offense within a 36-month period must be fined at least $300.00 and surrender license plates to the court until provides proof of insurance and a $20.00 fee to the court.

I state that I am the defendant, I have read this special advisement, I have been informed of the mandatory minimum penalties by the court, and I understand them.

Brad Lende — Defendant's signature

5/9/14 — Date

Hearing notice form

FILED-CLERK OF MUNICIPAL COURT

MAY 09 2014

FARGO, ND

STATE OF NORTH DAKOTA MUNICIPAL COURT RGO

IN MUNICIPAL COURT, CITY OF FARGO, STATE OF NORTH DAKOTA

City of Fargo **Plaintiff,** **v.** **Defendant.**	**Case No. FA-2014-CR-1690** **RULE 11 FACTUAL BASIS FOR DUI PLEA**

1. On May 9, 2014 the Defendant was operating ~~or in actual physical control of~~ a motor vehicle upon a highway or street or private property to which the public has access within the jurisdictional limits of the City of Fargo, North Dakota.

2. The Defendant ~~was stopped for~~ blew out a tire on his vehicle, pulled into a parking and then fled. Based on information from a witness, officers were able to locate the defendant.

3. The Defendant failed the following standard field sobriety tests:
   - X Horizontal Gaze Nystagmus Test
   - X One Leg Stand Test
   - X Walk and Turn Test
   - _____ PBT (_____%)

4. X A blood sample was furnished.

5. _____ ~~An Intoxilyzer was performed.~~

6. ~~The Defendant refused to submit to a blood sample or breath test, but the officer formed the opinion, based upon observations and the behavior of the Defendant, that the Defendant was under the influence of alcohol and/or drugs.~~

7. The result of the chemical test was an alcohol concentration of _____% by weight.

8. The Defendant admits to being under the influence of alcohol ~~and/or drugs~~ at the time of driving/actual physical control.

Fargo City Prosecutor — 5/9/14 Date

Defendant — Date

9. _____ ITV Defendant admits factual basis for plea and guilt.

BY THE COURT:

Judge of the Fargo Municipal Court

STATE OF NORTH DAKOTA MUNICIPAL COURT CITY OF FARGO

FILED-CLERK OF MUNICIPAL COURT

MAY 09 2014

FARGO, ND

SUMMONS TO COURT

(Rev. 8/2008)

CIT No. 322288

ACC. ☐YES ☐NO ICR No. 14-26567

CITY OF FARGO
COUNTY OF CASS } SS

In Municipal Court before Judge FA 2014 CK 01090, the undersigned being duly sworn, says that on FR (Day) 5 (Mo.) 9 (Day) 14 (Yr.) at approximately 0338 hours.

Last Name Leide First Brackly Middle Beau

Street Address [redacted] 13 AVE N # [redacted] City FGO State ND Zip 58102

MPH in MPH Zone Dir. Radar/Laser

Committed an offense: ORD. No. BOND ☐MOVING ☐STATIONARY

1. Drunk Drive test ? 08-0310 $625.00 ☐MAY FORFEIT ☒MUST APPEAR ☐MAY FIX IT
2. ☐MAY FORFEIT ☐MUST APPEAR ☐MAY FIX IT
3. ☐MAY FORFEIT ☐MUST APPEAR ☐MAY FIX IT

FILED-CLERK OF MUNICIPAL COURT
MAY - 9 2014

LOCATION: 3200 Blk 12 Ave N FARGO, ND BEAT NO 23 V: P or N Car # 66

LET A WARRANT ISSUE HEREIN

Complainant D. Richan City Prosecutor Sworn to. Dated Judge

DESCRIPTION OF DEFENDANT / VEHICLE

Dr. Lic. State ND No. [redacted] Employed/School Marriott (MHD) NDSU Home Phone [redacted] Bus

DOB [redacted] Race W Sex M Ht. 6 Wt. 215 Hair BLN Eyes BRO Build* Complexion*

Place of Birth* Other/SSN Vin #

Veh. Color BLK Yr. 02 Make Ford CMV Y or (N) Hazmat Y or (N) Veh. Lic # [redacted] St. ND Yr.

SUMMONS: You are hereby summoned to appear at the place designated below to answer to the above charge or post bail. If you fail to appear or post bond a warrant will be issued for your arrest.

Officer X D. Richan No. 295

COURT APPEARANCE DATE
Fargo Municipal Court
402 NP Ave. N.
Fargo, ND 58102

Day of Week / Mo. / Day / Yr. Time AM PM

Date Served Mo. / Day / Yr.

T. Mosso No. 288

TO BE SET (x TN SAE Defendant)

PROMISE TO APPEAR: I hereby consent and promise to appear before the Fargo Municipal Court at the time and place specified or to post bond as required. I acknowledge the receipt of a copy of this summons and I expressly waive earlier hearing and acknowledge my duty to post bond for "may forfeit" offenses.

IMPORTANT – READ – OTHER SIDE

COMPLAINT – CITATION – SUMMONS – COURT COPY

STATE OF NORTH DAKOTA MUNICIPAL COURT CITY OF FARGO

December 2, 2020

Randy Habeck

Hillsboro Drug

13 North Main Street

Hillsboro, ND 58045

I am writing in reference to Mr. Brad Lende. I have known Brad since May 2012 as his employer at Hillsboro Drug. It became apparent to me early after meeting Brad that he was intelligent and willing to go the extra mile to do a good job. I found Brad to be very self-motivated and always kept himself busy. Brad was always very interested in the business side of my pharmacy. He often inquired about the financial aspects of my business. I feel Brad has developed a great understanding of how to operate a profitable pharmacy.

I would recommend Brad for an ownership position in a retail pharmacy. Brad's strong work ethic and willingness to go the extra mile for customers will prove instrumental in his success. I also feel Brad has a general understanding of what it takes to run a business. Brad will be successful in whatever venture he partakes in, but I feel his personality traits line up well with owning a business.

If you require any further information, please feel free to contact me at [redacted]

Sincerely,

Randy Habeck

President

Hillsboro Drug

CARRINGTON
DRUG

12/4/2020

Health Mart
PHARMACY

To whom it may concern:

I am writing this letter of commendation as a witness to my personal knowledge of Brad Lende.

I have known Brad Lende, Pharm.D. for over 10 years in the capacity of student, pharmacy intern and licensed pharmacist.

Brad is hard working, dedicated, entrepreneurial, professional, and can adapt to any situation. I would have complete confidence in Brad Lende successfully running a community pharmacy. Feel free to contact me if you wish to verbally verify.

Matt Paulson, R.Ph.

Matt Paulson

Carrington Drug

Pharmacists Associates LLC

Bottineau Clinic Pharmacy

Lakota Drug

Cooperstown Drug

Bottineau Pharmacy

Northwood Drug

Larimore Drug

415 Main Street
Carrington, ND 58421
Phone: 701-652-2521
Fax: 701-652-2326
Email: mattpaulson@carringtondrug.com

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: New Pharmacy Applicant 'Henderson Pharmacy'

Physical Address: 3005 W Horizon Ridge Pkwy, Suite 100-B

City: ~~Las Vegas~~ Henderson State: NV Zip: 89052

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 702-874-8109 Website: vegas-pharmacy.com/henderson-location

Licensing Company Email: hendersonpharmacyllc@gmail.com

Section 2: Personal Information

First: Brandon Middle: Scott Last: Lende

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]FR 245

City: Ashland State: WI Zip: 54806

Telephone: [redacted] Email: [redacted]@gmail.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty:

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: BL

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Regis University		2010-2012	
Address	**City**	**State**	**Zip**
3333 Regis Boulevard	Denver	CO	80221-1099
Diploma/Degree obtained, if any			
M.B.A. - Strategic Management			
School Name		**From - To (MM/YY – MM/YY)**	
Colorado School of Mines		2004-2008	
Address	**City**	**State**	**Zip**
1500 Illinois St.	Golden	CO	80401
Diploma/Degree obtained, if any			
B.Sc. - Mining Engineering			
School Name		**From - To (MM/YY – MM/YY)**	
Carrington High School		2000-2004	
Address	**City**	**State**	**Zip**
100 3rd Ave. S.	Carrington	ND	58421
Diploma/Degree obtained, if any			
High School Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/18 - Current	[redacted] FR 245	Ashland	WI	54806
03/14 - 03/18	[redacted] Hemlock Rd.	Tomah	WI	54660
08/11 - 02/14	[redacted] N. Monterey Ave.	Farmington	NM	87401

Applicant's initials BL

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Vegas Pharmacy			12/20 - Current	
Business Address	**City**		**State**	**Zip**
8352 W. Warm Springs Rd.	Las Vegas		NV	89113
Phone	**Title**			
702-410-5620	Co Owner			
Description of Duties				
Partner in the business, bookkeeping				

Business Name			From - To (MM/YY – MM/YY)	
Milestone Materials			01/14 - Current	
Business Address	**City**		**State**	**Zip**
920 10th Ave. N.	Onalaska		WI	54650
Phone	**Title**			
608-783-6411	Area Manager			
Description of Duties				
Management of production and sales of aggregate in a tri state area				

Business Name			From - To (MM/YY – MM/YY)	
BHP Billiton - New Mexico Coal			07-11 - 12/13	
Business Address	**City**		**State**	**Zip**
300 West Arrington St.	Farmington		NM	87401
Phone	**Title**			
505-278-8625	Mine Engineer			
Description of Duties				
Mine Design, scheduling and budgeting.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Applicant's initials BK

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials BK

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	✔	
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✔	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
05/18/2008	06/02/2008	MN	Hibbing	St. Louis

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
69HI-CR-08-585	Hibbing Police Department

Reason/Charge
4th Degree DWI, 3rd Degree Test Refusal

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Defendant	

Name of Business/Industry/Entity

Provide explanation below:

Almost 14 years ago, in May of 2008, I made a poor decision to get behind the wheel after consuming alcohol. This resulted in an arrest for DWI. This lapse in judgement reflects poorly on me and I sincerely regret it. I complied with all conditions of my probation, paid all required fines, and completed all required courses. Following this incident, I have always made a plan for a sober driver or taxi service when planning to partake in any events involving alcohol.

I do not use controlled substances, unless prescribed by a physician. I still consume alcohol in moderation at social events or gatherings, but as stated, I make sure that I have a plan to ensure I am not driving following consumption. Like most people I have matured since I was in college, I take responsibility for the mistakes of my past but do not let them define me. I am focused on being a role model for my children and providing the best life I can for my family. I remain active in community service and have donated my time to local programs for youth (K-12) education in mining and construction, volunteer coaching at my children's school, providing tours and hands on education for local community colleges, and providing mentoring to other professionals through programs at my alma mater and various professional societies. If you have any further questions, feel free to contact me.

Original Signature (electronic, copies or stamps not accepted)

4/8/2022
Date

Applicant's initials

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
12/14/2006	02/28/2007	CO	Golden	Jefferson

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
07T393	Colorado School of Mines Police Department

Reason/Charge
Reckless Driving

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Defendant	

Name of Business/Industry/Entity

Provide explanation below:

Over 15 years ago, in December of 2006, while in college I was in a single vehicle accident in which a utility pole was damaged. I regrettably left the scene thinking the only damage was to my personal vehicle. This resulted in me pleading guilty to Reckless Driving and losing driving privileges in the State of Colorado. I made full restitution for the utility pole, made all court appearances, and paid all required fines. Although it was not required, I performed community service through the Society for Mining, Metallurgy, and Exploration (SME) the following semester.

Original Signature (electronic, copies or stamps not accepted)

4/8/2022
Date

Applicant's initials

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
04/15/2021	04/15/2021	NV	Las Vegas	Clark
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
		Nevada Board of Pharmacy		
Reason/Charge				
Application for Pharmacy License				
Plaintiff/Defendant/Claimant/Respondent		Lawsuit/Arbitration/Bankruptcy		
Name of Business/Industry/Entity				
Vegas Pharmacy				

Provide explanation below:

My business partner Dr. Bradly Lende and I appeared before the Nevada Board of Pharmacy at their April 2021 meeting as part of an application for a new pharmacy. The Board voted unanimously to approve the application.

Original Signature (electronic, copies or stamps not accepted)

4/8/2022
Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

BRANDON LENDE

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/8/2022

Date

Please have this section completed in the presence of a Notary Public.

State of WISCONSIN, ss. County of ASHLAND

I, BRANDON LENDE, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/8/2022

Date

Subscribed and Sworn to before me this 8th day of April 2022

Notary Public Signature

JINA NORTUNEN NOTARY PUBLIC STATE OF WISCONSIN

(Seal)

Applicant's initials

COUNTY COURT, JEFFERSON COUNTY, COLORADO

TERMS AND CONDITIONS OF SENTENCE

	Plea Amt.	Suspended
Court Cost		
Jury Demand		
Witness Fee		
Interpreter		
Alc Eval		
Traffic		
Mod Surg		
DUI/DWAI		
Court Cost		
LEAF		
Fines		
Surcharge		
Crim Fee		
Crim Inf		
Costs		
Other		
Restit		
TOTAL		

SEE CASHIER ON 1st FLOOR
CLERK OF COURT'S OFFICE
FAILURE TO REPORT WILL RESULT IN AN IMMEDIATE *WARRANT FOR YOUR ARREST* AND A $50 FEE WILL BE ADDED TO YOUR FINE. PLUS A $25 TIME PAYMENT FEE, PER STATUTE 16-18.5-104(2).

SEE REVERSE SIDE OF THIS FORM FOR DIRECTIONS TO OTHER OFFICES AND FOR INFORMATION REGARDING COMPLIANCE WITH THE SENTENCE IMPOSED.

BOND DISCHARGED

JAIL _____ DAYS _____ DAYS SUSPENDED
_____ WORK RELEASE AUTHORIZED
_____ IN HOME DETENTION

OTHER CONDITIONS OF SENTENCE:
_____ RESTITUTION _____

COMMUNITY SERVICE HOURS _____

SUPERVISED ALCOHOL PROGRAM

DUE: _____

_____ TO BE DETERMINED BY ALCOHOL EVALUATOR
_____ LEVEL I EDUCATION
_____ LEVEL II EDUCATION
_____ LEVEL II EDUCATION & _____ HRS OF THERAPY
_____ MONITORED ANTABUSE FOR _____
_____ ATTEND AA OR ANONYMOUS _____
_____ COMPLETED PROGRAM PRIOR TO SENTENCING
_____ MEDICATION _____

_____ COGNITIVE SKILLS
_____ RELAPSE PREVENTION
_____ INTENSIVE OUTPATIENT
_____ NO USE OF ALCOHOL/ILLEGAL DRUGS

ADMINISTRATION SUPERVISED BY:
_____ PROBATION DEPARTMENT
_____ ALCOHOL UNIT
_____ INTERVENTION

PROBATION UNTIL _____

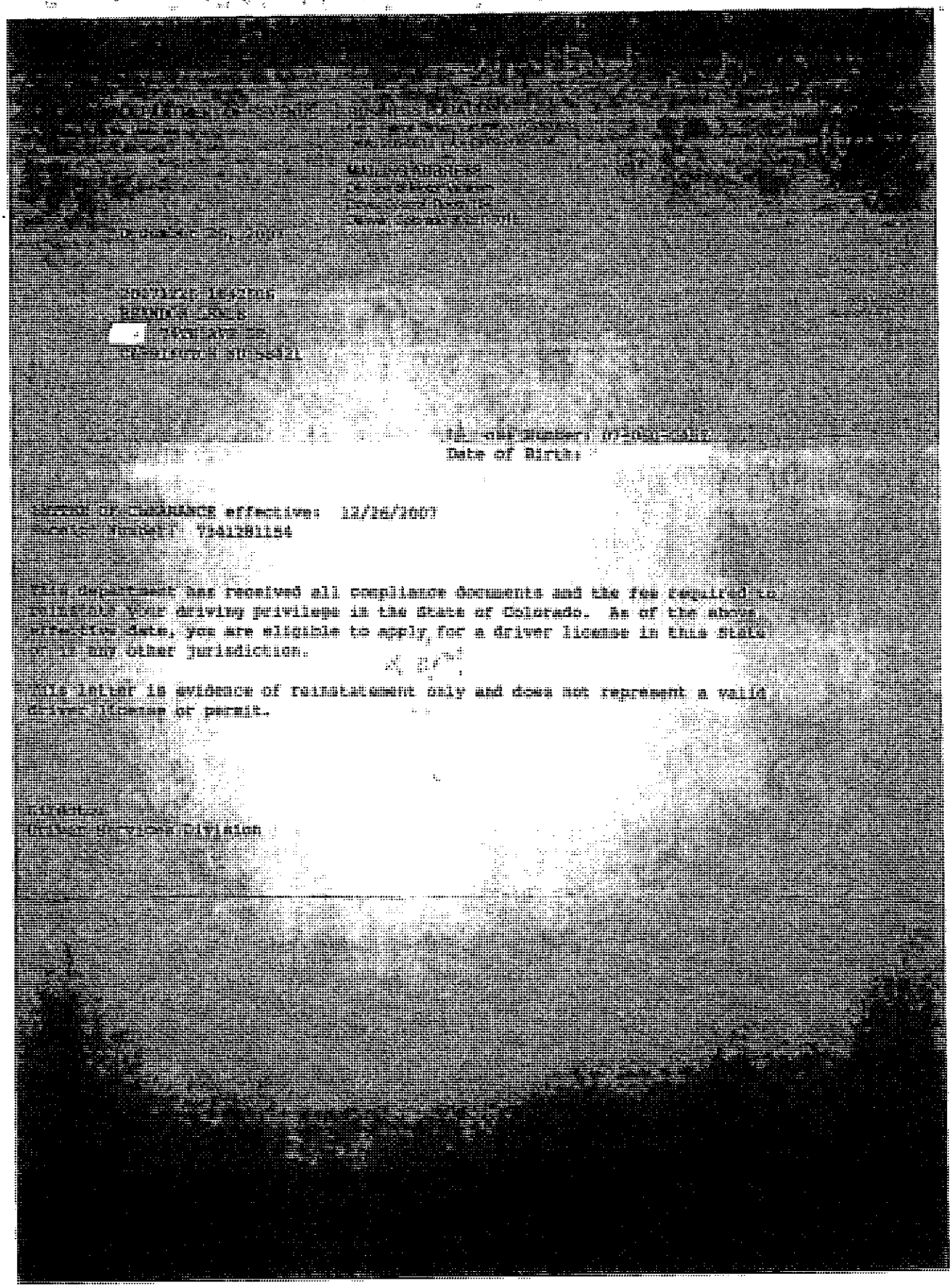
LEVEL _____ TRAFFIC SCHOOL TO BE COMPLETED BY _____

PLACE _____

JUDGE/MAGISTRATE

I have read or had read to me the terms of this sentence. I understand and have received a copy. I understand that violation of the sentence will result in a warrant for my arrest.

DATE _____ DEFENDANT _____



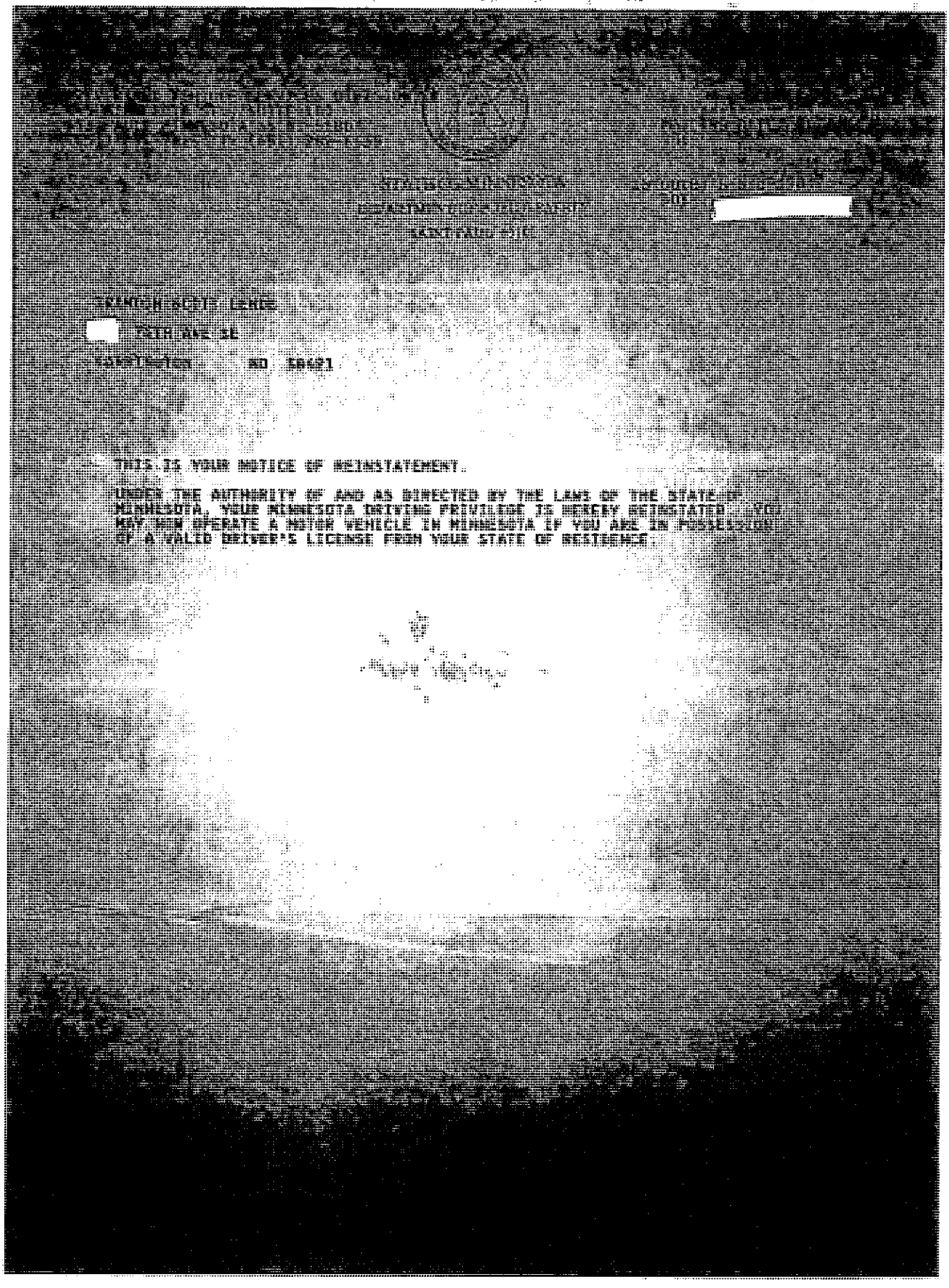
Date of Birth:

Effective Date of Reinstatement effective: 12/16/2007
Current Status: Validated

This Department has received all compliance documents and the fee required to reinstate your driving privilege in the State of Colorado. As of the above effective date, you are eligible to apply for a driver license in this state or in any other jurisdiction.

This letter is evidence of reinstatement only and does not represent a valid Driver License or permit.

Director
Driver Services Division



[redacted]

[redacted]

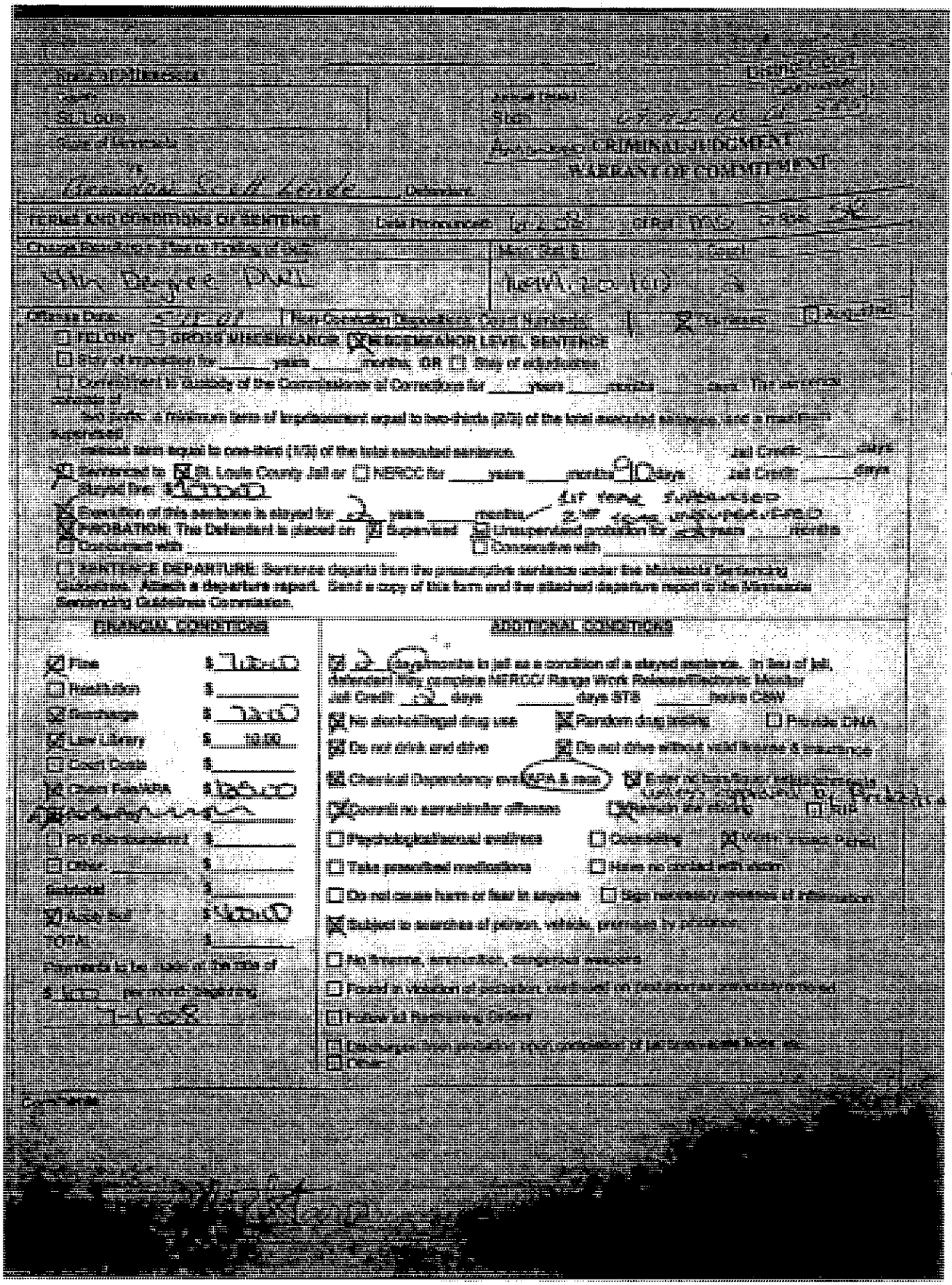
[redacted]

[redacted]

[redacted]

THIS IS YOUR NOTICE OF REINSTATEMENT.

UNDER THE AUTHORITY OF AND AS DIRECTED BY THE LAWS OF THE STATE OF MINNESOTA, YOUR MINNESOTA DRIVING PRIVILEGE IS HEREBY REINSTATED. YOU MAY NOW OPERATE A MOTOR VEHICLE IN MINNESOTA IF YOU ARE IN POSSESSION OF A VALID DRIVER'S LICENSE FROM YOUR STATE OF RESIDENCE.



ST. LOUIS

CRIMINAL JUDGMENT
WARRANT OF COMMITMENT

TERMS AND CONDITIONS OF SENTENCE

Offense Date:

☐ FELONY ☐ GROSS MISDEMEANOR ☒ MISDEMEANOR LEVEL SENTENCE

☐ Stay of imposition for _____ years _____ months; OR ☐ Stay of adjudication

☐ Committed to custody of the Commissioner of Corrections for _____ years _____ months _____ days. The sentence consists of:

and further, a minimum term of imprisonment equal to two-thirds (2/3) of the total executed sentence and a maximum Supervised

released term equal to one-third (1/3) of the total executed sentence.

☒ Sentenced to ☒ St. Louis County Jail or ☐ MERCC for _____ years _____ months 10 days Jail Credit: _____ days

Stayed fine: $ 1000.00 Jail Credit: _____ days

☒ Execution of this sentence is stayed for 2 years _____ months, 1st 1 year executed

☒ PROBATION. The Defendant is placed on ☒ Supervised ☐ Unsupervised probation for 2 years _____ months

☐ Concurrent with _____ ☐ Consecutive with _____

☐ SENTENCE DEPARTURE. Sentence departs from the presumptive sentence under the Minnesota Sentencing Guidelines. Attach a departure report. Send a copy of this form and the attached departure report to the Minnesota Sentencing Guidelines Commission.

FINANCIAL CONDITIONS

☒ Fine	$ 1000.00
☐ Restitution	$ _____
☒ Surcharge	$ 300.00
☒ Law Library	$ 10.00
☐ Court Costs	$ _____
☒ Court Fee/PDA	$ 150.00
☒ Public Defender	$ _____
☐ PD Reimbursement	$ _____
☐ Other _____	$ _____
Subtotal	$ _____
☒ Add-on	$ 1460.00
TOTAL	$ _____

Payments to be made at the rate of $ 50.00 per month, beginning _____

ADDITIONAL CONDITIONS

☒ 2 days/months to jail as a condition of a stayed sentence. In lieu of jail, defendant may complete MERCC Range Work Release/Electronic Monitor Jail Credit: 2 days _____ days STS _____ hours CSW

☒ No alcohol/illegal drug use ☒ Random drug testing ☐ Provide DNA

☒ Do not drink and drive ☒ Do not drive without valid license & insurance

☒ Chemical Dependency eval (ASPA & treat) ☒ Enter no loitering/ trespassing agreement with [illegible]

☒ Commit no same/similar offenses ☒ Remain in state ☐ Not

☐ Psychological/psychiatric evaluation ☐ Counseling ☒ Victim Impact Panel

☐ Take prescribed medications ☐ Have no contact with victim

☐ Do not cause harm or fear in anyone ☐ Sign necessary releases of information

☒ Subject to searches of person, vehicle, premises by probation

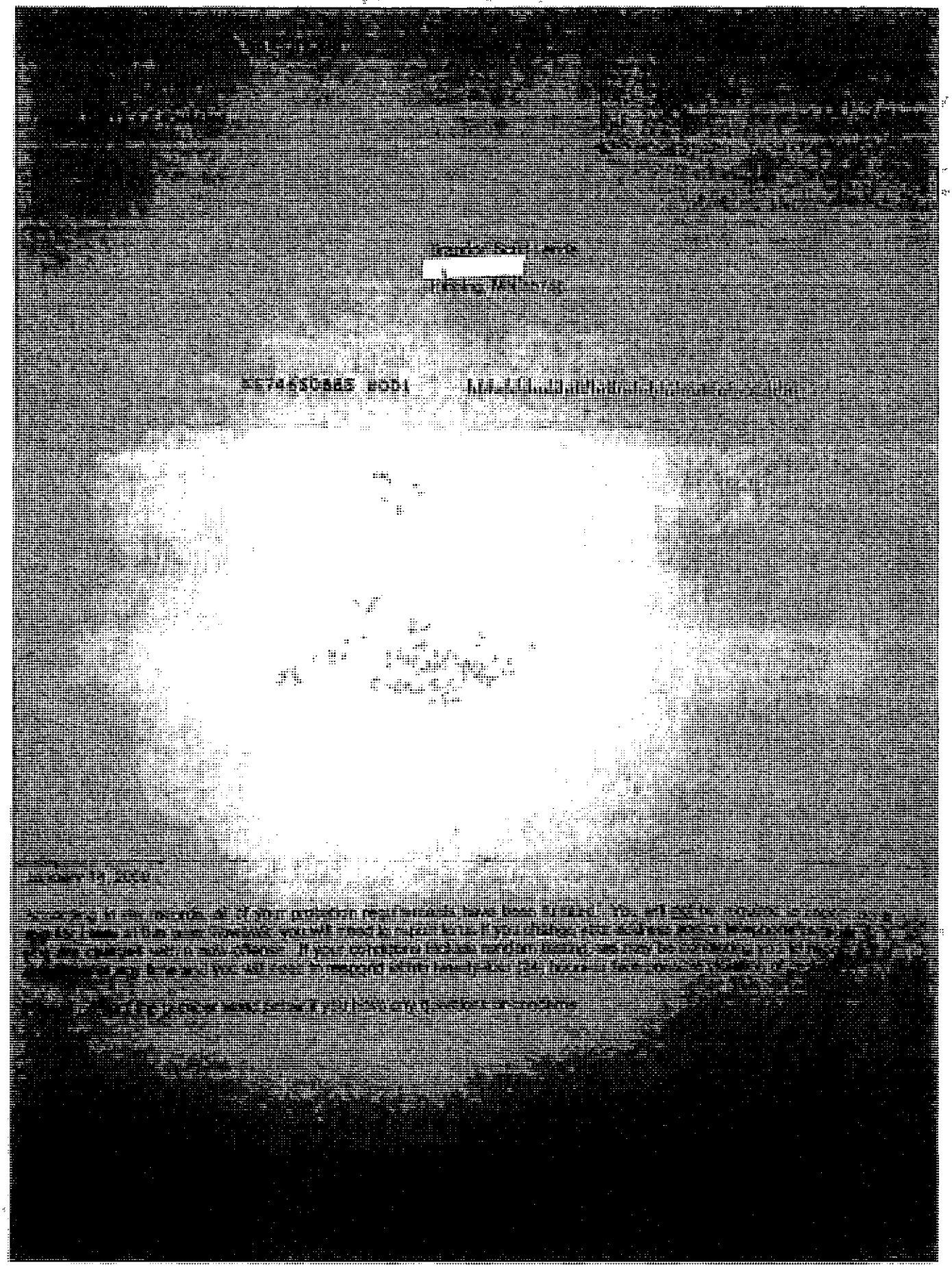
☐ No firearms, ammunition, dangerous weapons

☐ Found in violation of probation, confined on (conditional or unconditional release)

☐ Follow Jail Rules/Inmate Orders

☐ Discharged from probation upon completion of jail time/stayed fines, etc.

☐ Other:



4XX

Y

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **not transferable money order or cashier's check only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ *New Pharmacy or* ☐ ***Ownership Change*** *(Provide current license number if making changes:* ***PH_____***

Check box below for type of ownership and complete all required forms.

☐ *Publicly Traded Corporation – Pages 1,2,3,8* ☐ *Partnership - Pages 1,2,6,8*

☒ *Non Publicly Traded Corporation – Pages 1,2,4,8* ☐ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: PharMedQuest Pharmacy Services DBA Avita Pharmacy 1025

Physical Address: 330 E. Lambert Road #125, Brea, CA 92821

Mailing Address: 330 E Lambert Rd. #100

City: Brea State: CA Zip Code: 92821

Telephone: 714-364-4685 Fax: 714-364-4666

Toll Free Number: 844-326-5627 (Required per NAC 639.708)

E-mail: centralfill@pharmedquest.com Website: avitapharmacy.com

Managing Pharmacist: Nancy Lim License Number: 22578

TYPE OF PHARMACY AND		SERVICES PROVIDED	
Yes/No		Yes/No	
☒ ☐	Retail	☐ ☒	Off-site Cognitive Services
☐ ☒	Hospital (# beds_____)	☐ ☒	Parenteral **
☐ ☒	Internet	☐ ☒	Parenteral (outpatient)
☐ ☒	Nuclear	☐ ☒	Outpatient/Discharge
☐ ☒	Ambulatory Surgery Center	☐ ☒	Mail Service
☒ ☐	Community	☐ ☒	Long Term Care
☐ ☒	Other: _____	☐ ☒	Sterile Compounding **
		☐ ☒	Non Sterile Compounding
All boxes must be checked		☐ ☒	Mail Service Sterile Compounding **
For the application to be complete		☐ ☒	Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Chad Brooker
Print Name of Authorized Person

8/26/2021
Date

Board Use Only Date Processed:_____ Amount: $500 check 1661411466846

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: California

Parent Company if any: PharMedQuest Pharmacy Services Inc.

Mailing Address: 330 E Lambert Rd. Suite 100

City: Brea State: CA Zip: 92822

Telephone: 469-592-2010 Fax: 714-599-8242

Contact Person: Chad Brooker

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Kinderhook Capital Fund V, L.P. (Name) 505 Fifth Ave, 25th Floor, New York, NY 10017 (Address)

b) Kinderhook PMQ Co-Invest, LLC (Name) 505 Fifth Ave, 25th Floor, New York, NY 10017 (Address)

c) Kinderhook Capital Fund V-B, L.P. (Name) 505 Fifth Ave, 25th Floor, New York, NY 10017 (Address)

d) Tailwind Capital Partners II, L.P. (Name) 485 Lexington Ave., New York, NY 10017 (Address)

2) Provide the number of shares issued by the corporation. 206,251,818

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? Varied

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: N/A %:

Name: %:

Hours of Operation for the pharmacy:

Monday thru Friday 8:30 am 5:00 pm Saturday closed am closed pm

Sunday closed am closed pm 24 Hours N/A

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

Nevada State Board Of Pharmacy

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 03/15/2022
Amount:
License #: 22578

Nancy M. Lim

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Effective Date:03/15/2022
Expires:10/31/2023

Nancy M. Lim

License #
22578
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

Expires: 10/31/2023
STATUS: Active

License Type: Pharmacist
License #: 22578
Effective Date:03/15/2022

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Nancy M. Lim

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

PMQ Group, LLC
Members Schedule
(as of December 31, 2019)

Member	Ownership Share
Kinderhook Capital Fund V, L.P.	19.29%
Kinderhook Capital Fund V-B, L.P.	14.35%
Kinderhook PMQ Co-Invest, LLC	20.45%
Tailwind Capital Partners II, L.P.	17.66%
Tailwind Capital Partners II (AI), LP	.08%
Tailwind Offshore Holdings II, L.P.	2.44%
Long GST Investment Trust U/A/D 11/21/2012	1.39%
Kenneth M. Long Irrevocable Trust U/A/D 12/7/2012	0.69%
EPPs Family GST Irrevocable Trust U/A/D 5/29/2014	0.75%
Madison Capital Funding Co-Investment Fund LP (Series 2019)	1.39%
APD PMQ Equity, L.P.	2.31%
Dr. Christopher Nee	0.94%
ACN Trust, dated September 28, 2015	2.66%
WJN Trust, dated September 28, 2015	2.66%
Dr. Duane Saikami	0.70%
Daniel S. Saikami Irrevocable Gifting Trust, dated November 25, 2015	2.78%
Kelsey A Saikami Irrevocable Gifting Trust, dated November 25, 2015	2.78%
Alberto DosSantos	1.4%
John Civitello	1.14%
Lorrie Carr	2.06%
C. Cody Colquitt	0.77%
Keith Fox	0.67%
Jerry T. Purcell, Jr.	0.52%
Peter Urbanowicz	0.10%
Total	**100%**

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Chad Brooker

Responsible Person of PharMedQuest Pharmacy Services, Inc.

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Chad Brooker
Print Name of Authorized Person

8/26/2021
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Texas)
) ss.
COLLIN COUNTY)

I, Chad Brooker, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Regulatory Counsel for PharMedQuest Pharmacy Services DBA Avita Pharmacy 1025 (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Chad Brooker, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
26th day of August, 2021.

NOTARY PUBLIC

ANTHONY JAMES BENTIVEGNA
Notary Public, State of Texas
Comm. Expires 10-16-2024
Notary ID 132733149

Secretary of State
Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name:	PHARMEDQUEST PHARMACY SERVICES
File Number:	C2451735
Registration Date:	11/19/2002
Entity Type:	DOMESTIC STOCK CORPORATION
Jurisdiction:	CALIFORNIA
Status:	ACTIVE (GOOD STANDING)

As of March 15, 2022 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 16, 2022.

SHIRLEY N. WEBER, Ph.D.
Secretary of State

Certificate Verification Number: RLA9N4W

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bebizfile.sos.ca.gov/certification/index.

BOARD OF PHARMACY

LICENSING DETAILS FOR: PHY 57240

NAME: PHARMEDQUEST PHARMACY SERVICES DBA AVITA PHARMACY 1025

LICENSE TYPE: PHARMACY (COMMUNITY)

LICENSE STATUS: CLEAR

ADDRESS

330 E LAMBERT RD #125
BREA CA 92821
ORANGE COUNTY

ISSUANCE DATE

APRIL 26, 2019

EXPIRATION DATE

APRIL 1, 2023

CURRENT DATE / TIME

APRIL 4, 2022
8:39:42 AM

LICENSE RELATIONSHIPS

NAME: LIM, NANCY MEI-JEN

ADDRESS NOT DISCLOSED

LICENSE/REGISTRATION TYPE: REGISTERED PHARMACIST

LICENSE NUMBER: 62786 **PRIMARY STATUS:** CLEAR

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

Pharmacy	X	Hospital Pharmacy		Clinic		Exempt Hospital		Wholesaler		Hypodermic	

Date: 9/28/2021 Inspector: Jonathan Fujimoto

Firm: PHARMEDQUEST PHARMACY SERVICES DBA AVITA PHARM Phone: (714) 364-1400

Address: 330 E LAMBERT RD #125 City: BREA Zip: 92821

Ownership: CORPORATION

Permit #: PHY57240 Permit Exp: 4/1/2022 DEA#: FP7387067 DEA Exp: 6/30/2024

Date of Self Assessment Form: 8/17/2021 Other Permit #: N/A Date of DEA Inventory: 8/17/2021

Hours M-F: 830-1700 Hours Saturday CLOSED Hours Sunday: CLOSED

PIC **NANCY M LIM** RPH62786 Administrator

RPH Consultant

Staff	RPH Name:	License #:
	KIM-THOA T VU	RPH52022
	KAITLYN CAO	RPH68093
	CATHY C LIN	RPH64183
	MINA A ISAAC	RPH78537
	THAO T NGUYEN	RPH69997

Staff Name:	License #:
AMY A MORENO	TCH156142
ANAHI A QUEZADA	TCH179828
ARACELI VASQUEZ	TCH36606
AUNGKANA TACHASOOKSA	TCH149558
CLAUDIA M HOYOS	TCH51835
DESSIAH N ROYBAL	TCH166475
ELIZABETH CARDIEL	TCH152332
ERIKA GARCIA	TCH141234
JESSICA CELAYA	CLERK
LIZBETH O SANCHEZ	TCH127074
MARIA E MEDRANO	TCH124202
PATRICIA E FRANKERA	TCH165952
SEBASTIAN G RAMIREZ	TCH132446

Inspector Remarks:

Here today for routine inspection. Assisted PIC Lim.

Retail pharmacy located inside commercial office location with another common ownership PHY and corporate office. Pharmacy is located on the basement floor with a single door for access for patient. Pharmacy door is normally locked during business hours. Pharmacy has freezer for ice packs and refrigeration for medication. Parata automation device onsite, but not in use. No compounding, limited bubble packing (1-2 patients / month), and no immunization services / testing offered. Predominately 340B dispensing ~70% with some retail scripts . Although not required, all recent scripts received via e-rx, no hardcopies for non-controlled items available to view onsite. Medications are picked up in person or sent via local couriers ScriptDrop or common carriers UPS / USPS. Cold chain sent overnight or local courier via insulated shippers with ice packs. Controlled drugs sent signature required.

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
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Department of Consumer Affairs
Gavin Newsom, Governor

Currently most items are being shipped vs picked up in person. Pharmacy fills ~100 rxs / day.

Items reviewed in the Pharmacy
-Interpretive services, Notice to consumers posted, HIPAA, and Original licenses were not posted in a location readable by the public. The pharmacy currently services patients / customers at the entrance door and the aforementioned items are kept behind the door.
-Secured access with locking doors; education provided on spare key..
-Sink with H/C water
-Refrigeration units onsite for drug only, units in good working order.
-Drug shelves spot checked for expires / recalled items. Drug stock is neat & orderly; Process in place for destruction of non-saleable goods. Reviewed reverse distribution reports from Pharma Logistics. Itemized for both controlled & non-controlled substances. CII's kept in locking cabinet. Spot checked current inventory of Hydrocodone 7.5/325 - accurate to perpetual log. Reviewed last quarterly reconciliation. Limited CII inventory and infrequent dispensing.
-Ratio observed - 2 RPH, 1 TCH, 1 Clerk onsite at the time of inspection. All personnel performing work within scope.
-Will call prescriptions reviewed for patient center label, pill descriptions, and accuracy.
-BOP Emails – being received by PIC.
-Pharmacy used waiver for remote processing; all employees are back on site now. No use of current waivers, PIC is aware of where to access waivers.

Record Keeping
-Hardcopies - 2 filing system - CII separated and CIII-CV and non-controlled kept in 1 file. Informed PIC about FAQ's on BPC 688 and 4040 (e-prescribing).
-RPH confirmed access to CURES, reviewed recent confirmation from Atlantic Associates..
-WHLS- ABC, Cardinal, McKesson Invoices kept separate for controls.
-QA program - in place, recent entry reviewed.

Controlled substances:
-Reviewed Biennial inventory; recently completed for change in PIC.

Consultation
-None available to review during inspection.
-Delivered medications are provided a phone number and hours of operation to reach a RPH. (Mon - Friday) Saturday has separate on call number.
-P&P for operation in absence of a RPH viewed and available. Other procedures such as impairment, security / access, interpretation are immediately retrievable.

Education provided:
-Pharmacy key was being kept in the corporate office area without a tamper evident envelope or like container. Pharmacy does not currently have an independent alarm exclusive to the pharmacy.
-Advised PIC law and ethics CE's are available via webcast on the BOP website.

To complete the inspection, PIC to send Inspector Fujimoto via e-mail (Email jk.fujimoto@dca.ca.gov) a response to orders of correction items issued within 14 calendar days 10/12/2021.

Licensee Remarks:

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

I have reviewed, discussed,understand and received a copy of this form .

Pharmacist (sign) _____

Pharmacist (print) _____

Inspector (sign) _____

Inspector (print) _____

Owner(sign) _____

Owner(print) _____

Additional information (for example - corrective plan of action, Quality Assurance outcomes, factors in mitigation, etc.) you want to submit for consideration may be sent on the attached form to my attention at the above address no later than 14 calendar days from the date above. Please include a copy of this form with any information that you submit.

Within 14 calendar days from the above date, please submit to me at the above address the following:

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

ORDER OF CORRECTION

Date: 9/28/2021 Permit #: PHY57240

Time of Day: 11:07 AM

Name as shown on permit: **PHARMEDQUEST PHARMACY SERVICES DBA AVITA PHARMAC**

Address: 330 E LAMBERT RD #125 City: BREA

Please be advised it appears there is a failure to comply with the following laws governing the practice of pharmacy, and/or the rules and regulations of the Board of Pharmacy:

1. **BPC 4058**	Display of Original License. Every person holding a license issued under this chapter to operate a premises shall display the original license and current renewal license upon the licensed premises in a place where it may be clearly read by the public. During inspection it was noted the original licenses along with the notice to consumers sign, notice of privacy practices, and other required signage was not in a location to be easily read by the public. Patients are serviced at the door of the pharmacy and the signage is located behind the doors. Send correction.

I have reviewed, discussed, understand and received a copy of this form.

Inspector (sign) _____ Signed _____

Inspector (print) Jonathan Fujimoto Print Name _____

Date 9/28/21 Title _____

Pursuant to Business and Professions Code §4083, a licensee of the California State Board of Pharmacy, may submit a written request within 30 days of service of the order of correction, for an office conference with the board's executive officer to contest the order of correction.

AVITA PHARMACY 1025
P.O. BOX 9236
BREA, CA 92822-0000

508/656 1:6

10008874 2/003140-1/1-0

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FP7387067	06-30-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	02-04-2021

AVITA PHARMACY 1025
PHARMEDQUEST PHARMACY SERVICES
330 E LAMBERT RD STE 125
BREA, CA 92821-4120

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FP7387067	06-30-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	02-04-2021

AVITA PHARMACY 1025
PHARMEDQUEST PHARMACY SERVICES
330 E LAMBERT RD STE 125
BREA, CA 92821-4120

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FP7387067	06-30-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	02-04-2021

AVITA PHARMACY 1025
PHARMEDQUEST PHARMACY SERVICES
330 E LAMBERT RD STE 125
BREA, CA 92821-4120

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223/511 (9/2016)

REPORT

CHANGES

PROMPTLY

REQUESTING MODIFICATIONS TO YOUR
REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:
   Drug Enforcement Administration
   P.O. Box 2639
   Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

Avita Officer Information

1. Full Legal Name: Michael Yount
   Title: CEO
   Address: 5700 Granite Pkwy. Suite 425
   Plano, TX 75024

2. Full Legal Name: Chris Creamer
   Title: COO
   Address: 5700 Granite Pkwy. Suite 425
   Plano, TX 75024

3. Full Legal Name: Carl Cody Colquitt
   Title: CFO
   Address: 5700 Granite Pkwy. Suite 425
   Plano, TX 75024

4. Full Legal Name: Lynne DePaulo
   Title: CAO
   Address: 5700 Granite Pkwy. Suite 425
   Plano, TX 75024

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Pharmedquest Pharmacy Services DBA Avita Pharmacy 1025

Physical Address 330 East Lambert Rd. # 125

City Brea State CA Zip 92821

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone (714)364-1400 Website avitapharmacy.com

Licensing Company Email _____

Section 2: Personal Information

First Nancy Middle Mei-Jen Last Lim

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Address [redacted] Graves Ave

City Rosemead State CA Zip 91770

Telephone [redacted] Email [redacted]@gmail.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials NL

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of the Pacific		08/03-05/09	
Address	City	State	Zip
3601 Pacific Ave	Stockton	CA	95211
Diploma/Degree obtained, if any			
Pharm.D.			
School Name		From - To (MM/YY – MM/YY)	
San Gabriel High School		09/99-06/03	
Address	City	State	Zip
801 S Ramona St	San Gabriel	CA	91776
Diploma/Degree obtained, if any			
High School diploma			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/14-present	[redacted] Elmgate St	Monterey Park	CA	91754
09/89-present	[redacted] Graves Ave	Rosemead	CA	91770

Applicant's initials NL

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Avita			03/16-present	
Business Address		**City**	**State**	**Zip**
330 E. Lambert Rd, Suite 125		Brea	CA	92821
Phone	**Title**		**Number of Employed Hours**	
(714) 364-1400	Pharmacist in Charge		40	

Description of Duties

supervise all pharmacy staff, oversee completion of pharmacy tasks, review prescriptions, verify accuracy of filled prescriptions, answer questions and provide info to providers and patients, follow policies and procedures, maintain

Business Name			From - To (MM/YY – MM/YY)	
Rx Relief			12/12-03/16	
Business Address		**City**	**State**	**Zip**
7535 N Palm Ave, Suite 101		Fresno	CA	93711
Phone	**Title**		**Number of Employed Hours**	
(800) 797-3543	Pharmacist		40	

Description of Duties

verified accuracy of filled prescriptions, compounded and dispensed medications, answer questions and provide info to providers and patients

Business Name			From - To (MM/YY – MM/YY)	
Rite Aid			08/09-01/13	
Business Address		**City**	**State**	**Zip**
250 E 10th St		Gilroy	CA	95020
Phone	**Title**		**Number of Employed Hours**	
(408)848-9526	Pharmacist		40	

Description of Duties

verified accuracy of filled prescriptions, compounded and dispensed medications, answer questions and provide info to providers and patients

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Applicant's initials NL

I, Nancy Lim, certify that as the designated representative for

Pharmedquest Pharmacy Services DBA Avita Pharmacy 1025,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Nancy Lim

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03/30/2022

Date

Applicant's initials NL

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Nancy Lim
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03/30/2022
Date

Please have this section completed in the presence of a Notary Public.

State of TX, ss. County of COLLIN

I, NANCY LIM, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3/30/2022
Date

Subscribed and Sworn to before me this 30th day of MARCH 2022.

Notary Public Signature

ANTHONY JAMES BENTIVEGNA
Notary Public, State of Texas
Comm. Expires 10-16-2024
Notary ID 132733149

(Seal)

Applicant's initials NL

On May 17, 2021, two of PharMedQuest Pharmacy Services affiliated pharmacies (PharMedQuest Pharmacy Services D/B/A GVHC PMQ FS Pharmacy (NCPDP: 5668807) and PharMedQuest Pharmacy Services D/B/A GVHC PMQ West Modesto Pharmacy (NCPDP: 0527981)) entered into a stipulated settlement with the California Board of Pharmacy. Effective June 16, 2021 the pharmacies above will receive a public reproval concerning a matter that took place on September 5, 2019 wherein a former employee of PharMedQuest Pharmacy Services D/B/A GVHC PMQ FS Pharmacy personally consumed a controlled substance under the control of PharMedQuest Pharmacy Services D/B/A GVHC PMQ West Modesto Pharmacy while operating at that locations and serving in her capacity as a pharmacy technician. The proper authorities were notified and involved in the investigation of this matter. This Board action will not impact the license for either location.

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

LEANNE E. PALMER,
Pharmacy Technician Registration No. TCH 61787;

and

PMQ GROUP, LLC AND PMQ INVESTOR, LLC dba GVHC PMQ FS PHARMACY; CHRISTOPHER NEE, CEO, PRESIDENT, DIRECTOR AND SHAREHOLDER; THE DANIEL S. SAIKAMI IRREVOCABLE GIFTING TRUST, SHAREHOLDER; THE KELSEY A. SAIKAMI IRREVOCABLE GIFTING TRUST, SHAREHOLDER; KINDERHOOK CAPITAL FUND V LP, SHAREHOLDER; KINDERHOOK CAPITAL FUND V-B LP, SHAREHOLDER; THE ACN TRUST, SHAREHOLDER; THE WJN TRUST, SHAREHOLDER; MATTHEW DAVID BUBIS, VICE PRESIDENT, SECRETARY, DIRECTOR; DUANE SATOSHI SAIKAMI, CHIEF OPERATING OFFICER, VICE-PRESIDENT, SECRETARY, TREASURER/CHIEF FINANCIAL OFFICER, DIRECTOR AND SHAREHOLDER,
Pharmacy Permit No. PHY 57228;

and

PMQ GROUP, LLC AND PMQ INVESTOR, LLC dba GVHC PMQ WEST MODESTO; CHRISTOPHER NEE, CEO, PRESIDENT, DIRECTOR AND SHAREHOLDER; THE DANIEL S. SAIKAMI IRREVOCABLE GIFTING TRUST, SHAREHOLDER; THE KELSEY A. SAIKAMI IRREVOCABLE GIFTING TRUST, SHAREHOLDER; KINDERHOOK CAPITAL FUND V LP, SHAREHOLDER; KINDERHOOK CAPITAL FUND V-B LP, SHAREHOLDER; THE ACN TRUST, SHAREHOLDER; THE WJN TRUST, SHAREHOLDER; MATTHEW DAVID BUBIS, VICE PRESIDENT, SECRETARY, DIRECTOR; DUANE SATOSHI SAIKANI, CHIEF OPERATING OFFICER, VICE-PRESIDENT, SECRETARY, TREASURER/CHIEF FINANCIAL OFFICER, AND SHAREHOLDER,
Pharmacy Permit No. PHY 57229;

and

ANKIT PARIKH,
Pharmacist License No. RPH 66328,

Respondents

Agency Case No. 6912

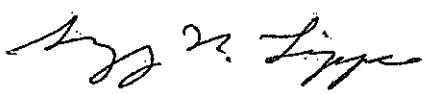
DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order for Public Reproval is hereby adopted by the Board of Pharmacy, Department of Consumer Affairs, as its Decision in this matter.

This Decision shall become effective at 5:00 p.m. on June 16, 2021.

It is so ORDERED on May 17, 2021.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA



By

Greg Lippe
Board President

XAVIER BECERRA
Attorney General of California
KAREN R. DENVIR
Supervising Deputy Attorney General
KATELYN E. DOCHERTY
Deputy Attorney General
State Bar No. 322028
1300 I Street, Suite 125
P.O. Box 944255
Sacramento, CA 94244-2550
Telephone: (916) 210-6277
Facsimile: (916) 327-8643
Attorneys for Complainant

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **LEANNE E. FARMER** **[redacted] Portola Way** **Merced, CA 95348** **Pharmacy Technician Registration No. TCH 61787,** **PMQ GROUP, LLC AND PMQ INVESTOR, LLC DBA GVHC PMQ FS PHARMACY** **CHRISTOPHER NEE, CEO, President, Director and Shareholder,** **THE DANIEL S. SAIKAMI IRREVOCABLE GIFTING TRUST, Shareholder** **THE KELSEY A. SAIKAMI IRREVOCABLE GIFTING TRUST, Shareholder** **KINDERHOOK CAPITAL FUND V LP, Shareholder** **KINDERHOOK CAPITAL FUND V-B LP, Shareholder** **THE ACN TRUST, Shareholder** **THE WJN TRUST, Shareholder** **MATTHEW DAVID BUBIS, Vice President, Secretary, Director** **DUANE SATOSHI SAIKAMI, Chief Operating Officer, Vice-President, Secretary, Treasurer/Chief Financial Officer, Director and Shareholder** **1510 Florida Ave., Suite E** **Modesto, CA 95350** **Pharmacy Permit No. PHY 57228,**	Case No. 6912 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER FOR PUBLIC REPROVAL AS TO PMQ WEST MODESTO PHARMACY ONLY** **[Bus. & Prof. Code § 495]**

and

PMQ GROUP, LLC AND PMQ INVESTOR, LLC, DBA GVHC PMQ WEST MODESTO, CHRISTOPHER NEE, CEO, President, Director, and Shareholder
THE DANIEL S. SAIKAMI IRREVOCABLE GIFTING TRUST, Shareholder
THE KELSEY A. SAIKAMI IRREVOCABLE GIFTING TRUST, Shareholder
KINDERHOOK CAPITAL FUND V LP, Shareholder
KINDERHOOK CAPITAL FUND V-B LP, Shareholder
THE ACN TRUST, Shareholder
THE WJN TRUST, Shareholder
MATTHEW DAVID BUBIS, Vice President, Secretary, Director
DUANE SATOSHI SAIKANI, Chief Operating Officer, Vice-President, Secretary, Treasurer/Chief Financial Officer, and Shareholder
1114 6th Street, Suite A
Modesto, CA 95354

Pharmacy Permit No. PHY 57229

ANKIT PARIKH
[redacted] W. Vermont Ave.,
Anaheim, CA 92805
Pharmacist License No. RPH 66328

Respondents.

IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-entitled proceedings that the following matters are true:

PARTIES

1. Anne Sodergren (Complainant) is the Executive Officer of the Board of Pharmacy (Board). She brought this action solely in her official capacity and is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Katelyn E. Docherty, Deputy Attorney General.

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2. PMQ Group, LLC and PMQ Investor, LLC dba GVHC PMQ West Modesto (Respondent West Modesto) is represented in this proceeding by attorney Jonathan Klein, whose address is: 1981 North Broadway, Suite 220, Walnut Creek, CA 94596.

JURISDICTION

3. On or about March 29, 2005, the Board issued Pharmacy Technician Registration Number TCH 61787 to Leanne E. Farmer (Respondent Farmer). The Pharmacy Technician Registration was in full force and effect at all times relevant to the charges brought herein and will expire on February 28, 2021, unless renewed.

4. On or about April 26, 2019, the Board issued Pharmacy Permit Number PHY 57228 to PMQ Group, LLC and PMQ Investor, LLC dba GVHC PMQ FS Pharmacy (Respondent FS Pharmacy). At all times relevant to the charges brought herein, Christopher Nee, was Chief Executive Officer, 3% Shareholder, President, and Director, The Daniel S. Saikami Irrevocable Gifting Trust and The Kelsey A. Saikami Irrevocable Gifting Trust were 10 % shareholders, Kinderhook Capital Fund V LP was a 31% Shareholder, Kinderhook Capital Fund V-B LP was a 23% shareholder, The ACN Trust and the WJN Trust were 9% shareholders, Matthew David Bubis was Vice-President, Secretary, and Director, and Duane Satoshi Saikami was Chief Operating Officer, Vice-President, Secretary, Treasurer/Chief Financial Officer, Director, and 2% shareholder. The Pharmacy Permit was in full force and effect at all times relevant to the charges brought herein and will expire on April 1, 2021, unless renewed.

5. On or about April 26, 2019, the Board issued Pharmacy Permit Number PHY 57229 to PMQ Group, LLC and PMQ Investor, LLC, dba GVHC PMQ West Modesto, (Respondent West Modesto Pharmacy). At all times relevant to the charges brought herein, Christopher Nee, was Chief Executive Officer, 3% Shareholder, President, and Director, The Daniel S. Saikami Irrevocable Gifting Trust and The Kelsey A. Saikami Irrevocable Gifting Trust were 10 % shareholders, Kinderhook Capital Fund V LP was a 31% Shareholder, Kinderhook Capital Fund V-B LP was a 23% shareholder, The ACN Trust and the WJN Trust were 9% shareholders, and Matthew David Bubis was Vice-President, Secretary, and Director and Duane Satoshi Saikami was Chief Operating Officer, Vice-President, Secretary, Treasurer/Chief Financial Officer,

Director, and 2% shareholder. The Pharmacy Permit was in full force and effect at all times relevant to the charges brought herein and will expire on April 1, 2021, unless renewed.

6. On or about October 17, 2011, the Board issued Pharmacist License Number RPH 66328 to Ankit Parikh (Respondent Parikh). The Pharmacist License was in full force and effect at all times relevant to the charges brought herein and will expire on December 31, 2020, unless renewed.

7. Accusation No. 6912 was filed before the Board[1], and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on September 17, 2020. Respondent timely filed her Notice of Defense contesting the Accusation. A copy of Accusation No. 6912 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

8. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 6912. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order for Public Reproval.

9. Respondent is fully aware of her legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to be represented by counsel at her own expense; the right to confront and cross-examine the witnesses against her; the right to present evidence and to testify on her own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

10. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

[1] The pending Accusation against all other named Respondents are being resolved by stipulated settlement and administrative hearing.

11. Respondent West Modesto understands and agrees that the charges and allegations in Accusation No. 6912, if proven at hearing, constitute cause for imposing discipline upon their Pharmacy permit.

12. For purposes of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at hearing, Complainant could establish a factual basis for the charges in the Accusation, and that Respondent hereby gives up their right to contest those charges.

13. Respondent West Modesto agrees that their Pharmacy Permit is subject to discipline and she agrees to be bound by the Disciplinary Order below.

CONTINGENCY

14. This stipulation shall be subject to approval by the Board of Pharmacy. Respondent West Modesto understands and agrees that counsel for Complainant and the staff of the Board of Pharmacy may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent West Modesto or their counsel. By signing the stipulation, Respondent West Modesto understands and agrees that she may not withdraw their agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order for Public Reproval shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

15. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order for Public Reproval, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

16. This Stipulated Settlement and Disciplinary Order for Public Reproval is intended by the parties to be an integrated writing representing the complete, final, and exclusive embodiment of their agreement. It supersedes any and all prior or contemporaneous agreements, understandings, discussions, negotiations, and commitments (written or oral). This Stipulated Settlement and Disciplinary Order for Public Reproval may not be altered, amended, modified,

supplemented, or otherwise changed except by a writing executed by an authorized representative of each of the parties.

17. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Pharmacy Permit No. PHY 57229 issued to Respondent West Modesto shall be publicly reproved by the Board of Pharmacy under Business and Professions Code section 495 in resolution of Accusation No. 6912, attached as exhibit A.

Cost Recovery. No later than 1 year from the effective date of the Decision, Respondent West Modesto shall pay $3,465 to the Board for its costs associated with the investigation and enforcement of this matter pursuant to Business and Professions Code Section 125.3. If Respondent West Modesto fails to pay the Board costs as ordered, Respondent West Modesto shall not be allowed to renew their Pharmacy Permit until Respondent West Modesto pays costs in full. In addition, the Board may enforce this order for payment of its costs in any appropriate court, in addition to any other rights the Board may have.

Full Compliance. As a resolution of the charges in Accusation No. 6912, this stipulated settlement is contingent upon Respondent West Modesto's full compliance with all conditions of this Order. If Respondent West Modesto fails to satisfy any of these conditions, such failure to comply constitutes cause for discipline, including outright revocation, of Respondent West Modesto's Pharmacy Permit No. PHY 57229.

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ACCEPTANCE

I Michael Yount, General Counsel and Chief Compliance Officer of PMQ Group, LLC and PMQ Investor, LLC dba GVHC PMQ West Modesto Pharmacy have carefully read the above Stipulated Settlement and Disciplinary Order for Public Reproval and have fully discussed it with my attorney, Jonathan Klein. I have authority to enter into settlement agreements on behalf of PMQ Group, LLC and PMQ Investor, LLC dba GVHC PMQ West Modesto Pharmacy. I understand the stipulation and the effect it will have on our Pharmacy Permit. I enter into this Stipulated Settlement and Disciplinary Order for Public Reproval voluntarily, knowingly, and intelligently, and agree PMQ Group, LLC and PMQ Investor, LLC dba GVHC PMQ West Modesto Pharmacy will be bound by the Decision and Order of the Board of Pharmacy.

DATED: _____

Michael Yount, General Counsel and Chief Compliance Officer *on behalf of* PMQ Group, LLC and PMQ Investor, LLC dba GVHC PMQ West Modesto
Respondent

I have read and fully discussed with Respondent PMQ Group, LLC and PMQ Investor, LLC dba GVHC PMQ West Modesto the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order for Public Reproval. I approve its form and content.

DATED: _____

JONATHAN KLEINJONATHAN KLEIN
Attorney for Respondent

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ACCEPTANCE

I Michael Yount, General Counsel and Chief Compliance Officer of PMQ Group, LLC and PMQ Investor, LLC dba GVHC PMQ West Modesto Pharmacy have carefully read the above Stipulated Settlement and Disciplinary Order for Public Reproval and have fully discussed it with my attorney, Jonathan Klein. I have authority to enter into settlement agreements on behalf of PMQ Group, LLC and PMQ Investor, LLC dba GVHC PMQ West Modesto Pharmacy. I understand the stipulation and the effect it will have on our Pharmacy Permit. I enter into this Stipulated Settlement and Disciplinary Order for Public Reproval voluntarily, knowingly, and intelligently, and agree PMQ Group, LLC and PMQ Investor, LLC dba GVHC PMQ West Modesto Pharmacy will be bound by the Decision and Order of the Board of Pharmacy.

DATED: March 15, 2021

Michael Yount, General Counsel and Chief Compliance Officer *on behalf of* PMQ Group, LLC and PMQ Investor, LLC dba GVHC PMQ West Modesto
Respondent

I have read and fully discussed with Respondent PMQ Group, LLC and PMQ Investor, LLC dba GVHC PMQ West Modesto the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order for Public Reproval. I approve its form and content.

DATED: March 16, 2021

JONATHAN KLEINJONATHAN KLEIN
Attorney for Respondent

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ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order for Public Reproval is hereby respectfully submitted for consideration by the Board of Pharmacy of the Department of Consumer Affairs.

DATED: _____

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
KAREN R. DENVIR
Supervising Deputy Attorney General

KATELYN E. DOCHERTY
Deputy Attorney General
Attorneys for Complainant

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ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order for Public Reproval is hereby respectfully submitted for consideration by the Board of Pharmacy of the Department of Consumer Affairs.

DATED: March 16, 2021

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
KAREN R. DENVIR
Supervising Deputy Attorney General

KATELYN E. DOCHERTY
Deputy Attorney General
Attorneys for Complainant

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XAVIER BECERRA
Attorney General of California
KAREN R. DENVIR
Supervising Deputy Attorney General
KATELYN E. DOCHERTY
Deputy Attorney General
State Bar No. 322028
1300 I Street, Suite 125
P.O. Box 944255
Sacramento, CA 94244-2550
Telephone: (916) 210-7886
Facsimile: (916) 327-8643
Attorneys for Complainant

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:	Case No. 6912
LEANNE E. FARMER **[redacted] Portola Way** **Merced, CA 95348** **Pharmacy Technician Registration No. TCH 61787,** **PMQ GROUP, LLC AND PMQ INVESTOR, LLC DBA GVHC PMQ FS PHARMACY** **CHRISTOPHER NEE, CEO, President, Director and Shareholder,** **THE DANIEL S. SAIKAMI IRREVOCABLE GIFTING TRUST, Shareholder** **THE KELSEY A. SAIKAMI IRREVOCABLE GIFTING TRUST, Shareholder** **KINDERHOOK CAPITAL FUND V LP, Shareholder KINDERHOOK CAPITAL FUND V-B LP, Shareholder** **THE ACN TRUST, Shareholder** **THE WJN TRUST, Shareholder** **MATTHEW DAVID BUBIS, Vice President, Secretary, Director** **DUANE SATOSHI SAIKAMI, Chief Operating Officer, Vice-President, Secretary, Treasurer/Chief Financial Officer, Director and Shareholder** **1510 Florida Ave., Suite E** **Modesto, CA 95350** **Pharmacy Permit No. PHY 57228,**	**ACCUSATION**

and

PMQ GROUP, LLC AND PMQ INVESTOR, LLC, DBA GVHC PMQ WEST MODESTO, CHRISTOPHER NEE, CEO, President, Director, and Shareholder
THE DANIEL S. SAIKAMI IRREVOCABLE GIFTING TRUST, Shareholder
THE KELSEY A. SAIKAMI IRREVOCABLE GIFTING TRUST, Shareholder
KINDERHOOK CAPITAL FUND V LP, Shareholder KINDERHOOK CAPITAL FUND V-B LP, Shareholder
THE ACN TRUST, Shareholder
THE WJN TRUST, Shareholder
MATTHEW DAVID BUBIS, Vice President, Secretary, Director
DUANE SATOSHI SAIKANI, Chief Operating Officer, Vice-President, Secretary, Treasurer/Chief Financial Officer, and Shareholder
1114 6th Street, Suite A
Modesto, CA 95354

Pharmacy Permit No. PHY 57229

ANKIT PARIKH
[redacted] W. Vermont Ave.,
Anaheim, CA 92805

Pharmacist License No. RPH 66328

Respondents.

PARTIES

1. Anne Sodergren (Complainant) brings this Accusation solely in her official capacity as the Executive Officer of the Board of Pharmacy (Board), Department of Consumer Affairs.

2. On or about March 29, 2005, the Board issued Pharmacy Technician Registration Number TCH 61787 to Leanne E. Farmer (Respondent Farmer). The Pharmacy Technician Registration was in full force and effect at all times relevant to the charges brought herein and will expire on February 28, 2021, unless renewed.

3. On or about April 26, 2019, the Board issued Pharmacy Permit Number PHY 57228 to PMQ Group, LLC and PMQ Investor, LLC dba GVHC PMQ FS Pharmacy (Respondent FS Pharmacy). At all times relevant to the charges brought herein, Christopher Nee, was Chief Executive Officer, 3% Shareholder, President, and Director, The Daniel S. Saikami Irrevocable Gifting Trust and The Kelsey A. Saikami Irrevocable Gifting Trust were 10 % shareholders, Kinderhook Capital Fund V LP was a 31% Shareholder, Kinderhook Capital Fund V-B LP was a 23% shareholder, The ACN Trust and the WJN Trust were 9% shareholders, Matthew David Bubis was Vice-President, Secretary, and Director, and Duane Satoshi Saikami was Chief Operating Officer, Vice-President, Secretary, Treasurer/Chief Financial Officer, Director, and 2% shareholder. The Pharmacy Permit was in full force and effect at all times relevant to the charges brought herein and will expire on April 1, 2021, unless renewed.

4. On or about April 26, 2019, the Board issued Pharmacy Permit Number PHY 57229 to PMQ Group, LLC and PMQ Investor, LLC, dba GVHC PMQ West Modesto, (Respondent West Modesto Pharmacy). At all times relevant to the charges brought herein, Christopher Nee, was Chief Executive Officer, 3% Shareholder, President, and Director, The Daniel S. Saikami Irrevocable Gifting Trust and The Kelsey A. Saikami Irrevocable Gifting Trust were 10 % shareholders, Kinderhook Capital Fund V LP was a 31% Shareholder, Kinderhook Capital Fund V-B LP was a 23% shareholder, The ACN Trust and the WJN Trust were 9% shareholders, and Matthew David Bubis was Vice-President, Secretary, and Director and Duane Satoshi Saikami was Chief Operating Officer, Vice-President, Secretary, Treasurer/Chief Financial Officer, Director, and 2% shareholder. The Pharmacy Permit was in full force and effect at all times relevant to the charges brought herein and will expire on April 1, 2021, unless renewed.

5. On or about October 17, 2011, the Board issued Pharmacist License Number RPH 66328 to Ankit Parikh (Respondent Parikh). The Pharmacist License was in full force and effect at all times relevant to the charges brought herein and will expire on December 31, 2020, unless renewed.

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JURISDICTION

6. This Accusation is brought before the Board of Pharmacy (Board), Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

7. Section 4300 of the Code states, in pertinent part:

(a) Every license issued may be suspended or revoked.

(b) The board shall discipline the holder of any license issued by the board, whose default has been entered or whose case has been heard by the board and found guilty, by any of the following methods:

(1) Suspending judgment.

(2) Placing him or her upon probation.

(3) Suspending his or her right to practice for a period not exceeding one year.

(4) Revoking his or her license.

(5) Taking any other action in relation to disciplining him or her as the board in its discretion may deem proper.

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STATUTORY PROVISIONS

8. Section 4022 of the Code states

Dangerous drug or dangerous device means any drug or device unsafe for self-use in humans or animals, and includes the following:

(a) Any drug that bears the legend: Caution: federal law prohibits dispensing without prescription, Rx only, or words of similar import.

(b) Any device that bears the statement: Caution: federal law restricts this device to sale by or on the order of a _____, Rx only, or words of similar import, the blank to be filled in with the designation of the practitioner licensed to use or order use of the device.

(c) Any other drug or device that by federal or state law can be lawfully dispensed only on prescription or furnished pursuant to Section 4006.

9. Section 4113 of the Code states, in pertinent part:

...

(c) The pharmacist-in-charge shall be responsible for a pharmacy's compliance with all state and federal laws and regulations pertaining to the practice of pharmacy.

. . . .

10. Section 4301 of the Code states, in pertinent part:

The board shall take action against any holder of a license who is guilty of unprofessional conduct or whose license has been issued by mistake. Unprofessional conduct shall include, but is not limited to, any of the following:

...

(j) The violation of any of the statutes of this state, of any other state, or of the United States regulating controlled substances and dangerous drugs.

...

(o) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of or conspiring to violate any provision or term of this chapter or of the applicable federal and state laws and regulations governing pharmacy, including regulations established by the board or by any other state or federal regulatory agency.

...

11. Section 4307 of the Code states:

(a) Any person who has been denied a license or whose license has been revoked or is under suspension, or who has failed to renew his or her license while it was under suspension, or who has been a manager, administrator, owner, member, officer, director, associate, partner, or any other person with management or control of any partnership, corporation, trust, firm, or association whose application for a license has been denied or revoked, is under suspension or has been placed on probation, and while acting as the manager, administrator, owner, member, officer, director, associate, partner, or any other person with management or control had knowledge of or knowingly participated in any conduct for which the license was denied, revoked, suspended, or placed on probation, shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, partner, or in any other position with management or control of a licensee as follows:

(1) Where a probationary license is issued or where an existing license is placed on probation, this prohibition shall remain in effect for a period not to exceed five years.

(2) Where the license is denied or revoked, the prohibition shall continue until the license is issued or reinstated.

(b) "Manager, administrator, owner, member, officer, director, associate, partner, or any other person with management or control of a license" as used in this section and Section 4308 , may refer to a pharmacist or to any other person who serves in such capacity in or for a licensee.

(c) The provisions of subdivision (a) may be alleged in any pleading filed pursuant to Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of the Government Code. However, no order may be issued in that case except as to a person who is named in the caption, as to whom the pleading alleges the applicability

of this section, and where the person has been given notice of the proceeding as required by Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of the Government Code. The authority to proceed as provided by this subdivision shall be in addition to the board's authority to proceed under Section 4339 or any other provision of law.

12. Section 4327 of the Code states:

> Any person who, while on duty, sells, dispenses or compounds any drug while under the influence of any dangerous drug or alcoholic beverages shall be guilty of a misdemeanor.

13. California Code of Regulations, title 16, section 1714, states in pertinent part:

. . .

> (b) Each pharmacy licensed by the board shall maintain its facilities, space, fixtures, and equipment so that drugs are safely and properly prepared, maintained, secured and distributed. The pharmacy shall be of sufficient size and unobstructed area to accommodate the safe practice of pharmacy.

. . .

COST RECOVERY

14. Section 125.3 of the Code states, in pertinent part, that the Board may request the administrative law judge to direct a licentiate found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

DEFINITIONS

15. "Ultram" (generic name—tramadol) is a Schedule IV controlled substance used to treat pain.

16. "Acetaminophen-codeine" (generic name—Tylenol with codeine) is a Schedule III controlled substance used to treat pain.

17. "Lorazepam" (generic name—Ativan) is a Schedule IV controlled substance used to treat anxiety.

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FACTUAL ALLEGATIONS

18. At all times relevant Respondent Farmer was employed as a pharmacy technician at Respondent FS Pharmacy located at 1510 Florida Ave, Ste E in Modesto, California, and Respondent West Modesto Pharmacy, located at 114 6th St, Ste A in Modesto, California.

Respondent West Modesto Pharmacy

19. On or about September 5, 2019, Respondent Farmer reported for work at Respondent West Modesto Pharmacy in the morning.

20. V.C., pharmacist-in-charge, noticed Respondent Farmer exhibit signs of impairment such as slurred speech, self-talk, and slow movement while working. V.C. observed Respondent Farmer selling a prescription to the public without registering the transaction. As a result V.C. sent Respondent Farmer home for the day.

21. Upon being sent home from Respondent West Modesto Pharmacy, Respondent texted Respondent Parikh, District Manager of Respondent West Modesto Pharmacy and Respondent FS Pharmacy, stating "Are you still in the Modesto area? I would like to have a short meeting with you. Why they are sending me home…saying I'm not myself. I feel wonderful today." Upon receiving this text message Respondent Parikh sent Respondent Farmer to Respondent FS Pharmacy to be reevaluated by another pharmacist. Respondent Parikh did not notify the pharmacist-in-charge at Respondent FS Pharmacy of the concerns regarding Respondent Farmer.

Respondent FS Pharmacy

22. On or about September 5, 2019, Respondent Farmer after leaving Respondent West Modesto Pharmacy was told by district manager, Ankit Parikah to report to Respondent FS Pharmacy to work the rest of the day. Respondent arrived at Respondent FS Pharmacy around 10:30 am. Upon arrival at Respondent FS Pharmacy, pharmacist-in-charge Safarmehdi, noticed Respondent Farmer was pale, and speaking slowly, and slurring her words. Respondent Farmer, had informed pharmacist-in-charge Safarmehdi that she had heen sent home from Respondent West Modesto Pharmacy.

23. Respondent Farmer was asked to dust the shelves at Respondent West Modesto Pharmacy. Pharmacist-in-charge observed Respondent Farmer quickly move from one end of the

shelves to the middle aisle and kneel to dust the bottom shelf. Respondent Farmer, then informed pharmacist-in-charge Safarmehdi that she popped her knee, and went to the bathroom.

24. Immediately after Respondent Farmer, got up to go to the bathroom, a staff member at Respondent FS Pharmacy noticed that a tramadol 50 mg container was missing from the shelf where Respondent Farmer had been dusting.

25. Pharmacist-in-charge Safarmehdi, asked Respondent Farmer about the missing tramadol container and Respondent Farmer stated she could not find it.

26. Respondent Farmer went to the restroom a few more times, and kept the water running in the restroom, while vomiting.

27. On or around 11:48 a.m. pharmacist-in-charge Safarmehdi decided to send Respondent Farmer home.

28. Immediately after pharmacist-in-charge Safarmehdi informed Respondent Parikh, that Respondent Farmer had been sent home, and informed him of the missing tramadol.

Respondent Farmer

FIRST CAUSE FOR DISCIPLINE

(Unprofessional Conduct—Impairment on Duty)

29. Respondent Farmer is subject to disciplinary action under Code section 4301, subdivisions (j) and (o), in conjunction with Code section 4327, in that she sold and/or dispensed drugs while under the influence of dangerous drugs. Complainant realleges paragraphs 18 through 27.

Respondent West Modesto Pharmacy

SECOND CAUSE FOR DISCIPLINE

(Violation of Pharmacy Law: Operational Standards and Security)

30. Respondent West Modesto Pharmacy is subject to disciplinary action under section 4301, subdivision (o), in conjunction with section California Code of Regulations, title 16, section 1714, subdivision (b), in that Respondent failed to maintain it's facilities, space, fixtures, and equipment such that drugs were safely and properly prepared, maintained, secured, and distributed. For the period May 10, 2019 to September 16, 2019, Respondent West Modesto

Pharmacy could not account for significant inventory shortages of approximately 90 tablets of acetaminophen/codeine 300-30 mg, 71 tablets of lorazepam 1mg, and 119 tablets of tramadol 50 mg. Complainant refers to, and by this reference incorporates the allegations set forth above in paragraphs 18 through 20, inclusive, as though set forth fully herein.

Respondent FS Pharmacy

THIRD CAUSE FOR DISCIPLINE

(Violation of Pharmacy Law: Operational Standards and Security)

33. Respondent FS Pharmacy is subject to disciplinary action under section 4301, subdivision (o), in conjunction with section California Code of Regulations, title 16, section 1714, subdivision (b), in that Respondents failed to maintain Respondent FS Pharmacy facilities, space, fixtures, and equipment such that drugs were safely and properly prepared, maintained, secured, and distributed. For the period July 16, 2019, to October 2, 2019 Respondent FS Pharmacy not account for significant inventory shortage of approximately 95 tablets of tramadol 50 mg. Complainant refers to, and by this reference incorporates the allegations set forth above in paragraphs 21 through 27, inclusive, as though set forth fully herein.

Respondent Parikh

FOURTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct)

34. Respondent Parikh is subject to disciplinary action under Code section 4301, in that Respondent Parikh put the public at risk when he told Respondent Farmer to drive to another pharmacy to work without further evaluation after being informed of Respondent Farmer's possible impairment. Complainant realleges paragraphs 18 through 27.

DISCIPLINE CONSIDERATIONS

35. To determine the degree of discipline, if any, to be imposed on Respondent Leanne E. Farmer, Complainant alleges that on or about August 28, 2019, in a prior action, the Board of Pharmacy issued Citation Number CI 2017 79056 and ordered Respondent Farmer to pay a civil penalty of $500.00. Respondent Farmer was issued a citation for violating Business and

Professions Code section 4301, subdivision (*l*), for being convicted of a crime substantially related to the qualifications, functions, and duties of a licensee. That Citation is now final.

OTHER MATTERS

36. Pursuant to Code section 4307, if discipline is imposed on Pharmacy Permit No. PHY 57228 issued to PMQ Group LLC and PMQ Investor LLC, doing business as GVHC PMQ FS Pharmacy, then Kinderhook Capital Fund VLP, shareholder, shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Pharmacy Permit Number PHY 57228 is placed on probation or until Pharmacy Permit Number PHY 57228 is reinstated if it is revoked.

37. Pursuant to Code section 4307, if discipline is imposed on Pharmacy Permit No. PHY 57228 issued to PMQ Group LLC and PMQ Investor LLC, doing business as GVHC PMQ FS Pharmacy, then Kinderhook Capital Fund V-B LP, shareholder, shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Pharmacy Permit Number PHY 57228 is placed on probation or until Pharmacy Permit Number PHY 57228 is reinstated if it is revoked.

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38. Pursuant to Code section 4307, if discipline is imposed on Pharmacy Permit No. PHY 57228 issued to PMQ Group LLC and PMQ Investor LLC, doing business as GVHC PMQ FS Pharmacy, then The Daniel S. Saikami Irrevocable Trust, shareholder, shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Pharmacy Permit Number PHY 57228 is placed on probation or until Pharmacy Permit Number PHY 57228 is reinstated if it is revoked.

39. Pursuant to Code section 4307, if discipline is imposed on Pharmacy Permit No. PHY 57228 issued to PMQ Group LLC and PMQ Investor LLC, doing business as GVHC PMQ FS Pharmacy, then The Kelsey A. Saikami Irrevocable Trust, shareholder, shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Pharmacy Permit Number PHY 57228 is placed on probation or until Pharmacy Permit Number PHY 57228 is reinstated if it is revoked.

40. Pursuant to Code section 4307, if discipline is imposed on Pharmacy Permit No. PHY 57228 issued to PMQ Group LLC and PMQ Investor LLC, doing business as GVHC PMQ FS Pharmacy, then The ACN Trust, shareholder, shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Pharmacy Permit Number PHY 57228 is placed on probation or until Pharmacy Permit Number PHY 57228 is reinstated if it is revoked.

41. Pursuant to Code section 4307, if discipline is imposed on Pharmacy Permit No. PHY 57228 issued to PMQ Group LLC and PMQ Investor LLC, doing business as GVHC PMQ FS Pharmacy, then The WJN Trust, shareholder, shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Pharmacy Permit Number PHY 57228 is placed on probation or until Pharmacy Permit Number PHY 57228 is reinstated if it is revoked.

42. Pursuant to Code section 4307, if discipline is imposed on Pharmacy Permit No. PHY 57228 issued to PMQ Group LLC and PMQ Investor LLC, doing business as GVHC PMQ FS Pharmacy, then Christopher Nee, Chief Executive Officer, Shareholder, President, and Director, shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Pharmacy Permit Number PHY 57228 is placed on probation or until Pharmacy Permit Number PHY 57228 is reinstated if it is revoked.

43. Pursuant to Code section 4307, if discipline is imposed on Pharmacy Permit No. PHY 57228 issued to PMQ Group LLC and PMQ Investor LLC, doing business as GVHC PMQ FS Pharmacy, then Matthew Bubis, Vice-President, Secretary, Director, shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Pharmacy Permit Number PHY 57228 is placed on probation or until Pharmacy Permit Number PHY 57228 is reinstated if it is revoked.

44. Pursuant to Code section 4307, if discipline is imposed on Pharmacy Permit No. PHY 57228 issued to PMQ Group LLC and PMQ Investor LLC, doing business as GVHC PMQ FS Pharmacy, then Duane Satoshi Salkami, Chief Operating Officer, Shareholder, Vice-President, Secretary, Treasurer/Chief Financial Officer, and Director, shall be prohibited from serving as a

manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Pharmacy Permit Number PHY 57228 is placed on probation or until Pharmacy Permit Number PHY 57228 is reinstated if it is revoked.

45. Pursuant to Code section 4307, if discipline is imposed on Pharmacy Permit No. PHY 57228 issued to PMQ Group LLC and PMQ Investor LLC, doing business as GVHC PMQ FS Pharmacy while Ankit Parikh has been an owner or manager and had knowledge of or knowingly participated in any conduct for which the licensee was disciplined, Ankit Parikh shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Pharmacy Permit Number PHY 57228 is placed on probation or until Pharmacy Permit Number PHY 57228 is reinstated if it is revoked.

46. Pursuant to Code section 4307, if discipline is imposed on Pharmacy Permit No. PHY 57229 issued to PMQ Group LLC and PMQ Investor LLC, doing business as GVHC PMQ West Modesto Pharmacy, then Kinderhook Capital Fund VLP, shareholder, shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Pharmacy Permit Number PHY 57229 is placed on probation or until Pharmacy Permit Number PHY 57229 is reinstated if it is revoked.

47. Pursuant to Code section 4307, if discipline is imposed on Pharmacy Permit No. PHY 57229 issued to PMQ Group LLC and PMQ Investor LLC, doing business as GVHC PMQ West Modesto Pharmacy, then Kinderhook Capital Fund V-B LP, shareholder, shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Pharmacy Permit Number PHY 57229 is placed on probation or until Pharmacy Permit Number PHY 57229 is reinstated if it is revoked.

48. Pursuant to Code section 4307, if discipline is imposed on Pharmacy Permit No. PHY 57229 issued to PMQ Group LLC and PMQ Investor LLC, doing business as GVHC PMQ West Modesto Pharmacy, then The Daniel S. Saikami Irrevocable Trust, shareholder, shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Pharmacy Permit Number PHY 57229 is placed on probation or until Pharmacy Permit Number PHY 57229 is reinstated if it is revoked.

49. Pursuant to Code section 4307, if discipline is imposed on Pharmacy Permit No. PHY 57229 issued to PMQ Group LLC and PMQ Investor LLC, doing business as GVHC PMQ West Modesto Pharamcy, then The Kelsey A. Saikami Irrevocable Trust, shareholder, shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Pharmacy Permit Number PHY 57229 is placed on probation or until Pharmacy Permit Number PHY 57229 is reinstated if it is revoked.

50. Pursuant to Code section 4307, if discipline is imposed on Pharmacy Permit No. PHY 57229 issued to PMQ Group LLC and PMQ Investor LLC, doing business as GVHC PMQ West Modesto Pharmacy, then The ACN Trust, shareholder, shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Pharmacy Permit Number PHY 57229 is placed on probation or until Pharmacy Permit Number PHY 57229 is reinstated if it is revoked.

51. Pursuant to Code section 4307, if discipline is imposed on Pharmacy Permit No. PHY 57229 issued to PMQ Group LLC and PMQ Investor LLC, doing business as GVHC PMQ West Modesto Pharmacy, then The WJN Trust, shareholder, shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Pharmacy Permit Number PHY 57229 is placed on probation or until Pharmacy Permit Number PHY 57229 is reinstated if it is revoked.

52. Pursuant to Code section 4307, if discipline is imposed on Pharmacy Permit No. PHY 57229 issued to PMQ Group LLC and PMQ Investor LLC, doing business as GVHC PMQ West Modesto Pharmacy, then Christopher Nee shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Pharmacy Permit Number PHY 57229 is placed on probation or until Pharmacy Permit Number PHY 57229 is reinstated if it is revoked.

53. Pursuant to Code section 4307, if discipline is imposed on Pharmacy Permit No. PHY 57229 issued to PMQ Group LLC and PMQ Investor LLC, doing business as GVHC PMQ West Modesto Pharmacy, then Duane Satoshi Saikami, Chief Operating Officer, Shareholder, Vice-President, Secretary, Treasurer/Chief Financial Officer, and Director, shall be prohibited from

serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Pharmacy Permit Number PHY 57229 is placed on probation or until Pharmacy Permit Number PHY 57229 is reinstated if it is revoked.

54. Pursuant to Code section 4307, if discipline is imposed on Pharmacy Permit No. PHY 57229 issued to PMQ Group LLC and PMQ Investor LLC, doing business as GVHC PMQ West Modesto Pharmacy, then Matthew Bubis, Vice-President, Secretary, and Director, shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Pharmacy Permit Number PHY 57229 is placed on probation or until Pharmacy Permit Number PHY 57229 is reinstated if it is revoked.

55. Pursuant to Code section 4307, if discipline is imposed on Pharmacy Permit No. PHY 57229 issued to PMQ Group LLC and PMQ Investor LLC, doing business as GVHC PMQ West Modesto Pharmacy while Ankit Parikh has been an owner or manager and had knowledge of or knowingly participated in any conduct for which the licensee was disciplined, Ankit Parikh shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Pharmacy Permit Number PHY 57229 is placed on probation or until Pharmacy Permit Number PHY 57229 is reinstated if it is revoked.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Pharmacy issue a decision:

1. Revoking or suspending Pharmacy Technician Registration Number TCH 61787, issued to Leanne E. Farmer;

2. Revoking or suspending Pharmacy Permit Number PHY 57228, issued to PMQ Group, LLC and PMQ Investor, LLC dba GVHC PMQ FS Pharmacy;

3. Revoking or suspending Pharmacy Permit Number PHY 57229, issued to PMQ Group, LLC and PMQ Investor, LLC, dba BVHC PMQ West Modesto;

4. Prohibiting Kinderhook Capital Fund V LP from serving as a manager, administrator, owner, member, officer, director, associate, partner, or in any other position with management or control of any Pharmacy licensee;

5. Prohibiting Kinderhook Capital Fund V-B LP from serving as a manager, administrator, owner, member, officer, director, associate, partner, or in any other position with management or control of any Pharmacy licensee;

6. Prohibiting The Daniel S. Saikami Irrevocable Trust from serving as a manager, administrator, owner, member, officer, director, associate, partner, or in any other position with management or control of any Pharmacy licensee;

7. Prohibiting The Kelsey A. Saikami Irrevocable Trust from serving as a manager, administrator, owner, member, officer, director, associate, partner, or in any other position with management or control of any Pharmacy licensee;

8. Prohibiting The ACN Trust from serving as a manager, administrator, owner, member, officer, director, associate, partner, or in any other position with management or control of any Pharmacy licensee;

9. Prohibiting The WJN Trust from serving as a manager, administrator, owner, member, officer, director, associate, partner, or in any other position with management or control of any Pharmacy licensee;

10. Prohibiting Christopher Nee from serving as a manager, administrator, owner, member, officer, director, associate, partner, or in any other position with management or control of any Pharmacy licensee;

11. Prohibiting Duane Satoshi Saikami from serving as a manager, administrator, owner, member, officer, director, associate, partner, or in any other position with management or control of any Pharmacy licensee;

12. Prohibiting Mathew Bubis from serving as a manager, administrator, owner, member, officer, director, associate, partner, or in any other position with management or control of any Pharmacy licensee;

13. Prohibiting Ankit Parikh from serving as a manager, administrator, owner, member, officer, director, associate, partner, or in any other position with management or control of any Pharmacy licensee;

14. Revoking or suspending Pharmacist License Number RPH 66328, issued to Ankit Parikh;

15. Ordering Leanne E. Farmer, PMQ Group, LLC and PMQ Investor, LLC dba GVHC PMQ FS Pharmacy, PMQ Group, LLC and PMQ Investor, LLC, dba BVHC PMQ West Modesto, and Ankit Parikh, to pay the Board of Pharmacy the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3; and,

16. Taking such other and further action as deemed necessary and proper.

DATED: 9/11/2020

Anne Sodergren

ANNE SODERGREN
Executive Officer
Board of Pharmacy
Department of Consumer Affairs
State of California
Complainant

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34316959.docx

4YY

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

☐ Nevada 14800 FAA Blvd., Ste. 150 Fort Worth, TX 76155

☑ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
☐ New Pharmacy	* If making a change, provide current license number:	☑ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☑ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH 04378	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☑ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Covetrus North America, LLC

Physical Address: 14800 FAA Blvd., Ste. 150

City: Fort Worth State: TX Zip: 76155

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 833-339-5428; 833-339-5427 Toll Free # (NAC 639.708, NRS 639.23286): 833-339-5428; 833-339-5427

Fax: 800-270-8040 Contact Email: CGPM-RxLicensing@covetrus.com

Website: www.covetrus.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Onyeoma Joan Uyanwune

Supervising/Managing Pharmacist NV Pharmacist Registration #: 21239

Type of Pharmacy (check all applicable)

☑ Retail/Community

☐ Hospital (# beds _____)

☐ Internet

☐ Nuclear

☐ Other: _____

Services the Pharmacy will Provide (check all applicable)

☐ Retail/Community

☐ Non-sterile Compounding

☐ Sterile Compounding

☑ Mail-Order Service

☐ Off-site Cognitive Services

☐ Long Term Care

☐ Hospital

☑ Other: Veterinary

Days of Operation

☑ Monday ☑ Tuesday ☑ Wednesday ☑ Thursday ☑ Friday ☑ Saturday ☐ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: See attached.	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	☐	☑
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?	☐	☑
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	☑	☐
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?	☐	☑
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?	☐	☑

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware (LLC- Formation)

Parent Company (if any): W.A. Butler Company

Corporation/Organization Name: Covetrus North America, LLC

Mailing Address: 400 Metro Place North

City: Dublin State: OH Zip: 43017

Telephone: 855-724-3461 Email: CGPM-RxLicensing@covetrus.com

Contact Person Name: Philip Lombardi

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☑ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Pharmacist in Charge (title) for Covetrus North America, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Onyeoma Joan Uyanwune

Print Name of Authorized Person

Ony Uyanwune

Original signature of Authorized Person (copies or stamps not accepted)

12.15.2021

Date

NOTARY PUBLIC STATE OF TEXAS
SAMUEL R FLORES
Notary ID #131003769
My Commission Expires
July 6, 2025

Samuel R

12-15-2021

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Onyeoma Joan Uyanwune hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist in Charge (title) for Covetrus North America, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Ony Uyanwune
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 15th day of Dec, 2021

Samuel R F
Notary Public

SAMUEL R FLORES
Notary ID #131003769
My Commission Expires
July 6, 2025

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: N/A - out of state pharmacy Pharmacist Registration #: _____

Pharmacy Name: _____

Initial each statement below to indicate you have read and agree with the following:

_____ I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

_____ I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

_____ I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

_____ I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

_____ I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	**Yes**	**No**
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

Board Administrative Action:	**State:**	**Date:**	**Case #:**

Criminal Action:	**State:**	**Date:**	**Case #:**	**County:**	**Court:**

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

_____ _____

Original signature of Managing Pharmacist (copies or stamps not accepted) Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** o **All General Partners;** o **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application found at** http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a. For Non-publicly traded** - The top 4 shareholder/stockholders. **b. For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner.		✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Philip Lombardi

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Philip Lombardi — 12/13/21

Original signature of Authorized Person (copies or stamps not accepted) — Date

Board Use Only	Date Received: _____	Amount: 50 check # 871454

Covetrus North America, LLC (formerly known as Butler Animal Health Supply, LLC) **- Disciplinary History**

Please note, this facility has never been disciplined by any state or federal regulatory agency. However, the new owner, Covetrus North America, LLC, has been disciplined as described below. Given that, effective 1/7/2022, this facility will change to Covetrus North America, LLC, we are disclosing the actions below out of an abundance of caution.

Board Actions Related to Respondent, Its Parent and Subsidiaries

*Includes Actions Taken Against Respondent Since its Formation in 2005 and Does Not Include Actions Taken Against Predecessor Entities**

Reciprocal Actions Indicated in Red

Facility	Docket No.	State	Date of Final Disposition	Brief Synopsis of What occurred	Allegation	Outcome	Response
• Ft. Worth, TX	2009-2360	Colorado	March 12, 2009	CO BOP, routine inspection of a veterinary clinic	Shipment of legend drug to customer located in Colorado from a DC that was not licensed to ship into CO	Fine: $ 5000	BSAH has implemented system controls which do not allow an order for a prescription drug to be shipped to a customer from a branch which is not licensed appropriately. Monthly reports can be generated to verify the system controls are functional and to verify that no prescription drugs are shipped outside of each distribution center's network.
• Aurora, CO	2009-2556	Colorado	July 30, 2009	Routine BOP Inspection of distribution center	Receipt of legend products from vendors not licensed to ship into Colorado	Fine: $34500	BSAH has implemented a program to collect and verify license status of all vendors shipping prescription drugs into the Aurora CO Branch as well as all other BSAH Branches. Each vendor must now provide proof that each shipping location is appropriately registered and/or licensed to send prescription drugs into the states where BSAH distribution centers are located.

• Columbus, OH *3820 Twin Creeks Dr. location only	2011-000721	Colorado	Dec 3, 2010	Ownership change application review by CO Board of Pharmacy	Failure to notify Colorado of Designated Representative change within allowed time frame.	Settlement Agreement : $1100	Implemented a program to submit company changes (officers, designated representatives, and other personnel) within the time guidelines for each state as the changes occur.

• Albany, NY • Middletown, PA • Sandston, VA (WH) • Columbus, OH *3820 Twin Creeks Dr. location only	2011-PHA-7376	Maine	August 2011	Preliminary Denial of Non-Resident Wholesale Distributor Applications	Failure to disclose action by FL and CO during initial and renewal application in 2005 and 2009	Civil penalty $800.00	Not an intentional failure. The understanding at the time of submission was that only actions against the particular facility were required to be reported. Reports now submitted to all state Boards of Pharmacy as required.
• Elizabeth-town, PA	2012-PHA-8406	Maine	July 9, 2012	Preliminary Denial of Non-Resident Wholesale Distributor Application	Failure to disclose action CO # 2011-000721	Settlement agreement: $2500	Application was submitted due to the relocation of Middletown PA facility. Reports now submitted to all state Boards of Pharmacy as required.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2012-133	Iowa	September 13, 2013	Statement of Charges & Notice of Hearing	N/A - Reciprocal Action.	Settlement agreement: $1000	N/A - Reciprocal Action.

• Ft. Worth TX • Tualatin OR	Case No. BOP 13-028	Idaho	May 29, 2014	Stipulation and Consent Order	Distribution of controlled substances to a DEA licensed veterinarian without appropriate state licensure authorizing controlled substance possession	Administrative Penalty: $2000	Verified all current ID customers hold appropriate state licensure. Measures immediately implemented to prevent further issues.
• Elizabeth-town, PA	Administrative Memorandum of Agreement (MOA)	DEA	October 30, 2014	Verified a customer's DEA registration prior to expiration and did not perform additional checks with each order	HSAH distributed CS items to customers who had expired DEA registrations	MOA and $225,000.00 fine	Implemented a series of systems controls and checks to ensure the customer has a valid DEA registration at time of order for CS items and before the order is shipped to the customer.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 53-14-131641	Michigan	December 09, 2015	Stipulation and Consent Order	N/A - Reciprocal Action	Fine in the amount of $500.00	N/A - Reciprocal Action

• Ft. Worth, TX	Case No. 53-14-134018	Michigan	November 18, 2015	Stipulation and consent order	N/A - Reciprocal Action.	Penalty of $500.00	N/A - Reciprocal Action.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2014-2066	Ohio	December 09, 2015	Sold/distributed dangerous drugs to an entity that did not hold a valid Ohio TDDD license.	Distribution of dangerous drugs to a facility that did not have proper licensure in place.	Penalty of $5,000.000	Implemented system controls that restrict the sale of dangerous drugs until each state required license type is verified.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2016-01171	Illinois	August 03, 2016 but not received by HSAH until August 23, 2016	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	Fine: $500.00	N/A - Reciprocal Action

• Columbus OH *3820 Twin Creeks Dr. location only	Admin-istrative Com-plaint # 16-L-0015	Alabama	February 21, 2017	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	$1,000.00 Fine	N/A - Reciprocal Action
• Columbus OH *3820 Twin Creeks Dr. location only	File No. 53-16-140903	Michigan	February 14, 2018	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	$250.00 Fine	N/A - Reciprocal Action
• Ocala, FL	Case No. 2018-039227	Florida	November 30, 2020	Notice of Intent to Deny based on a July 2018 facility inspection.	Violations of chapter 499, Florida Statutes and administrative rules pertaining to record keeping and FL HCCE permits.	Settlement agreement $35,000	Corrective action plan was approved by the board and the FL license for this location was issued.

• Dublin, OH	Case No. 2019-034998	Florida	April 1, 2021	Notice of Violation for Corporate office based on a July 2018 Ocala, FL facility inspection.	Engaged in prescription drug wholesale distribution at the corporate office.	Settlement agreement $72,500	Will obtain a permit due to the DBPR's interpretation of "administrative services," which is not a defined term in Fla. Stat. § 499.003. Will obtain a Non-Resident Wholesaler permit for the Dublin, OH corporate office as instructed by the DBPR, DDC division during a conference call on March 2, 2021. However, no products are ever stored or shipped from this location.
• Ocala, FL	Case No. 20-L-0147	Alabama	The Board executed the agreement on May 13th 2021, but that notice wasn't received from Board counsel until June 15th 2021	CONA self-reported the FL DBPR action dated November 30, 2020	N/A - Reciprocal Action.	Fine of $50,000 Probation period of 5 years for Permit No. 193282	N/A - Reciprocal Action.

TEXAS STATE BOARD OF PHARMACY

Texas Pharmacy License # 34259

COVETRUS NORTH AMERICA LLC

License Information

License Status Active
License # 34259
Expiration Date 04/30/2024
Date License Issued 04/22/2022

Address

14800 FAA BLVD STE 150
FORT WORTH, TX 76155
County TARRANT
Phone (833) 339-5428

Pharmacy Details

Prior Disciplinary Orders* No

* Information relating to disciplinary orders is current as of 30 days prior to this date. Please note that disciplinary orders entered more than 10 years ago are not available online. A written request for information regarding prior disciplinary orders may be submitted to the office of the Texas State Board of Pharmacy. Any disciplinary orders entered pursuant to Chapter 564 of the Texas Pharmacy Act are confidential and not subject to public disclosure.

Class of Pharmacy Community Pharmacy
Type of Ownership LLC
Type of Pharmacy Community Multi
# of Hospital beds

Employment Information

Pharmacist in Charge
UYANWUNE, ONYEOMA JOAN

Pharmacy Profile ¥

Accessible to disabled persons?	Yes
Participates in the Texas Medicaid program?	No
Translating services (Listed Below If Available)	
Spanish	

¥ Please note: The data regarding accessibility, translating services, and insurance participation is self-reported by the license holder and no warranty regarding the information is created. Therefore, neither the State of Texas nor the licensing agency accept any legal liability or responsibility or may be held liable or responsible for the accuracy, completeness, timeliness, or usefulness of this information. Should you have any concern as to the accuracy of the data in this system, please contact the license holder or facility for clarification.

Remedial Plans and Inspection Reports

Remedial Plans and/or Inspection Reports (if any) are shown above and subject to removal at the end of the 5th fiscal year after the Board enters the plan.

Services Provided

Nuclear	No
Out-Patient Prescriptions	No
Ship Prescription Out of State	Yes
Class D (Expanded Formulary)	No
Class D (Alternative Visit Schedule)	No
Compounding Sterile-Risk Level Low	No
Compounding Sterile-Risk Level Med	No
Compounding Sterile-Risk Level High	No
Compounding Non-Sterile	No
24 Hour Service	No
Closed Door	Yes
Compounding, Office Use	No
Home Delivery	Yes
Infusion	No
Pharmacist Administered Immunizations	No
Veterinary Prescriptions	Yes
In-Patient Medication Orders	No
Out-Patient Surgery	No
Rural Hospital	No
Tech Check Tech	No

503b Outsourcing Facility	No
Other Services	No

Texas Pharmacist Employment information

Pharmacist Name	License #	Registr. Date	Expir. Date	Emp. Status	License Status
BELLO, KHAFILAT	66298	01/23/2020	09/30/2023	Staff	Active
HAYMON, MARK ANDREW	40711	06/06/2002	10/31/2022	Relief	Active
NELSON, CHRISTOPHER BENJAMIN	50429	08/12/2011	04/30/2022	Staff	Active
NGHE, CAROLYN	62167	02/08/2018	01/31/2024	Staff	Active
NGUYEN, JOLLIN THANH	55192	07/31/2014	03/31/2024	Relief	Active
OQUENDO FIGUEROA, ABIGAIL	64625	05/30/2019	08/31/2023	Relief	Active
OSIFO, IYAYI M	60290	03/23/2017	03/31/2023	Relief	Active
UYANWUNE, ONYEOMA JOAN	57573	10/01/2015	12/31/2023	PIC	Active

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Texas Registered Technicians/Trainees Employment information

Technician/Trainee Name	License #	Registr. Date	Expir. Date	Emp. Status	Reg. Status
MANN, TEQUILA	315817	12/22/2020	12/31/2022	Staff	Active
NGUYEN, TAI	207489	04/19/2012	04/30/2024	Staff	Active
RODRIGUEZ, CEFERINA	337619	03/22/2022	03/31/2024	Staff	Active
VALTIERRA, DIANA LIZETH	249306	10/28/2015	12/31/2022	Staff	Active
WATTS, DINAH D	320883	04/27/2021	04/30/2023	Staff	Active

Page 1 of 1 20 View 1 - 5 of 5

Texas Remote Pharmacy information

Remote Pharmacy Name	Registr. #	Address	City	State	Zipcode

Page 0 of 0 20 No records to view

Texas Pharmacy Owner information

Owner Name	Owner Title	Address	City	State	Zipcode
COVETRUS NORTH AMERICA LLC	OWNER	,			
LOMBARDI, PHILLIP MARIO	OFFICER	,			
WISE, LEE JACKSON	OFFICER	,			
FORTE IV, VICTOR THOMAS	OFFICER	,			

Page 1 of 1 20 View 1 - 4 of 4

The Texas State Board of Pharmacy certifies that it maintains the information for the license verification function of this website, performs daily updates to the website, and considers the website to be a secure, primary source for license verification.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COVETRUS NORTH AMERICA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COVETRUS NORTH AMERICA, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF MARCH, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3947992 8300

SR# 20220405779

Authentication: 202598023

Date: 02-07-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Covetrus North America, LLC

Physical Address: 14800 FAA Blvd., Ste. 150

City: Fort Worth State: TX Zip: 76155

Mailing Address (if different from physical address): Same as above

City: State: Zip:

Telephone: 833-339-5428;-5427 Website: www.covetrus.com

Licensing Company Email: CGPM-RxLicensing@covetrus.com

Section 2: Personal Information

First: Onyeoma Middle: Joan Last: Uyanwune

Alias(es, nicknames, name changes, etc.): Onyeoma Joan Adelagun, Onyeoma Omamma Obidiegwu

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: [redacted] FAA Blvd., Ste. 150

City: Fort Worth State: TX Zip: 76155

Telephone: [redacted] Email: joan.uyanwune@covetrus.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials O.J.U

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Texas Southern University College of Pharmacy & Health Sciences		09/2011 - 05/2015	
Address	**City**	**State**	**Zip**
3100 Cleburne Street	Houston	TX	77004
Diploma/Degree obtained, if any			
Doctor of Pharmacy			
School Name		From - To (MM/YY – MM/YY)	
Texas Southern University		09/2004 - 12/2008	
Address	**City**	**State**	**Zip**
3100 Cleburne Street	Houston	TX	77004
Diploma/Degree obtained, if any			
Bachelor of Science in Biology			
School Name		From - To (MM/YY – MM/YY)	
St. Louis Girls College		08/1996 - 05/2003	
Address	**City**	**State**	**Zip**
1 Standard Rd, 930105, Jos, Plateau Nigeria	Jos	Plateau	930105
Diploma/Degree obtained, if any			
High School Diploma Equivalent			
School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/2020 - Present	[redacted]KINGSCOTE CT	ARLINGTON	TX	76010
03/2018 - 06/2020	[redacted]ABIGAIL DRIVE	SUGARLAND	TX	77498
09/2015 - 03/2018	[redacted]WHITTINGTON DR, APT 1124	HOUSTON	TX	77077
03/2013 - 09/2015	[redacted]VINEYARD FALLS DRIVE	HOUSTON	TX	77083
08/2011 - 03/2013	[redacted] LEAWOOD DRIVE, APT 202	HOUSTON	TX	77099
06/2009 - 08/2011	[redacted] NORTH BRAESWOOD, APT 159	HOUSTON	TX	77096
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials O-J-U

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Covetrus North America, LLC			10/2020- PRESENT	
Business Address		**City**	**State**	**Zip**
14800 FAA Blvd., Ste. 150		Fort Worth	TX	76155
Phone	**Title**		**Number of Employed Hours**	
833-339-5428;833-339-5427	Pharmacist-in-Charge		40 hrs per week	
Description of Duties				
Oversee operations and compliance of the pharmacy				

Business Name			From - To (MM/YY – MM/YY)	
Covetrus Texas- Remote Pharmacy			05/2020 - 10/2020	
Business Address		**City**	**State**	**Zip**
14800 FAA Blvd, Suite 150		Fort Worth	TX	76155
Phone	**Title**		**Number of Employed Hours**	
877-838-7979	Pharmacist-in-Charge		40 hrs per week	
Description of Duties				
Oversee operations and compliance of the pharmacy				

Business Name			From - To (MM/YY – MM/YY)	
Covetrus Texas			09/2016 - 05/2020	
Business Address		**City**	**State**	**Zip**
4802 North Sam Houston Pkwy W #100,		Houston	TX	77086
Phone	**Title**		**Number of Employed Hours**	
877-838-7979	Staff Pharmacist		40 hrs per week	
Description of Duties				
Supervising activities in a compounding lab				

Business Name	Not applicable		From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name	Not applicable		From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name: Not applicable		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name: Not applicable		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name: Not applicable		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name: Not applicable		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name: Not applicable		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials O-J.U

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	☐	☑
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	☐	☑
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials D.J.U

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Ony Uyanwune
Original Signature (electronic, copies or stamps not accepted)

12-15-2021
Date

Applicant's initials O.J.U 7

I, Onyeoma Joan Uyanwune, **certify that as the designated representative for**

Covetrus North America, LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Onyeoma Joan Uyanwune

Print Name (First, Last)

Ony Uyanwune

Original Signature (electronic, copies or stamps not accepted)

12.15.2021

Date

Applicant's initials O.J.U

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Onyeoma Joan Uyanwune

Print Name (First, Last)

Ony Uyanwune — 12.15.2021

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Tarrant

I, Samuel R Flores, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Samuel R Flores — 12-15-2021

Original Signature — **Date**

Subscribed and Sworn to before me this 15th day of Dec, 2021.

Samuel R Flores

Notary Public Signature

SAMUEL R FLORES
Notary ID #131003769
My Commission Expires
July 6, 2025

(Seal)

Applicant's initials O.J.U

APPLICATION FOR CERTIFICATION AS A PROVIDER OF INTERNET PHARMACY SERVICES

Addendum to Pharmacy Application
(Only required if providing internet services)

GENERAL INFORMATION

Name of Nevada license pharmacy: Covetrus North America, LLC

Nevada license number: PH04378

Websites in use or intended to be used: www.covetrus.com

Affiliated websites (websites that link to or otherwise direct users to your website):
N/A

VIPPS CERTIFICATION

Is the pharmacy VIPPS (Verified Internet Pharmacy Practice Sites administered be NABP) certified? Please provide a copy with application. Yes ☐ No ☑

Please note, this entity does not have VIPPS, but does have LegitScript. Accrediation attached. If yes, please sign and date page 3 and you will not need to answer questions 1 through 8.

PHARMACIES LACKING VIPPS CERTIFICATION

1. Is the pharmacy licensed in each state in which the pharmacy will practice pharmacy Yes ☑ No ☐

PLEASE ATTACH A SEPARATE SHEET LISTING ALL THE STATES IN WHICH YOU ARE LICENSED, INCLUDING THE DATE OF INITIAL LICENSURE AND THE LICENSE NUMBER.

2. Does the pharmacy maintain and enforce policies and procedures that ensure the following:

A) That the pharmacy will establish the authenticity of each prescription that the pharmacy receives? Yes ☑ No ☐

B) That the pharmacy will not fill any prescription which has been previously filled by another pharmacy? Yes ☑ No ☐

C) That for each pharmacy the pharmacy fills the prescription cannot be filled by another pharmacy? Yes ☑ No ☐

D) That the pharmacy will authenticate the identity of each patient and prescribing practitioner? Yes ☑ No ☐

E) That the prescriptions will be filled in compliance with all applicable federal and state laws? Yes ☑ No ☐

F) That a patient or the caregiver of the patient may make a complaint to the pharmacy regarding a prescription? Yes ☑ No ☐

G) That if a complaint is made, the complaint will be investigated thoroughly and that the results of the investigation will be communicated to the patient or caregiver? Yes ☑ No ☐

H) That if the investigation of a complaint reveals that the operations of the pharmacy resulted in an error in the processing or filling of the prescription, appropriate remedial action was taken by the pharmacy? Yes ☑ No ☐

I) That the pharmacy will communicate to a patient or a prescribing practitioner any delay that might jeopardize or alter the drug therapy of the patient with respect to delivering the prescribed drug or device? Yes ☑ No ☐

J) That the pharmacy will communicate to a patient information regarding recalls of drugs and the appropriate means to dispose of expired, damaged or unusable drugs or devices? Yes ☑ No ☐

3. Does the pharmacy obtain and maintain patient information necessary to facilitate review of drug utilization and counseling of patients pursuant to any applicable statutes? Yes ☑ No ☐

4. Will the pharmacy provide review of drug utilization and counseling of patients pursuant to the applicable statutes in the state in which the patient resides? Yes ☑ No ☐

5. Does the pharmacy maintain controls of its computer system, information concerning patients, and other such confidential information and documents to prevent unauthorized or unlawful access to all such confidential information and documents? Yes ☑ No ☐

6. Does the pharmacy comply with applicable federal and state laws regarding the following:

   A) To the dispensing of prescription drugs? Yes ☑ No ☐

   B) To the record keeping related to the patients served by the pharmacy, the purchase of prescription drugs and the sale and dispensing of prescription drugs? Yes ☑ No ☐

   C) To the sale of over-the-counter products, including any special requirements related to products that have been identified as precursors to the manufacture or compounding of illegal drugs ? Yes ☑ No ☐

7. Does the pharmacy ship prescriptions to a patient using secure and traceable means? Yes ☑ No ☐

8. Does the pharmacy ship prescriptions to a patient using packaging or devices which will ensure that the prescription is maintained within appropriate standards pertaining to temperature, light and humidity as described in the *United States Pharmacopoeia, 25th* edition, 2002, which is hereby adopted by reference? Yes ☑ No ☐

PLEASE ATTACH A COPY OF YOUR POLICIES AND PROCEDURES.

The signature below certifies that the answers provided in this application are true, correct and complete.

Philip Tombardi — Signature of Owner

12/13/21 — Date

WEBSITE SEARCH

VETSFIRSTCHOICE.COM

Is certified by LegitScript

Website Summary

URL:	http://www.vetsfirstchoice.com/
WEBSITE TYPE:	Internet Pharmacy
APPROVAL STATUS:	CERTIFIED

LegitScript has reviewed this website or merchant as part of our certification program, and has determined that it meets our standards for legality, safety and transparency! That means that we monitor this merchant regularly. If you have any concerns or problems with this website or merchant, please make sure to drop us a note and let us know.

More information about the standards we use to certify and monitor merchants can be found here.



Covetrus North America, LLC
400 Metro Place North
Dublin, OH 43017
FEIN/TaxID: 37-1507466

Officer List:

Name	Title
Victor Thomas Forte, IV	President & LLC Manager
Philip Mario Lombardi	VP Operations & Logistics & LLC Manager
Lee Wise	Treasurer & LLC Manager

Ownership:

Name, Title	% Ownership
W.A. Butler Company	100%

Texas State Board of Pharmacy
333 Guadalupe Street, Suite 3-500
Austin, TX 78701
512-305-8000

Inspection Report

Facility Information

Name: *COVETRUS PHARMACY SERVICES LLC* License Number: *33446*
Class of License: *A*

Inspection Information

Type: *Compliance* Purpose: *Licensee Request*
Date: *07/26/2021* Arrival Time: *9:00 AM* Departure Time: *10:30 AM*
Action Taken: *Inspection*

Licenses/Registration

Verify personnel have active licenses & address with PIC/RPh if necessary	*Satisfactory*
01. Licenses not posted	*Satisfactory*
09. Delinquent licenses/certifications	*Satisfactory*
62. Aiding and abetting	*Not Inspected*
65. Improper registration procedures	*Satisfactory*
79. Nametags	*Satisfactory*

Comment Due Date for Completed Correction: *08/25/2021*

Closed door pharmacy.

Inventory Records

15. No PIC inventory	*Satisfactory*
17. Incomplete inventory	*Satisfactory*
59. Improper drug destruction	*Satisfactory*
68. No change of ownership inventory	*Satisfactory*
69. No annual inventory	*Satisfactory*

Comment Due Date for Completed Correction: *08/25/2021*

Opening inventory was conducted 10/13/20: Zera controlled substance.
Last controlled substance inventory was conducted 5/20/2021

Notifications

31. Closed Phcy/Change of owner improper	*Satisfactory*
34. Notification Violation	*Satisfactory*
76. No PIC	*Satisfactory*

Environment/Equipment/Security

02. Insufficient Equipment	*Satisfactory*
03. Orderly/Clean	*Satisfactory*
04. Balance Failed	*Not Applicable*
05. Equipment Inspection	*Satisfactory*
07. Improper security	*Satisfactory*
08. Environment	*Satisfactory*
47. Out of date/mislabeled drug stock	*Satisfactory*
48. Improper drug storage	*Satisfactory*
66. Grey Market diversion/Samples	*Satisfactory*
78. Counseling area	*Satisfactory*
90. No complaint notification	*Satisfactory*

Controlled Substances

10. Rxs not separated	*Not Applicable*
19. Rx lacks proper information	*Not Applicable*
24. Theft/Loss not reported	*Not Applicable*
26. CII Rx Noncompliance	*Not Applicable*
30. Invoices not dated/initialed	*Not Applicable*
33. Rx records not in numerical order	*Satisfactory*
35. Invoices not separated	*Not Applicable*
40. Non emergency CII Rx	*Not Applicable*
44. Refill CIII-V over 5x/6mo	*Not Applicable*
46. Improper distribution	*Not Applicable*
50. Out of state verbal Rx for C/S	*Not Applicable*
53. Illegal possession of C/S	*Satisfactory*

Controlled Substances *(continued)*

57. Corresponding Responsibility	*Satisfactory*

Labeling/Prepackaging

32. Rx label is incorrect	*Satisfactory*
45. Improper dispensing/labeling	*Satisfactory*
54. Improper prepackaging procedures	*Satisfactory*

Library

06. Inadequate Library	*Satisfactory*

Training

60. Improper documentation of training	*Satisfactory*
61. Improper supervision of supportive personnel	*Satisfactory*

Patient/Computer/Dispensing Records

18. Records not available	*Satisfactory*
21. Computer records incomplete	*Satisfactory*
22. Computer system noncompliance	*Satisfactory*
25. No documentation of refill authorization	*Satisfactory*
36. No notification of substitution	*Satisfactory*
37. Illegal dispensing	*Satisfactory*
49. Substitution noncompliance	*Satisfactory*
56. Improper transfer of Rx	*Satisfactory*
67. No written information	*Satisfactory*
80. No counseling by RPh	*Satisfactory*
82. PMR Incomplete	*Satisfactory*
83. PMR Absent	*Satisfactory*
84. No drug regimen review	*Satisfactory*
86. Absence of RPh pick up records	*Satisfactory*

Policies & Procedures

92. Improper automated dispensing procedures	*Satisfactory*

Non-Sterile Compounding

38. Area for non-sterile compounding	*Not Applicable*
43. Records for non-sterile compounding	*Not Applicable*

Signatures

An agent of the Texas State Board of Pharmacy has inspected your pharmacy. The results of this inspection have been noted.

- Items designated as "Refer to Legal" must be rectified immediately. In addition, the matter discovered during the inspection and deemed to be a serious violation by the inspector will be referred to the Legal Division for review and possible disciplinary action; and
- Items designated as "Warning Notice" must be corrected by the deadline noted to ensure compliance with the laws and rules governing the practice of pharmacy (Note: A "Warning Notice" is issued for a minor violation, and does not equate to disciplinary action).

Ony Uyanwune

Onyeoma Joan Uyanwune

Robert Moura

TEXAS STATE BOARD OF PHARMACY

Pharmacist in Charge Attestation:

I hereby attest the following statements are true and accurate (initial each statement below):

Ony Uyanwune I am the Pharmacist-in-Charge (PIC) of *COVETRUS PHARMACY SERVICES LLC*, pharmacy license number *33446*, and I ☑ was/ ☐ was not present during a Compliance Inspection conducted by a Texas State Board of Pharmacy Compliance Officer/Inspector on *07/26/2021*.

Ony Uyanwune I received and reviewed the Notice of Inspection, Inspection Report, and Warning Notice (if applicable) issued by the Compliance Officer/Inspector.

Ony Uyanwune I reviewed the document titled Texas State Board of Pharmacy "Red Flags" Checklist for Pharmacies YOU MIGHT BE A PILL MILL IF (on the attestation printout).

Ony Uyanwune If applicable, the Warning Notice issued contains *0* deficiencies which may require corrections to resolve. I affirm that each of the deficiencies will be corrected by the date noted on the Warning Notice.

Ony Uyanwune I was present and completed this Attestation during the Compliance Inspection.

If not completed during the Compliance Inspection, please mail, email, or fax this completed form to the Board office within 7 days of the date of the inspection:

Texas State Board of Pharmacy
Attn: Compliance Division
333 Guadalupe St. Suite 3-500
Austin. Texas 78701
Email: inspections@pharmacy.texas.gov
Fax: 512-305-8082

Signed: Ony Uyanwune **Date:** *07/26/2021*

Printed Name: *Onyeoma Joan Uyanwune* **License No.(if applicable):** *57573*

Texas State Board of Pharmacy
"Red Flags" Checklist for Pharmacies
YOU MIGHT BE A PILL MILL IF...

Check all that apply:

	(1) Your pharmacy fills a discernable pattern of prescriptions for prescribers who write essentially the same prescriptions for numerous persons, indicating a lack of individual drug therapy
	(2) Your pharmacy operates with limited hours of operation or closes after a certain threshold of controlled substance prescriptions are dispensed, and has overall low prescription dispensing volume.
	(3) Prescriptions presented to the pharmacy are for controlled substances with popularity as street drugs, such as opiates, benzodiazepines, muscle relaxants, psychostimulants, and/or cough syrups, or any combination of these drugs.
	(4) The prescriptions for controlled substances contain nonspecific or no diagnoses.
	(5) The prescriptions are commonly for the highest strength of the drug and/or for large quantities.
	(6) Dangerous drugs or OTC products (such as multi-vitamins or laxatives) are added to the controlled substance prescriptions, maintaining relatively consistent 1:1 ratio of controlled substances to dangerous drugs and/or OTC products dispensed as prescriptions.
	(7) Prescriptions are authorized by the same prescriber with what appears to be different handwriting on the hardcopy prescription drug order forms.
	(8) Upon contact with the prescriber's office, you are unable to engage in comprehensive discussion with the actual prescriber, or he/she is unconcerned about your apprehensions regarding his/her prescribing practices or unwilling to provide additional information, such as treatment goals and/or prognosis with prescribed drug therapy.
	(9) You rely solely on the prescriber's representation, or on the representation of the individual answering the phone at the number on the prescription, that prescriptions are legitimate.
	(10) The prescriber's clinic is not registered as a pain management clinic by the Texas Medical Board, despite routinely receiving prescriptions from the prescriber foropiates, benzodiazepines, and/or muscle relaxants.
	(11) Drugs prescribed are inconsistent with the prescriber's area of practice.
	(12) The prescriber of the drugs is located a significant distance from your pharmacy.
	(13) The prescriber has been subject to disciplinary action by the licensing board, had his/her DEA registration removed, or been subject to criminal action.
	(14) The Texas PMP system indicates that persons are obtaining prescriptions for the same drugs from multiple prescribers or that persons are filling prescriptions for the same drugs at multiple pharmacies.
	(15) The person's address is a significant distance from your pharmacy and/or from the prescriber's office.
	(16) Multiple persons with the same address present prescriptions from the same prescriber.
	(17) Persons pay with cash or credit card more often than through insurance.
	(18) Persons presenting controlled substance prescriptions are doing so in such a manner that varies from seeking routine pharmacy services (e.g., willing to wait in long lines to receive drugs, persons arrive in the same vehicle with prescriptions from same prescriber, one person presents to pick up prescriptions for multiple others, persons refer to drugs by "street names" and/or comment on drug's color, persons seek early refills, persons travel from outside reasonable trade area of pharmacy).
	(19) Your pharmacy charges and persons are willing to pay more for controlled substances than they would at nearby pharmacies.
	(20) Your pharmacy routinely orders controlled substances from more than one drug supplier, or your pharmacy has been discontinued by a drug supplier related to controlled substance orders.
	(21) Sporadic and non-consistent dispensing volume (including zero dispensing) varies from day to day and week to week, and your pharmacy does not maintain operational hours each week on Monday through Friday.
	(22) Your pharmacy employs or contracts security personnel during operational hours to prevent problems.
	(23) Your pharmacy has been previously warned or disciplined by the Texas State Board of Pharmacy for inappropriate dispensing of controlled substances (i.e., corresponding responsibility).

If you checked any of the above items, you should review the laws and rules regarding corresponding responsibility and non-therapeutic dispensing, especially Board rule §291.29, in the law book or on our website: www.pharmacy.texas.gov (click on Texas Pharmacy Rules and Laws). Additional educational material is available at: http://www.pharmacy.texas.gov/Nontherapeutic.asp. Failure of pharmacies and pharmacists to detect patterns of inappropriate dispensing of prescription drugs is unprofessional practice and constitutes grounds for disciplinary action.

Covetrus Pharmacy Services, LLC – Fort Worth, Texas	**Current State License #**
Alabama	115069
Alaska	180718
Arizona	Pending
Arkansas	N/A
California	N/A
Colorado	OSP.0007573
Connecticut	Pending
DEA - Federal	FC9842762
Delaware	A9-0012722
Delaware - CSR	PH0024754
Florida	PH33180
Florida - Control Number	126676
Georgia	PHNR002099
Hawaii	Pending
Hawaii - CSR	N/A
Idaho	63074MS
Illinois	054022036
Illinois - CSR	32013595
Indiana	Pending
Iowa	5408
Iowa - CSR	1108915
Kansas	22-114997
Kentucky	TX2744
Louisiana	PHY.008226-NR
Maine	MO40003036
Maryland	Pending
Maryland - CSR	N/A
Massachusetts	N/A
Michigan	5301012621
Michigan - CSR	5315223139
Minnesota	266386
Mississippi	18340 / 7.1
Mississippi - CSR	CS-18884
Missouri	2021026449
Montana	PHA-MOP-LIC-79099
Nebraska	1480
Nevada	Pending
New Hampshire	NR2114
New Jersey	Pending
New Jersey - CSR	N/A

New Mexico	PH00005192
New Mexico - CSR	CS00230110
New York	038727
North Carolina	14679
North Dakota	Phar1848
Ohio	0242000299
Oklahoma	99-8980
Oklahoma - CSR	10000159
Oregon	RP0003710
Pennsylvania	NP001755
Rhode Island	PHN12160
Rhode Island - CSR	CPHN12160
South Carolina	Pending
South Carolina - CSR	N/A
South Dakota	400-2222
Tennessee	7017
Texas	33446
Utah	Pending
Utah - CSR	Pending
Vermont	036.0134467
Virginia	0214002422
Washington	PHNRFO61174628
Washington DC	N/A
Washington DC - CSR	N/A
West Virginia	MO0561663
Wisconsin	2734-43
Wyoming	NR-52008
Wyoming - CSR	CSB01056

PHARMACY TECHNICIAN TRAINING DOCUMENTATION FOR

(Pharmacy Name) _____

Please place your initials next to each section after training in that section is complete.

Requirements

_____ Registration
_____ Renewal
_____ Continuing Education
_____ Notifications
_____ Identification

Pharmacy Technician Training

_____ Pharmacist Supervision of Pharmacy Technicians
_____ Orientation to the Pharmacy
_____ Technician Role
_____ Communication Techniques
_____ Laws and Rules
_____ HIPAA
_____ Security and Safety
_____ Prescribing Authority
_____ Prescriptions
_____ Prepackaging/Repackaging
_____ Drug Order Preparation

Specialty Training (if applicable)

_____ Non-Sterile Compounding
_____ Sterile Compounding

I, _____ (Print Name), certify that I have completed the pharmacy technician training described above on _____ (Date).

_____
Pharmacy Technician Signature

I, _____ (Print Name), certify that the above mentioned pharmacy technician/trainee has undergone the necessary pharmacy technician training and that they are competent to perform the duties laid out in this training manual.

_____
Supervising Pharmacist's Signature

Appendix A

Tasks Pharmacy Technicians **MAY NOT** Perform

By law, certain tasks must be performed by a pharmacist or pharmacist-intern, and regardless of supervision, may not be performed by pharmacy technicians. These tasks include:

- Providing drug information to the patient or patient's agent (patient counseling)
- Breaking the package of a non-prescription drug and selling a portion of the drug
- Transferring prescriptions between pharmacies
- Interpreting patient profiles and performing prospective drug use reviews
- Receiving oral prescription drug orders and reducing these orders to writing, either manually or electronically (includes transcribing from a telephone answering machine)
- Interpreting prescription drug orders
- Selection of drug products (i.e. Brand versus Generic Equivalent)
- Selling exempt Schedule V Controlled Substances
- Verifying receipt of controlled substances by initialing and dating invoices of controlled substances received in the pharmacy

Tasks Pharmacy Technicians **MAY** Perform

Duties of technicians must be delegated by the pharmacist and under the direct supervision of the pharmacist. Once technicians have completed the appropriate training and are under a pharmacist's supervision, pharmacy technicians can perform certain nonjudgmental technical duties associated with the preparation and distribution of drugs. See Chapter 3 of the publication. These duties include:

- Creating or updating patient medication records
- Preparation of prescription labels
- Affixing the label to the prescription container (registered technicians only)
- Affixing auxiliary labels, if indicated
- Entering prescription drug order information into a computer system or typing a label in a manual system
- Entering patient specific information into a patient medication record
- Selecting the correct stock bottle for a prescription and accurately counting or pouring the appropriate quantity of drug product
- Reconstitution of medications
- Initiating and receiving refill authorization requests
- Initiating electronic transfer request between pharmacies electronically sharing a common prescriptions database
- Bulk compounding
- Prepackaging of drugs and loading bulk unlabeled drugs into automated drug dispensing systems
- Compounding non-sterile and sterile pharmaceuticals with proper training and documentation

Appendix B

Summary of Pharmacy Technician Duties

Duties of Pharmacy Technicians and Pharmacy Technician Trainees in Class A (Community) Pharmacy Under the Supervision of a Pharmacist

Duties	Class A (Community) Pharmacy
Initiate and receive refill authorization requests	YES
Enter prescription data into a data processing system	YES
Take a stock bottle from the shelf for a prescription	YES
Prepare and package drug orders (e.g., count tablets/capsules, measure liquids, or place them in the container)	YES
Affix prescription label and auxiliary label(s) to the prescription container	YES
Reconstitute medications	YES
Prepackage and label prepackaged drugs	YES
Load bulk unlabeled drugs into an automated dispensing system	YES
Compound non-sterile preparations	YES
Compound sterile preparations (after completing the required 40 hour training)	YES
Compound batch preparations	YES

Pharmacy technicians/trainees may perform the duties listed above provided the technicians/trainees have been properly trained, a pharmacist verifies the accuracy of any duty performed, and the technicians/trainees are under the direct supervision of a pharmacist.

Individuals that are certified pharmacy technicians but not registered with the Texas State Board of Pharmacy may NOT perform any of the duties listed above.

4ZZ

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- ☐ Nevada
- ■ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
☐ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH 03745	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Covetrus North America, LLC

Physical Address: 4802 North Sam Houston Pkwy. W., Ste. 100

City: Houston State: TX Zip: 77086

Mailing Address (if different from physical address): Same as physical

City: _____ State: _____ Zip: _____

Telephone: 877-838-7979 Toll Free # (NAC 639.708, NRS 639.23286): 877-838-7979

Fax: 800-270-8040 Contact Email: CGPM-RxLicensing@covetrus.com

Website: www.covetrus.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Arreiva Benson 21141

Supervising/Managing Pharmacist NV Pharmacist Registration #: 21141

Type of Pharmacy (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Retail/Community	☐ Retail/Community
☐ Hospital (# beds _____)	☐ Non-sterile Compounding
■ Internet	☐ Sterile Compounding
☐ Nuclear	■ Mail-Order Service
☐ Other: _____	☐ Off-site Cognitive Services
	☐ Long Term Care
	☐ Hospital
	■ Other: Veterinary

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ■ Saturday ☐ Sunday

On call

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)	
Name: Arreiva Benson	NV Pharmacist Registration #: 21141
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)		
Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any):

Corporation Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware (LLC - Formation)

Parent Company (if any): W.A. Butler Company

Corporation/Organization Name: Covetrus North America, LLC

Mailing Address: 400 Metro Place North

City: Dublin State: OH Zip: 43017

Telephone: 855-724-3461 Email: CGPM-RxLicensing@covetrus.com

Contact Person Name:

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name:

Business Address:

City: State: Zip:

Telephone: Email:

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the VP Operations & Logistics (title) for Covetrus North America, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Philip Lombardi

Print Name of Authorized Person

Philip Lombardi

Original signature of Authorized Person (copies or stamps not accepted)

12/21/20

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Philip Lombardi hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the VP Operations & Logistics (title) for Covetrus North America, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Philip Lombardi
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 20 day of December, 2021

Notary Public



Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Arreiva Benson Pharmacist Registration #: 46556 (TX)

Pharmacy Name: Covetrus North America, LLC

Initial each statement below to indicate you have read and agree with the following:

_____ I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

_____ I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

_____ I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

_____ I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

_____ I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		✓

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

_____ _____

Original signature of Managing Pharmacist (copies or stamps not accepted) Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)	✓	✓		
• List the top four stockholders and their percent ownership. NRS 639.231(3)	✓	✓		
• List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)		✓		
• For General Partnerships, list the name of each partner. NAC 639.214(2) • For Limited Partnerships, list the names of (NAC 639.214(3)): o All General Partners; o All Limited Partners who hold 10% or more of the interest.			✓	
• Certificate of Corporate Status or Certificate of Good Standing from the Secretary of State's Office where the business is domiciled, dated within the last 6 months.	✓	✓	✓	✓
• Designated Representative form must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• Personal History Record Application found at http://bop.nv.gov/Services/newapps/Business/ must be completed by: a. For Non-publicly traded - The top 4 shareholder/stockholders. b. For Partnerships - All general partners; all limited partners who hold 10% or more of the interest. c. For Sole Owner - The owner.		✓	✓	✓
• Submit a copy of your most recent pharmacy inspection from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. (REQUIRED FOR NON-NEVADA PHARMACIES ONLY) NRS 639.2328(2)(f)	✓	✓	✓	✓
• Submit a copy of your license, certification, permit or registration issued to your pharmacy from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. (REQUIRED FOR NON-NEVADA PHARMACIES ONLY) NRS 639.2328(2)(a)	✓	✓	✓	✓
• License Verification by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf (REQUIRED FOR NON-NEVADA PHARMACIES ONLY) NRS 639.2238(2)(g)	✓	✓	✓	✓
• Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)	✓	✓	✓	✓
• Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)	✓	✓	✓	✓
• Transmit Controlled Substance Prescription Data- Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Philip Lombardi

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Philip Lombardi 12-20-21

Original signature of Authorized Person (copies or stamps not accepted) Date

Board Use Only	Date Received: _____	Amount: $500 check #71675 Processed 1/19/22

Covetrus North America, LLC (formerly known as Butler Animal Health Supply, LLC) - **Disciplinary History**

Please note, this facility has never been disciplined by any state or federal regulatory agency. However, the new owner, Covetrus North America, LLC, has been disciplined as described below. Given that, effective 1/7/2022, this facility will change to Covetrus North America, LLC, we are disclosing the actions below out of an abundance of caution.

Board Actions Related to Respondent, Its Parent and Subsidiaries

*Includes Actions Taken Against Respondent Since its Formation in 2005 and Does Not Include Actions Taken Against Predecessor Entities**

Reciprocal Actions Indicated in Red

Facility	Docket No.	State	Date of Final Disposition	Brief Synopsis of What occurred	Allegation	Outcome	Response
• Ft. Worth, TX	2009-2360	Colorado	March 12, 2009	CO BOP, routine inspection of a veterinary clinic	Shipment of legend drug to customer located in Colorado from a DC that was not licensed to ship into CO	Fine: $ 5000	BSAH has implemented system controls which do not allow an order for a prescription drug to be shipped to a customer from a branch which is not licensed appropriately. Monthly reports can be generated to verify the system controls are functional and to verify that no prescription drugs are shipped outside of each distribution center's network.
• Aurora, CO	2009-2556	Colorado	July 30, 2009	Routine BOP Inspection of distribution center	Receipt of legend products from vendors not licensed to ship into Colorado	Fine: $34500	BSAH has implemented a program to collect and verify license status of all vendors shipping prescription drugs into the Aurora CO Branch as well as all other BSAH Branches. Each vendor must now provide proof that each shipping location is appropriately registered and/or licensed to send prescription drugs into the states where BSAH distribution centers are located.

• Columbus, OH *3820 Twin Creeks Dr. location only	2011-000721	Colorado	Dec 3, 2010	Ownership change application review by CO Board of Pharmacy	Failure to notify Colorado of Designated Representative change within allowed time frame.	Settlement Agreement : $1100	Implemented a program to submit company changes (officers, designated representatives, and other personnel) within the time guidelines for each state as the changes occur.

• Albany, NY • Middletown, PA • Sandston, VA (WH) • Columbus, OH *3820 Twin Creeks Dr. location only	2011-PHA-7376	Maine	August 2011	Preliminary Denial of Non-Resident Wholesale Distributor Applications	Failure to disclose action by FL and CO during initial and renewal application in 2005 and 2009	Civil penalty $800.00	Not an intentional failure. The understanding at the time of submission was that only actions against the particular facility were required to be reported. Reports now submitted to all state Boards of Pharmacy as required.
• Elizabeth-town, PA	2012-PHA-8406	Maine	July 9, 2012	Preliminary Denial of Non-Resident Wholesale Distributor Application	Failure to disclose action CO # 2011-000721	Settlement agreement: $2500	Application was submitted due to the relocation of Middletown PA facility. Reports now submitted to all state Boards of Pharmacy as required.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2012-133	Iowa	September 13, 2013	Statement of Charges & Notice of Hearing	N/A - Reciprocal Action.	Settlement agreement: $1000	N/A - Reciprocal Action.

• Ft. Worth TX • Tualatin OR	Case No. BOP 13-028	Idaho	May 29, 2014	Stipulation and Consent Order	Distribution of controlled substances to a DEA licensed veterinarian without appropriate state licensure authorizing controlled substance possession	Administrative Penalty: $2000	Verified all current ID customers hold appropriate state licensure. Measures immediately implemented to prevent further issues.
• Elizabeth-town, PA	Administrative Memorandum of Agreement (MOA)	DEA	October 30, 2014	Verified a customer's DEA registration prior to expiration and did not perform additional checks with each order	HSAH distributed CS items to customers who had expired DEA registrations	MOA and $225,000.00 fine	Implemented a series of systems controls and checks to ensure the customer has a valid DEA registration at time of order for CS items and before the order is shipped to the customer.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 53-14-131641	Michigan	December 09, 2015	Stipulation and Consent Order	N/A - Reciprocal Action	Fine in the amount of $500.00	N/A - Reciprocal Action

• Ft. Worth, TX	Case No. 53-14-134018	Michigan	November 18, 2015	Stipulation and consent order	N/A - Reciprocal Action.	Penalty of $500.00	N/A - Reciprocal Action.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2014-2066	Ohio	December 09, 2015	Sold/distributed dangerous drugs to an entity that did not hold a valid Ohio TDDD license.	Distribution of dangerous drugs to a facility that did not have proper licensure in place.	Penalty of $5,000.000	Implemented system controls that restrict the sale of dangerous drugs until each state required license type is verified.
• Columbus OH *3820 Twin Creeks Dr. location only	Case No. 2016-0117I	Illinois	August 03, 2016 but not received by HSAH until August 23, 2016	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	Fine: $500.00	N/A - Reciprocal Action

• Columbus OH *3820 Twin Creeks Dr. location only	Administrative Complaint # 16-L-0015	Alabama	February 21, 2017	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	$1,000.00 Fine	N/A - Reciprocal Action
• Columbus OH *3820 Twin Creeks Dr. location only	File No. 53-16-140903	Michigan	February 14, 2018	HSAH self-reported OH TDDD action	N/A - Reciprocal Action	$250.00 Fine	N/A - Reciprocal Action
• Ocala, FL	Case No. 2018-039227	Florida	November 30, 2020	Notice of Intent to Deny based on a July 2018 facility inspection.	Violations of chapter 499, Florida Statutes and administrative rules pertaining to record keeping and FL HCCE permits.	Settlement agreement $35,000	Corrective action plan was approved by the board and the FL license for this location was issued.

• Dublin, OH	Case No. 2019-034998	Florida	April 1, 2021	Notice of Violation for Corporate office based on a July 2018 Ocala, FL facility inspection.	Engaged in prescription drug wholesale distribution at the corporate office.	Settlement agreement $72,500	Will obtain a permit due to the DBPR's interpretation of "administrative services," which is not a defined term in Fla. Stat. § 499.003. Will obtain a Non-Resident Wholesaler permit for the Dublin, OH corporate office as instructed by the DBPR, DDC division during a conference call on March 2, 2021. However, no products are ever stored or shipped from this location.
• Ocala, FL	Case No. 20-L-0147	Alabama	The Board executed the agreement on May 13th 2021, but that notice wasn't received from Board counsel until June 15th 2021	CONA self-reported the FL DBPR action dated November 30, 2020	N/A - Reciprocal Action.	Fine of $50,000 Probation period of 5 years for Permit No. 193282	N/A - Reciprocal Action.

APPLICATION FOR CERTIFICATION AS A PROVIDER OF INTERNET PHARMACY SERVICES

Addendum to Pharmacy Application
(Only required if providing internet services)

GENERAL INFORMATION

Name of Nevada license pharmacy: Covetrus North America, LLC

Nevada license number: PH03745

Websites in use or intended to be used: www.covetrus.com

Affiliated websites (websites that link to or otherwise direct users to your website):
N/A

VIPPS CERTIFICATION

Is the pharmacy VIPPS (Verified Internet Pharmacy Practice Sites administered be NABP) certified? Please provide a copy with application. Yes ☐ No ☐
Please note, this entity does not have VIPPS, but does have LegitScript. Accrediation attached.
If yes, please sign and date page 3 and you will not need to answer questions 1 through 8.

PHARMACIES LACKING VIPPS CERTIFICATION

1. Is the pharmacy licensed in each state in which the pharmacy will practice pharmacy Yes ☑ No ☐

PLEASE ATTACH A SEPARATE SHEET LISTING ALL THE STATES IN WHICH YOU ARE LICENSED, INCLUDING THE DATE OF INITIAL LICENSURE AND THE LICENSE NUMBER.

2. Does the pharmacy maintain and enforce policies and procedures that ensure the following:

A) That the pharmacy will establish the authenticity of each prescription that the pharmacy receives? Yes ☑ No ☐

B) That the pharmacy will not fill any prescription which has been previously filled by another pharmacy? Yes ☑ No ☐

C) That for each pharmacy the pharmacy fills the prescription cannot be filled by another pharmacy? Yes ☑ No ☐

D) That the pharmacy will authenticate the identity of each patient and prescribing practitioner? Yes ☑ No ☐

E) That the prescriptions will be filled in compliance with all applicable federal and state laws? Yes ☑ No ☐

F) That a patient or the caregiver of the patient may make a complaint to the pharmacy regarding a prescription? Yes ☑ No ☐

G) That if a complaint is made, the complaint will be investigated thoroughly and that the results of the investigation will be communicated to the patient or caregiver? Yes ☑ No ☐

H) That if the investigation of a complaint reveals that the operations of the pharmacy resulted in an error in the processing or filling of the prescription, appropriate remedial action was taken by the pharmacy? Yes ☑ No ☐

I) That the pharmacy will communicate to a patient or a prescribing practitioner any delay that might jeopardize or alter the drug therapy of the patient with respect to delivering the prescribed drug or device? Yes ☑ No ☐

J) That the pharmacy will communicate to a patient information regarding recalls of drugs and the appropriate means to dispose of expired, damaged or unusable drugs or devices? Yes ☑ No ☐

3. Does the pharmacy obtain and maintain patient information necessary to facilitate review of drug utilization and counseling of patients pursuant to any applicable statutes? Yes ☑ No ☐

4. Will the pharmacy provide review of drug utilization and counseling of patients pursuant to the applicable statutes in the state in which the patient resides? Yes ☑ No ☐

5. Does the pharmacy maintain controls of its computer system, information concerning patients, and other such confidential information and documents to prevent unauthorized or unlawful access to all such confidential information and documents? Yes ☑ No ☐

6. Does the pharmacy comply with applicable federal and state laws regarding the following:

   A) To the dispensing of prescription drugs? Yes ☑ No ☐

   B) To the record keeping related to the patients served by the pharmacy, the purchase of prescription drugs and the sale and dispensing of prescription drugs? Yes ☑ No ☐

   C) To the sale of over-the-counter products, including any special requirements related to products that have been identified as precursors to the manufacture or compounding of illegal drugs ? Yes ☑ No ☐

7. Does the pharmacy ship prescriptions to a patient using secure and traceable means? Yes ☑ No ☐

8. Does the pharmacy ship prescriptions to a patient using packaging or devices which will ensure that the prescription is maintained within appropriate standards pertaining to temperature, light and humidity as described in the *United States Pharmacopoeia, 25th* edition, 2002, which is hereby adopted by reference? Yes ☑ No ☐

PLEASE ATTACH A COPY OF YOUR POLICIES AND PROCEDURES.

The signature below certifies that the answers provided in this application are true, correct and complete.

Philip Lombardo — Signature of Owner

12-20-21 — Date

TEXAS STATE BOARD OF PHARMACY

Texas Pharmacy License # 34247

COVETRUS NORTH AMERICA LLC

License Information

License Status Active
License # 34247
Expiration Date 04/30/2024
Date License Issued 04/14/2022

Address

4802 N SAM HOUSTON PKWY W STE 100
HOUSTON, TX 77086
County HARRIS
Phone (877) 838-7979

Pharmacy Details

Prior Disciplinary Orders* No

* Information relating to disciplinary orders is current as of 30 days prior to this date. Please note that disciplinary orders entered more than 10 years ago are not available online. A written request for information regarding prior disciplinary orders may be submitted to the office of the Texas State Board of Pharmacy. Any disciplinary orders entered pursuant to Chapter 564 of the Texas Pharmacy Act are confidential and not subject to public disclosure.

Class of Pharmacy Community Pharmacy
Type of Ownership LLC
Type of Pharmacy Community Multi
# of Hospital beds

Employment Information

Pharmacist in Charge
BENSON, ARREIVA LACHONE

Pharmacy Profile ¥

Accessible to disabled persons?	Yes
Participates in the Texas Medicaid program?	No
Translating services (Listed Below If Available)	
Spanish	

¥ Please note: The data regarding accessibility, translating services, and insurance participation is self-reported by the license holder and no warranty regarding the information is created. Therefore, neither the State of Texas nor the licensing agency accept any legal liability or responsibility or may be held liable or responsible for the accuracy, completeness, timeliness, or usefulness of this information. Should you have any concern as to the accuracy of the data in this system, please contact the license holder or facility for clarification.

Remedial Plans and Inspection Reports

Remedial Plans and/or Inspection Reports (if any) are shown above and subject to removal at the end of the 5th fiscal year after the Board enters the plan.

Services Provided

Nuclear	No
Out-Patient Prescriptions	No
Ship Prescription Out of State	Yes
Class D (Expanded Formulary)	No
Class D (Alternative Visit Schedule)	No
Compounding Sterile-Risk Level Low	No
Compounding Sterile-Risk Level Med	No
Compounding Sterile-Risk Level High	No
Compounding Non-Sterile	Yes
24 Hour Service	No
Closed Door	Yes
Compounding, Office Use	Yes
Home Delivery	Yes
Infusion	No
Pharmacist Administered Immunizations	No
Veterinary Prescriptions	Yes
In-Patient Medication Orders	No
Out-Patient Surgery	No
Rural Hospital	No
Tech Check Tech	No

503b Outsourcing Facility No

Other Services No

Texas Pharmacist Employment information

Pharmacist Name	License #	Registr. Date	Expir. Date	Emp. Status	License Status
AGYEMANG, KWAME JOE	66514	04/23/2020	05/31/2024	Staff	Active
ASARE, KINGSFORD BEDIAKO	51267	04/20/2012	11/30/2023	Relief	Active
BENSON, ARREIVA LACHONE	46556	08/14/2008	06/30/2022	PIC	Active
BURTON, JARRHETT	59628	10/06/2016	11/30/2022	Staff	Active
CHEN, PHILLIP	59632	10/06/2016	08/31/2022	Staff	Active
CHUKWURAH, KIMBERLYN UCHECHI	54385	01/17/2014	09/30/2023	Staff	Active
CLEGGETT, HILLARY	66477	03/19/2020	09/30/2023	Staff	Active
COUVILLON, EVA MARIE	40752	07/02/2002	09/30/2022	Staff	Active
CROOKS, CYNTHIA EBERHARDT	32612	07/25/1991	05/31/2022	Staff	Active
DINO, JOSE ABRAHAM	41066	08/30/2002	04/30/2024	Staff	Active
DO, MINH	61657	09/28/2017	07/31/2023	Relief	Active
ERNSTES, JOSEPH PAUL	22837	10/13/1977	10/31/2023	Staff	Active
FOSTER-ALEXANDER, TORI NICOLE	50521	08/22/2011	11/30/2022	Staff	Active
GUIDRY-WILLIAMS, KIMBERLY M.	29893	07/22/1987	04/30/2023	Staff	Active
JACKSON, BRYAN LEONARD	61719	10/05/2017	05/31/2023	Staff	Active
KELLY, MARIO JOHN	44692	09/08/2006	04/30/2022	Staff	Active
KNOWLES-JONES, KAREN ESTHER	32173	10/29/1990	10/31/2023	Staff	Active
LAWAL, TOLANI	65924	10/10/2019	08/31/2023	Staff	Active
MAKHDOUM, MARYAM	65171	08/01/2019	05/31/2023	Staff	Active
MELO, JONATHAN	64830	07/11/2019	04/30/2023	Staff	Active
NGUYEN, THIEN-AN HUU	60861	07/21/2017	02/28/2023	Staff	Active
NOROOZI, ADINEH	63333	08/23/2018	04/30/2024	Staff	Active
ODINIGWE, EMMANUEL	57572	10/01/2015	03/31/2024	Staff	Active
OKONKWO, OBINNA NWACHUKWU	59221	08/18/2016	03/31/2024	Staff	Active
OMOYELE, OLADAPO ALVIN	66110	11/21/2019	01/31/2024	Staff	Active
POWELL, MICHAEL LA KEITH	50557	08/26/2011	09/30/2022	Staff	Active
RAIA, MARY	27261	08/08/1983	08/31/2023	Staff	Active
RICHARDSON, RONALD ALAN	29408	08/27/1986	11/30/2022	Staff	Active
RICKETTS-WILSON, SUSAN VICTORIA	32726	08/08/2009	06/30/2023	Staff	Active
SALSMAN, LAUREN BUSSEY	55034	07/17/2014	03/31/2024	Staff	Active
TATAVARTHI, HARITHA	49279	08/27/2010	04/30/2022	Staff	Active
THOMPSON, CONROY	66060	11/14/2019	04/30/2024	Staff	Active

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Texas Registered Technicians/Trainees Employment information

Technician/Trainee Name	License #	Registr. Date	Expir. Date	Emp. Status	Reg. Status
ADAMS, SHEY	325418	08/09/2021	08/31/2023	Staff	Active
BARRAZA, BRENDA	316987	01/26/2021	02/29/2024	Staff	Active
CALDWELL, ARLA KAY	131666	12/13/2005	03/31/2024	Staff	Active
CERVANTES, TIFFANY YULIANA	278431	12/29/2017	08/31/2023	Staff	Active
CHASE, MELISSA MEADOWS	109593	05/21/2004	02/28/2023	Staff	Active
CLAYBURN, DAVID A	311402	09/08/2020	09/30/2022	Staff	Active
COLLINS, IREALLE VICTORIA	141025	09/15/2008	04/30/2022	Staff	Active
DELEON, DEMI ALYSSA	250165	11/23/2015	09/30/2023	Staff	Active
DUENAS, EDITH	212075	09/17/2012	10/31/2022	Staff	Active
EVANS, DELRISHA LANETT	155159	06/18/2008	03/31/2024	Staff	Active
FOSTER, GIDGETTE	121334	07/07/2004	09/30/2023	Staff	Active
FRANKLIN, LAUREN TERESE	228887	03/19/2014	03/31/2023	Staff	Active

GALLARDO, AZALEA	306145	03/02/2020	07/31/2022	Staff	Active
GARZA, SOFIA	102372	03/30/2004	04/30/2023	Staff	Active
GLOVER, TAMYRA BEARD	204182	12/21/2011	12/31/2023	Staff	Active
GOLLADAY , MACKENZIE ANN	233446	08/06/2014	06/30/2023	Staff	Active
GONZALEZ, BRENDA	217225	03/11/2013	10/31/2022	Staff	Active
HALLER, BENNETT CHARLES	262062	10/13/2016	10/31/2022	Staff	Active
HARTON, LATONIAH ROCHELLE	284577	06/18/2018	07/31/2022	Staff	Active
HOOKS, VASTY A	263222	11/09/2016	08/31/2022	Staff	Active
HOUSE, CRYSTAL DEANN	152227	01/28/2010	10/31/2023	Staff	Active
HOUSTON, MARGARET	134436	10/26/2006	01/31/2024	Staff	Active
KING, MARSHA LANET	102018	05/20/2004	08/31/2023	Staff	Active
KOPECKY, NATALIE ELISE	312807	10/08/2020	05/31/2023	Staff	Active
LARIOS, LISA ANN	177845	05/19/2010	03/31/2024	Staff	Active
LOPEZ, LINDA MARISOL	276990	11/14/2017	10/31/2022	Staff	Active
MCCALL, LADEDRA DENISE	305948	02/25/2020	12/31/2023	Staff	Active
MORALES, SILVIA	231398	06/04/2014	07/31/2022	Staff	Active
NANTEGE, PRISCILLA	231303	06/04/2014	07/31/2023	Staff	Active
NGUYEN, DAN THY THUY	284351	06/12/2018	04/30/2024	Staff	Active
NGUYEN, LIEN THI TUONG	131717	11/30/2005	12/31/2023	Staff	Active
NGUYEN, LISA	211464	08/28/2012	06/30/2023	Staff	Active
PEREZ, MARIA ELIZABETH	105671	04/16/2004	06/30/2022	Staff	Active
PEREZ, SUZANNA JASMIN	101859	05/28/2004	10/31/2022	Staff	Active
PERRY-EASTER, JENNIFER N	154557	08/04/2008	11/30/2022	Staff	Active
PHILLIPS, AMBER D	145311	02/27/2008	08/31/2023	Staff	Active
PINEDA GARCIA, MYNOR A	237304	11/21/2014	11/30/2022	Staff	Active
PONCE, CHRISTIAN L	311372	09/08/2020	09/30/2022	Staff	Active
ROBERTS , TIANA LANAE	306129	03/02/2020	04/30/2023	Staff	Active
RODRIGUES, TREYLISA AMBER	298209	07/15/2019	03/31/2023	Staff	Active
RODRIGUEZ-SUAREZ, SYLICIA A	275189	10/03/2017	04/30/2023	Staff	Active
SANTOS, ANA E	188324	04/25/2011	10/31/2023	Staff	Active
SLUDER, JORDAN MARIE	276967	11/14/2017	12/31/2022	Staff	Active
TAMEZ, SELENA	243872	06/09/2015	12/31/2022	Staff	Active
WALKER, DI'NESHA	308371	06/01/2020	06/30/2022	Staff	Active
WILLIAMS, TIFFANY MARIE	232152	07/07/2014	12/31/2022	Staff	Active
WINDLEY, JEREMIAH RAYQUAN	327028	09/07/2021	09/30/2023	Staff	Active

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Texas Remote Pharmacy information

Remote Pharmacy Name	Registr. #	Address	City	State	Zipcode

Page 0 of 0 20 No records to view

Texas Pharmacy Owner information

Owner Name	Owner Title	Address	City	State	Zipcode
COVETRUS NORTH AMERICA LLC	OWNER	,			
WELDON, KENNETH PAUL	OFFICER	,			
LOMBARDI, PHILLIP MARIO	OFFICER	,			
WISE, LEE JACKSON	OFFICER	,			
FORTE IV, VICTOR THOMAS	OFFICER	,			

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The Texas State Board of Pharmacy certifies that it maintains the information for the license verification function of this website, performs daily updates to the website, and considers the website to be a secure, primary source for license verification.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COVETRUS NORTH AMERICA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COVETRUS NORTH AMERICA, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF MARCH, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3947992 8300

SR# 20220405779

Authentication: 202598023

Date: 02-07-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FC1392389	08-31-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4	RETAIL PHARMACY	04-20-2022

COVETRUS NORTH AMERICA, LLC
4802 N SAM HOUSTON PKWY W STE 100
HOUSTON, TX 770861539

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FC1392389	08-31-2024	$888

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3,3N,4	RETAIL PHARMACY	04-20-2022

COVETRUS NORTH AMERICA, LLC
4802 N SAM HOUSTON PKWY W STE 100
HOUSTON, TX 770861539

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THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

Covetrus North America, LLC
Houston, TX
Owners/Officers

Name	Title	Residence Address
Victor Forte IV	President	[redacted] Brenham Way Dublin, OH 43017
Philip Lombardi	Vice President of Operations and Logistics Services	[redacted] Schooner Ct. Columbus, OH 43221
Lee Wise	CFO and Treasurer	[redacted] Exmoor Lane Lincolnshire, IL 60069
W.A. Butler Company	100% Sole Member	[redacted] Metro Place North Dublin, OH 43017

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Covetrus North America, LLC

Physical Address 4802 North Sam Houston Pkwy. W., Ste. 100

City Houston State TX Zip 77086

Mailing Address (if different from physical address) Same as above

City _____ State _____ Zip _____

Telephone 877-838-7979 Website www.covetrus.com

Licensing Company Email CGPM-RxLicensing@covetrus.com

Section 2: Personal Information

First Arreiva Middle _____ Last Benson

Alias(es, nicknames, name changes, etc.) Arreiva Papillon

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Address [redacted] North Sam Houston Pkwy. W., Ste. 100

City Houston State TX Zip 77086

Telephone [redacted] Email arreiva.papillion@covetrus.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials abp

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Covetrus North America, LLC			11/22/17 - to Date
Business Address	**City**	**State**	**Zip**
4802 North Sam Houston Pkwy. W., Ste. 100	Houston	TX	77086
Phone	**Title**	**Number of Employed Hours**	
877-838-7979	Pharmacist-in-Charge	40 9,600+	
Description of Duties			
Oversee operations and compliance of the pharmacy			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
	[redacted] Fannin Station South	Houston	TX	77045
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials abp

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials abp

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

12/16/21
Date

Applicant's initials ABP

I, Arreiva Benson, **certify that as the designated representative for**

Covetrus North America, LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Arreiva Benson

Print Name (First, Last)

Arreiva Benson-Papillon

Original Signature (electronic, copies or stamps not accepted)

12/16/21

Date

Applicant's initials ABP

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Arreiva Benson

Print Name (First, Last)

Arreiva Benson-Papillion

Original Signature (electronic, copies or stamps not accepted)

12/16/21

Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

_____

Original Signature

_____

Date

Subscribed and Sworn to before me this _____ day of _____.

_____

Notary Public Signature

(Seal)

Applicant's initials ABP

Phcy. Lic. # 31317

Expiration Date: 03/31/21

NOTICE OF INSPECTION
Texas State Board of Pharmacy
333 Guadalupe Street, Suite 3-600
Austin, Texas 78701-3942
(512) 305-8000

☑ Compliance
☐ Investigation

Name of Individual	Title	R.Ph. Lic. #	Expires
ARREIVA LACHONE BENSON-PAPILLION	PIC	46556	06/30/2022

Name of Facility	Class of Pharmacy License
COVETRUS TX	A

Address		
4802 N SAM HOUSTON PKWY W STE 100		
City/State: HOUSTON, TX	Zip: 77086	Phone #: (877) 838-7979
DEA Registration #: FV6752439	Expiration Date: 08/31/2023	
Date: 11/10/2020	Time: 11:15 AM	

PURPOSE OF INSPECTION

☐ Routine	☐ Pre-Inspection	☐ Rank Change
☐ New Pharmacy	☐ Change of Ownership	☐ Reverse Rank Change
☐ Complaint	☐ Follow-up to Complaint	☐ Licensee Request
☐ Follow-up to Warning Notice	☐ Follow-up to Theft/Loss Report	☐ Sterile Compounding (High Risk)
☐ Follow-up to Disciplinary Order	☑ Other Observe VPP Inspection	

ACKNOWLEDGEMENT

This is to acknowledge that Texas State Board of Pharmacy Agent Keya Henry has presented official credentials and this Notice of Inspection citing Sections 554.001, 556.001, 556.051-556.054, and 556.101 of the Texas Pharmacy Act which authorizes an inspection of the above described facility. By my signature, I hereby acknowledge receipt of this Notice of Inspection and certify that:

1. I am the PIC for the above-described facility;
2. I have read this Notice of Inspection and understand its contents and purpose;
3. I have the authority to act in this matter and have signed this Notice of Inspection pursuant to my authority;
4. I have had the purpose of the entry into the above-described facility by the Board's agent stated to me; and
5. I have consented to an inspection of the above-described facility voluntarily and without any manner of threats.

Signature

Witnesses:

Signature

Signature

09/16

Remarks

Action Taken

(1) ☐ Inspection
(2) ☐ Pre-Inspection
(3) ☐ Partial Inspection
(4) ☑ Visit
(5) ☐ Other _____

An agent of the Texas State Board of Pharmacy has inspected your pharmacy. The results of this inspection have been noted. ~~Items marked in Column One will be referred to the Legal Division for review and possible disciplinary action. Items marked in Column Two are conditions that have resulted in the issuance of a Warning Notice and must be corrected to ensure compliance with the laws and rules governing the practice of pharmacy. Circled items need improvement.~~

I acknowledge that the noted conditions, which are not in compliance, have been explained to me and I have received a copy of this report.

Agent of the Texas State Board of Pharmacy

Authorized Individual for the Pharmacy

11/10/2020
Date

3:15 PM
Time of Completion

Arreiva Papillion
Printed Name and Title of Authorized Individual

Texas Pharmacy License # 31317

Rural Hospital	No
Tech Check Tech	No
503b Outsourcing Facility	No
Other Services	No

Texas Pharmacist Employment Information

Pharmacist Name	License #	Registr. Date	Expir. Date	Emp. Status	License Status
AGBONIFO, OMOYEME OLUWATOSIN	56172	01/29/2015	06/30/2023	Staff	Active
AGYEMANG, KWAME JOE	66514	04/23/2020	05/31/2022	Staff	Active
ALEXANDER, TARA DANIELLE	45613	08/30/2007	09/30/2023	Relief	Active
BENSON-PAPILLION, ARREIVA LACHONE	46556	08/14/2008	06/30/2022	PIC	Active
BURTON, JARRHETT	59628	10/06/2016	11/30/2022	Staff	Active
CHEN, PHILLIP	59632	10/06/2016	08/31/2022	Staff	Active
CHUKWURAH, KIMBERLYN UCHECHI	54385	01/17/2014	09/30/2023	Staff	Active
CLEGGETT, HILLARY	66477	03/19/2020	09/30/2023	Staff	Active
COUVILLON, EVA MARIE	40752	07/02/2002	09/30/2022	Staff	Active
CROOKS, CYNTHIA EBERHARDT	32612	07/25/1991	05/31/2022	Staff	Active
DINO, JOSE ABRAHAM	41066	08/30/2002	04/30/2022	Relief	Active
ERNSTES, JOSEPH PAUL	22837	10/13/1977	10/31/2023	Staff	Active
FOSTER-ALEXANDER, TORI NICOLE	50521	08/22/2011	11/30/2022	Staff	Active
GUIDRY-WILLIAMS, KIMBERLY M.	29893	07/22/1987	04/30/2023	Relief	Active
JACKSON, BRYAN LEONARD	61719	10/05/2017	05/31/2023	Staff	Active
KELLY, MARIO JOHN	44692	09/08/2006	04/30/2022	Staff	Active
KNOWLES-JONES, KAREN ESTHER	32173	10/29/1990	10/31/2023	Staff	Active
LAWAL, TOLANI	65924	10/10/2019	08/31/2023	Staff	Active
MAKHDOUM, MARYAM	65171	08/01/2019	06/31/2023	Staff	Active
MELO, JONATHAN	64830	07/11/2019	04/30/2023	Staff	Active
NOROOZI, ADINEH	63333	08/23/2018	04/30/2022	Staff	Active
ODINIGWE, EMMANUEL	57572	10/01/2015	03/31/2022	Staff	Active
OKONKWO, OBINNA NWACHUKWU	59221	08/18/2016	03/31/2022	Staff	Active
OMOYELE, OLADAPO ALVIN	66110	11/21/2019	01/31/2024	Relief	Active
POWELL, MICHAEL LA KEITH	50557	08/26/2011	09/30/2022	Relief	Active
RAIA, MARY	27261	08/08/1983	08/31/2023	Staff	Active
RICHARD, JOSEPH LUTHER	20721	05/20/1974	05/31/2023	Staff	Active
RICHARDSON, RONALD ALAN	29408	08/27/1986	11/30/2022	Staff	Active
RICKETTS-WILSON, SUSAN VICTORIA	32726	08/06/2009	06/30/2023	Staff	Active
SALSMAN, LAUREN BUSSEY	55034	07/17/2014	03/31/2022	Relief	Active
TATAVARTHI, HARITHA	49279	08/27/2010	04/30/2022	Staff	Active
THOMPSON, CONROY	66060	11/14/2019	04/30/2022	Staff	Active

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Texas Registered Technicians/Trainees Employment Information

Technician/Trainee Name	License #	Registr. Date	Expir. Date	Emp. Status	Reg. Status
CALDWELL, ARLA KAY	131666	12/13/2005	03/31/2022	Staff	Active
CERVANTES, TIFFANY YULIANA	278431	12/29/2017	08/31/2023	Staff	Active
CHASE, MELISSA MEADOWS	109593	05/21/2004	02/28/2023	Staff	Active
COLLER, MICKALLA ROSE	305350	02/04/2020	02/28/2022	Staff	Active
COLLINS, IREALLE VICTORIA	141025	09/15/2008	04/30/2022	Staff	Active
CONTRERAS, MAYRA	305381	02/06/2020	02/28/2022	Staff	Active
DAILEY, LASABLE LETRICE	280565	02/27/2018	11/30/2023	Staff	Active
DELEON, DEMI ALYSSA	250165	11/23/2015	09/30/2023	Staff	Active
DUENAS, EDITH	212075	09/17/2012	10/31/2022	Staff	Active
EVANS, DELRISHA LANETT	155159	06/18/2008	03/31/2022	Staff	Active

FOSTER, GIDGETTE	121334	07/07/2004	09/30/2023	Staff	Active
FRANKLIN, LAUREN TERESE	228887	03/19/2014	03/31/2023	Staff	Active
GALLARDO, AZALEA	306145	03/02/2020	07/31/2022	Staff	Active
GARZA, SOFIA	102372	03/30/2004	04/30/2023	Staff	Active
GLOVER, TAMYRA BEARD	204182	12/21/2011	12/31/2021	Staff	Active
GOLLADAY , MACKENZIE ANN	233446	08/06/2014	06/30/2023	Staff	Active
GONZALEZ, BRENDA	217225	03/11/2013	10/31/2022	Staff	Active
HALLER, BENNETT CHARLES	262062	10/13/2016	10/31/2022	Staff	Active
HARTON, LATONIAH ROCHELLE	284577	06/18/2018	07/31/2022	Staff	Active
HOOKS, VASTY A	263222	11/09/2016	08/31/2022	Staff	Active
HOUSE, CRYSTAL DEANN	152227	01/28/2010	10/31/2023	Staff	Active
HOUSTON, MARGARET	134436	10/26/2006	01/31/2024	Staff	Active
KING, MARSHA LANET	102018	05/20/2004	08/31/2023	Staff	Active
KOPECKY, NATALIE ELISE	312807	10/08/2020	05/31/2023	Staff	Active
LARIOS, LISA ANN	177845	05/19/2010	03/31/2022	Staff	Active
LEE CHEE, KATHERINE ELIZABETH	310033	08/05/2020	09/30/2023	Staff	Active
LOPEZ, LINDA MARISOL	276990	11/14/2017	10/31/2022	Staff	Active
MASSENGALE, CRYSTAL RAYE	318041	02/11/2021	02/28/2023	Staff	Active
MCCALL, LADEDRA DENISE	305948	02/25/2020	02/28/2022	Staff	Active
MEGWALU, TAGBO ANOSIKE	305459	02/10/2020	09/30/2022	Staff	Active
MORALES, SILVIA	231398	06/04/2014	07/31/2022	Staff	Active
NANTEGE, PRISCILLA	231303	06/04/2014	07/31/2023	Staff	Active
NGUYEN, DAN THY THUY	284351	06/12/2018	04/30/2022	Staff	Active
NGUYEN, LIEN THI TUONG	131717	11/30/2005	12/31/2023	Staff	Active
NGUYEN, LISA	211484	08/28/2012	06/30/2023	Staff	Active
PEREZ, MARIA ELIZABETH	105671	04/16/2004	06/30/2022	Staff	Active
PEREZ, SUZANNA JASMIN	101859	05/26/2004	10/31/2022	Staff	Active
PERRY-EASTER, JENNIFER N	154557	08/04/2008	11/30/2022	Staff	Active
PHILLIPS, AMBER D	145311	02/27/2008	08/31/2023	Staff	Active
PINEDA GARCIA, MYNOR A	237304	11/21/2014	11/30/2022	Staff	Active
PONCE, CHRISTIAN L	311372	09/08/2020	09/30/2022	Staff	Active
ROBERTS , TIANA LANAE	306129	03/02/2020	04/30/2023	Staff	Active
RODRIGUEZ-SUAREZ, SYLICIA A	275189	10/03/2017	04/30/2023	Staff	Active
SANTOS, ANA E	188324	04/25/2011	10/31/2023	Staff	Active
SLUDER, JORDAN MARIE	276967	11/14/2017	12/31/2022	Staff	Active
TAMEZ, SELENA	243872	06/09/2015	12/31/2022	Staff	Active
WALKER, DI'NESHA	308371	06/01/2020	06/30/2022	Staff	Active
WILLIAMS, TIFFANY MARIE	232152	07/07/2014	12/31/2022	Staff	Active
WINDLEY, JEREMIAH RAYQUAN	327028	09/07/2021	09/30/2023	Staff	Active

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Texas Remote Pharmacy Information

Remote Pharmacy Name	Registr. #	Address	City	State	Zipcode

Page 0 of 0 20 No records to view

Texas Pharmacy Owner Information

Owner Name	Owner Title	Address	City	State	Zipcode
VETERINARY PHARMACIES OF AMERICA, LLC	OWNER	,			
WRAIGHT, GEORGIA	OFFICER	,			

Page 1 of 1 20 View 1 - 2 of 2

The Texas State Board of Pharmacy certifies that it maintains the information for the license verification function of this website, performs daily updates to the website, and considers the website to be a secure, primary source for license verification.

Veterinary Pharmacies of America, LLC d/b/a Covetrus TX All licenses pending CHOW			
State	**License Number**	**Date Issued**	**Expiration Date**
Alabama	114748	9/1/2018	12/31/2022
Alaska	144840	7/7/2017	6/30/2022
Arizona	Y008089	6/13/2017	10/31/2022
Arkansas	OS02809	3/22/2018	12/31/2023
California	NRP2242	6/17/2019	6/1/2022
Colorado	OSP0006955	4/27/2017	10/31/2022
Connecticut	PCN0003282	6/27/2017	8/31/2022
DEA - Federal	FV6752439	5/20/2017	8/31/2023
Delaware	A90002010	5/23/2017	9/30/2022
Delaware - CSR	PH-0012362	6/27/2017	6/30/2023
Florida	PH30975	10/14/2017	2/28/2023
Florida - Control Number	115233	10/14/2017	2/28/2023
Georgia	PHNR001652	7/18/2017	6/30/2023
Hawaii	PMP-1737	5/25/2017	12/31/2023
Hawaii - CSR	E13354		5/31/2022
Idaho	53209MS	6/12/2017	12/31/2022
Illinois	54021153	6/1/2017	3/31/2022
Illinois - CSR	320012973	6/1/2017	3/31/2022
Indiana	64002865A	7/13/2017	12/31/2021
Iowa	4839	5/16/2017	12/31/2022
Iowa - CSR	1108349	5/16/2017	12/31/2023
Kansas	22-108690	5/26/2017	6/30/2022
Kentucky	TX2261	6/6/2017	6/30/2022
Louisiana	PHY007570-NR	1/3/2018	12/31/2022
Maine	MO40002227	9/7/2017	12/31/2022
Maryland	P08036	6/12/2017	5/31/2022
Maryland - CSR	4100435	10/18/2017	1/31/2022
Michigan	5301011201	6/23/2017	6/23/2023
Michigan - CSR	5315087712	6/23/2017	6/23/2023
Minnesota	265760	2/5/2019	6/30/2022
Mississippi	15602	4/21/2017	12/31/2023
Mississippi - CSR	CS15602	4/21/2017	12/31/2022
Mississippi - Comp Cert	CC15602	4/21/2017	12/31/2021
Missouri	2017017695	6/12/2017	10/31/2023
Montana	PHAMOPLIC43325	4/27/2017	11/30/2022
Nebraska	1121	5/8/2017	7/1/2022
Nevada	PH03745	6/12/2017	10/31/2022

New Hampshire	NR1690	2/1/2019	12/31/2023
New Jersey	28RO00158900	7/17/2017	6/30/2022
New Mexico	PH00004831	6/26/2017	12/31/2022
New Mexico - CSR	CS00227163	6/26/2017	5/31/2022
New York	35502	5/15/2017	4/30/2023
North Carolina	14039	2/11/2019	12/31/2022
North Dakota	PHAR1374	4/21/2017	6/30/2022
Ohio	NRP022784050-03	7/27/2017	3/31/2023
Oklahoma	99-8449	5/5/2017	5/31/2022
Oklahoma - CSR	63212	6/14/2017	10/31/2022
Oregon	RP0003284-CS	6/5/2017	3/31/2022
Pennsylvania	NP000968	8/9/2017	8/31/2023
Rhode Island	PHN11620	5/10/2017	9/30/2022
Rhode Island - CSR	CPHN11620	5/10/2017	9/30/2022
South Carolina	17471	9/6/2017	6/30/2022
South Carolina - CSR	1317471	1/2/2018	4/1/2022
South Dakota	400-1713	5/1/2017	6/30/2022
Tennessee	6009	6/2/2017	1/31/2023
Texas	31317	3/9/2017	3/31/2023
Utah	11140103-1708	2/8/2019	9/30/2023
Utah - CSR	11140103-8913	2/8/2019	9/30/2023
Vermont	360130020	5/1/2017	7/31/2023
Virginia	214001922	4/18/2017	4/30/2022
Washington	PHNRFO60934528	5/30/2017	5/31/2022
Washington DC	NRX1901467	1/31/2019	5/31/2023
Washington DC - CSR	NCP1900013	1/31/2019	5/31/2023
West Virginia	MO0561059	7/1/2017	6/30/2023
Wisconsin	2370-43	5/15/2017	5/31/2022
Wyoming	NR51633	3/28/2019	6/30/2022
Wyoming - CSR	CSB00757	3/28/2019	6/30/2022

4AAA

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Y

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

☐ Nevada

■ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
☐ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH 04170	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Golden Gate Pharmacy Services, Inc.

Physical Address: 8 Digital Drive, #200

City: Novato State: CA Zip: 94949

Mailing Address (if different from physical address): N/A

City: N/A State: N/A Zip: N/A

Telephone: 415-455-9042 Toll Free # (NAC 639.708, NRS 639.23286): 866-308-4650

Fax: 415-455-9318 Contact Email: nicole.lofholm@ggprx.com

Website: ggprx.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Nicole Lofholm Clausen

Supervising/Managing Pharmacist NV Pharmacist Registration #: 21983 -Temp. 48. 5/15/22

Type of Pharmacy (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Retail/Community	■ Retail/Community
☐ Hospital (# beds _____)	☐ Non-sterile Compounding
☐ Internet	☐ Sterile Compounding
☐ Nuclear	■ Mail-Order Service
☐ Other: _____	☐ Off-site Cognitive Services
	■ Long Term Care
	☐ Hospital
	☐ Other:

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ☐ Saturday ☐ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)	
Name: Nicole Clausen	NV Pharmacist Registration #: 21983
Name: N/A	NV Pharmacist Registration #: N/A
Name: N/A	NV Pharmacist Registration #: N/A
Name: N/A	NV Pharmacist Registration #: N/A
Name: N/A	NV Pharmacist Registration #: N/A
Name: N/A	NV Pharmacist Registration #: N/A
Name: N/A	NV Pharmacist Registration #: N/A
Name: N/A	NV Pharmacist Registration #: N/A
Name: N/A	NV Pharmacist Registration #: N/A
Name: N/A	NV Pharmacist Registration #: N/A

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✔	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)		
Name: N/A	Credentials: N/A	%: N/A
Name: N/A	Credentials: N/A	%: N/A
Name: N/A	Credentials: N/A	%: N/A
Name: N/A	Credentials: N/A	%: N/A
Name: N/A	Credentials: N/A	%: N/A

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): N/A

Corporation Name: N/A

Mailing Address: N/A

City: N/A State: N/A Zip: N/A

Telephone: N/A Email: N/A

Contact Person Name: N/A

Date of SEC Registration: N/A | SEC Registration Number: N/A | Stock Exchange Symbol: N/A

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: CA

Parent Company (if any): Cirion Holdings, LLC

Corporation/Organization Name: Golden Gate Pharmacy Services, Inc.

Mailing Address: 160 S. Whisman Rd.

City: Mountain View State: CA Zip: 94041

Telephone: 415-853-9979 Email: tanay@athelas.com

Contact Person Name: Tanay Tandon

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ■ Yes ☐ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: N/A

City: N/A State: N/A Zip: N/A

Telephone: N/A Email: N/A

Contact Person Name: N/A

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: N/A

Business Address: N/A

City: N/A State: N/A Zip: N/A

Telephone: N/A Email: N/A

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Secretary (title) for Golden Gate Pharmacy Services, Inc. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Daniel Brian

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

2/9/22

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Daniel Brian hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Secretary (title) for Golden Gate Pharmacy Services, Inc. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 9th day of February, 20 22

Notary Public

CONNOR LEE
Notary Public - California
Orange County
Commission # 2233217
My Comm. Expires Mar 4, 2022

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Nicole Lofholm Clausen Pharmacist Registration #: 21983

Pharmacy Name: Golden Gate Pharmacy Services, Inc.

Initial each statement below to indicate you have read and agree with the following:

NL I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

NL I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

NL I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

NL I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

NL I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?	✔	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		✔

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

Board Administrative Action:	State:	Date:	Case #:
Citation and Fine	CA	10/3/2018	CI 2017 78781

Criminal Action:	State:	Date:	Case #:	County:	Court:
N/A					

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

2/21/2022
Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** o **All General Partners;** o **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application found at** http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a. For Non-publicly traded** - The top 4 shareholder/stockholders. **b. For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner.		✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Daniel Brian

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

D iR

Original signature of Authorized Person (copies or stamps not accepted)

2/9/22

Date

Board Use Only	Date Received: _____	Amount: 500 Check# 4393

Golden Gate Pharmacy Services, Inc. – Nevada Supplements

1. Disciplinary Information
2. List of Officers and Directors
3. List of Stockholders
4. California Certificate of Good Standing
5. Inspection Report from the California State Board of Pharmacy
6. California pharmacy license
7. Online verification of California pharmacy license
8. DEA Registration

History of the Company

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?

Nicole Lofholm Clausen is a minority shareholder of Athelas, Inc., which is a grandparent company of applicant Golden Gate Pharmacy Services, Inc. On October 3, 2018, The California Board of Pharmacy issued a statement, reaffirming a Citation and reduction of previously issued non-disciplinary fine to zero pursuant to Pharmacist-Manager, Nicole Lofholm Clausen, completing a Board of Pharmacy/Drug Enforcement Agency training course.

Although the California Board of Pharmacy recognizes that other regulators may apply a different meaning to the California's Citation and Fine process, California Board staff has confirmed that citations and fines are not considered disciplinary and are not reported to the NPDB.

PIC Personal and Professional History

3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?

On October 3, 2018, The California Board of Pharmacy issued a statement, reaffirming a Citation and reduction of previously issued non-disciplinary fine to zero pursuant to Pharmacist-Manager, Nicole Lofholm Clausen, completing a Board of Pharmacy/Drug Enforcement Agency training course.

Although the California Board of Pharmacy recognizes that other regulators may apply a different meaning to the California's Citation and Fine process, California Board staff has confirmed that citations and fines are not considered disciplinary and are not reported to the NPDB.

California State Board of Pharmacy
1625 North Market Boulevard, Suite N219, Sacramento, CA 95834
Phone (916) 574-7900
Fax (916) 574-8618
www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

October 03, 2018

NICOLE MARIE LOFHOLM CLAUSEN
[redacted] E FRANCISCO BLVD #[redacted]
SAN RAFAEL, CA 94901

California Pharmacy Lawyers
Ivan Petrzelka, Attorney at Law
49 Discovery, Suite 240
Irvine, CA 92618-6713

RE: CI 2017 78781
NICOLE MARIE LOFHOLM CLAUSEN
RPH 60056

The Board is in receipt of the Statement of Continuing Education Credit, indicating you attended a Board of Pharmacy/Drug Enforcement Agency Rx Drug Abuse training course.

Since you successfully completed the required training, the fine levied by this citation has been reduced to zero.

The documentation has been received and accepted as satisfactorily resolving the matter.

Please be advised that this citation has become a part of the board's records and constitutes a public record for purposes of disclosure.

If you have any questions regarding this matter, please contact the Associate Enforcement Analyst, Jennifer Sevilla at (916) 574-7925.

Sincerely

Virginia Herold
Executive Officer
Board of Pharmacy

2. List of Officers and Directors

Tanay Tandon – President, VP, Treasurer
[redacted]Orkney Avenue, Santa Clara CA 95054
[redacted]
tanay@athelas.com

Daniel Brien – Secretary
[redacted]W Grand Avenue, Oakland, CA 94041
[redacted]
legal@athelas.com

Secretary of State
Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name:	GOLDEN GATE PHARMACY SERVICES, INC.
File Number:	C1919883
Registration Date:	01/03/1995
Entity Type:	DOMESTIC STOCK CORPORATION
Jurisdiction:	CALIFORNIA
Status:	ACTIVE (GOOD STANDING)

As of December 21, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of December 22, 2021.

SHIRLEY N. WEBER, Ph.D.
Secretary of State

Certificate Verification Number: ZBJPWPR

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at *bebizfile.sos.ca.gov/certification/index*.

5. Inspection Report from the California State Board of Pharmacy

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

Pharmacy X Hospital Pharmacy ___ Clinic ___ Exempt Hospital ___ Wholesaler ___ Hypodermic ___

Date: 11/18/2019 Inspector: Sara Mullen

Firm: GOLDEN GATE PHARMACY SERVICES Phone: (415) 455-9042

Address: 8 DIGITAL DR STE 200 City: NOVATO Zip: 94949

Ownership: CORPORATION

Permit #: PHY56170 Permit Exp: 8/1/2020 DEA#: BG4451251 DEA Exp: 9/30/2022

Date of Self Assessment Form: 6/24/2019 Other Permit #: N/A Date of DEA Inventory: 10/23/2019

Hours M-F: 9AM-5PM Hours Saturday CLOSED Hours Sunday: CLOSED

PIC NICOLE M LOFHOLM CLAUSE RPH60056 Administrator ___

RPH Consultant ___

Staff RPH Name:	License #:	Staff Name:	License #:
AMANDA TIWARI	RPH68248	ARVIN A DULZURA	TCH140488
ERIK M CLAUSEN	RPH60873	CASSANDRA M CANO	TCH67110
PAUL W LOFHOLM	RPH23701	COURTNEY P TORIUMI	TCH53953
REBECCA E LOFHOLM	RPH33497	DANIELLE M THOMPSON	TCH80899
KRISTI ROSE L WONG	RPH74376	KRISTIN M GRUNDSTROM	TCH135146
		MELISSA S NAZARENO	TCH84679

Inspector Remarks:

Community Pharmacy Routine Inspection
Pharmacy services local Long Term Care facilities (approximately 30 facilities)
Inspection assisted by PIC Lofholm
Currently licensed in CA, AZ
Participate in Clozapine pilot project

Items Reviewed:
-Self-Assessment
-PHY permit/DEA registration/Notice to Consumer Sign/Point to Your Language sign
-Security
-Staff - ratio/wearing name tags
-Medication stock - location of CIII-V, refrigerator - temperature monitoring by Tempstick, non-controlled stock
-ADDS - no ADDS located in any facilities. Pharmacy uses two ADDS in house for bubble packing and pill packs (DOSIS and TCGRx); reviewed labeling - Lot#, expiration date data retrievable
-Wholesaler - Cardinal, Anda
-Reverse Distributor - Pharmalogistics
-Invoices - reviewed recent controlled Cardinal Invoices
-Perpetual inventory maintained for all CII
-Biennial controlled substance inventory completed last on: 10/23/2019
-CII Reconciliation completed last on: 9/17/2019- keep binder for each quarter with all acquistion/disposition records
-Email alerts - PIC Lofholm

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

-Clozapine pilot project
-Prescription documents - discussed record maintenance for LTCF CII fax generated prescriptions
-Prescription label
-Prescription packaging - dispense in bubble packs and/or pill packs - 30 day cycle fill
-Policies and Procedures: Temporaray absence of pharmacist; employee impairment; theft/diversion; language assistance;
-Document storage
-Delivery: two deliveries per day; all local facilities
-Daily log
-Computer system used: IPS

Discussion/Education:
-Discussed upcoming regulations involving all electronic controlled substance prescriptions
-Discussed record keeping for controlled prescriptions
-Reconciliation reporting - make sure to record time of counts performed and full date (ex. 7/12019 to 9/30/2019)

Inspector Sara Mullen
Phone: 415-599-9968
Fax: 415-507-1417
Email Address: sara.mullen@dca.ca.gov

Licensee Remarks:

I have reviewed, discussed,understand and received a copy of this form.

Pharmacist (sign) _____

Pharmacist (print) Nicole Loftholm Clausen

Inspector (sign) _____

Inspector (print) Sara Mullen

Owner(sign) _____

Owner(print) _____

Additional information (for example - corrective plan of action, Quality Assurance outcomes, factors in mitigation, etc.) you want to submit for consideration may be sent on the attached form to my attention at the above address no later than 14 calendar days from the date above. Please include a copy of this form with any information that you submit.

Within 14 calendar days from the above date, please submit to me at the above address the following:

CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

Renewal Certificate

Retail Pharmacy Permit

LICENSE NO. PHY 56170
RECEIPT NO. 11882019

VALID UNTIL AUGUST 01, 2022

GOLDEN GATE PHARMACY SERVICES
8 DIGITAL DR STE 200
NOVATO CA 94949

In accordance with the Provisions of Chapter 9 of Division 2 of the Business and Professions Code, the firm name hereon is licensed at the address shown, and is subject to the rules and regulations of the California State Board of Pharmacy.
This permit is non-transferable. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change) administrator or pharmacist-in-charge.
This permit is valid only at the address shown.

1/07/21
1/07/21 The official status of this license can be verified at www.pharmacy.ca.gov

----- NON-TRANSFERABLE --- POST IN PUBLIC VIEW -----

FORM WPHPHY (09/30/19) PH

BOARD OF PHARMACY

LICENSING DETAILS FOR: PHY 56170

NAME: GOLDEN GATE PHARMACY SERVICES

LICENSE TYPE: PHARMACY (COMMUNITY)

LICENSE STATUS: CLEAR

ADDRESS

8 DIGITAL DR STE 200
NOVATO CA 94949
MARIN COUNTY

ISSUANCE DATE

AUGUST 18, 2018

EXPIRATION DATE

AUGUST 1, 2022

CURRENT DATE / TIME

DECEMBER 23, 2021
8:55:14 AM

LICENSE RELATIONSHIPS

NAME: LOFHOLM CLAUSEN, NICOLE MARIE

ADDRESS NOT DISCLOSED

LICENSE/REGISTRATION TYPE: REGISTERED PHARMACIST

LICENSE NUMBER: 60056 **PRIMARY STATUS:** CLEAR

10001285.2/002709-1/1-0

74/339 1:6
GOLDEN GATE PHARMACY
8 DIGITAL DR STE 200
NOVATO, CA 94949-8705

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BG4451251	09-30-2022	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	08-19-2019

GOLDEN GATE PHARMACY
8 DIGITAL DR STE 200
NOVATO, CA 94949-8705

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BG4451251	09-30-2022	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	08-19-2019

GOLDEN GATE PHARMACY
8 DIGITAL DR STE 200
NOVATO, CA 94949-8705

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Golden Gate Pharmacy Services, Inc.

Physical Address: 8 Digital Drive, Suite 200

City: Novato State: CA Zip: 94949

Mailing Address (if different from physical address): N/A

City: N/A State: N/A Zip: N/A

Telephone: 415-455-9042 Website: ggprx.com

Licensing Company Email: nicole.lofholm@ggprx.com

Section 2: Personal Information

First: Nicole Middle: Last: Clausen

Alias(es, nicknames, name changes, etc.): Nicole Lofholm

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: 12 Zandra Place

City: Novato State: CA Zip: 94945

Telephone: [redacted] Email: nicole.lofholm@ggprx.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: N/A to: N/A

Military Occupation/Specialty: N/A

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? N/A		

Applicant's initials: [illegible]

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
University of the Pacific			8/2004-5/2007
Address	**City**	**State**	**Zip**
3601 Pacific Ave	Stockton	Ca	95211
Diploma/Degree obtained, if any			
Doctorate of Pharmacy			

School Name			From - To (MM/YY – MM/YY)
University of San Diego			8/2001-5/2004
Address	**City**	**State**	**Zip**
5998 Alcala Park	San Diego	Ca	92110
Diploma/Degree obtained, if any			
none			

School Name			From - To (MM/YY – MM/YY)
The Branson School			9/1997 - 6/2001
Address	**City**	**State**	**Zip**
39 Fernhill Ave	Ross	Ca	94957
Diploma/Degree obtained, if any			
High School Diploma			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
8/2015-current	[redacted]Zandra Place	Novato	Ca	94945
12/2008-6/2015	[redacted]Marin Ave	Sausalito	Ca	94965

Applicant's initials _____

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Golden Gate Pharmacy Services, Inc			8/2018-current	
Business Address		**City**	**State**	**Zip**
8 Digital Drive #200		Novato	Ca	94949
Phone	**Title**		**Number of Employed Hours**	
415-455-9042	Pharmaicst in Charge		9120	
Description of Duties				
Ensuring the pharmacy's compliance with all state and federal laws and regulations pertaining to the practie of pharmacy.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?	N/A	
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
N/A	N/A	N/A	N/A	N/A
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
N/A		N/A		
Reason/Charge				
N/A				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
N/A			N/A	
Name of Business/Industry/Entity				
N/A				

Provide explanation below:

N/A

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

Applicant's initials _____

I, Nicole Clausen, **certify that as the designated representative for**

Golden Gate Pharmacy Services, Inc.,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Nicole Clausen

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/21/2022

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Nicole Clausen

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/21/2022

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of MARIN

I, Nicole Clausen, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

2/21/2022

Date

Subscribed and Sworn to before me this 21 day of February 2022.

J. Forouzeh

Notary Public Signature

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

JAFAR FOROUZEH
Notary Public - California
Marin County
Commission # 2371468
My Comm. Expires Aug 19, 2025

(Seal)

Applicant's initials

4BBB

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **not transferable money order or cashier's check only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ *New Pharmacy or* ☐ ***Ownership Change*** *(Provide current license number if making changes:* ***PH*** _____

Check box below for type of ownership and complete all required forms.

☐ *Publicly Traded Corporation – Pages 1,2,3,8*
☐ *Partnership - Pages 1,2,6,8*
☒ *Non Publicly Traded Corporation – Pages 1,2,4,8*
☐ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Roman Health Pharmacy LLC

Physical Address: 7442 S Tuscon Way, Unit 190A, Englewood, CO 80112

Mailing Address: 3602 Quantum Blvd

City: Boynton Beach State: FL Zip Code: 33426

Telephone: 888-798-8686 Fax: N/A

Toll Free Number: 888-798-8686 (Required per NAC 639.708)

E-mail: rxlicensing@ro.co Website: romanhealthpharmacy.com

Managing Pharmacist: Ashley Marrs NV21294 License Number: PHA0020542 - CO

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
■	☐ Retail	☐	☐ Off-site Cognitive Services
☐	☐ Hospital (# beds_____)	☐	☐ Parenteral **
■	☐ Internet	☐	☐ Parenteral (outpatient)
☐	☐ Nuclear	☐	☐ Outpatient/Discharge
☐	☐ Ambulatory Surgery Center	■	☐ Mail Service
☐	☐ Community	☐	☐ Long Term Care
☐	☐ Other: _____	☐	☐ Sterile Compounding **
		☐	☐ Non Sterile Compounding
	All boxes must be checked	☐	☐ Mail Service Sterile Compounding **
	For the application to be complete	☐	☐ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting.**

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ■

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ■

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ■

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ■

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ■

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Christina Antoun

Print Name of Authorized Person

6/10/24

Date

Board Use Only Date Processed:_____ Amount: 500 check #101100

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Roman Health Ventures Inc.

Mailing Address: 116 W 23rd Street, 4th Floor

City: New York State: NY Zip: 10011

Telephone: 888-798-8686 Fax: N/A

Contact Person: Zachariah Reitano, President

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Roman Health Ventures Inc., 116 W 23rd Street, 4th Floor , NY, NY 10011
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. N/A

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? N/A

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: N/A %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9:00 am 5:00 pm Saturday closed am _____ pm

Sunday closed am _____ pm 24 Hours No

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

Must be included with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Christina Antoun

Responsible Person of Roman Health Pharmacy LLC

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Christina Antoun
Print Name of Authorized Person

6/10/21
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Florida)
) ss.
Palm Beach COUNTY)

I, Christina Antoun, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Licensing and Compliance Manager for Roman Health Pharmacy LLC (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Christina Antoun, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
28th day of April, 2021.

NOTARY PUBLIC

NOTARY PUBLIC STATE OF FLORIDA
STEVENS MILORD
Commission # GG 102811
Expires September 9, 2021
Bonded Thru Budget Notary Services

Nevada State Board Of Pharmacy

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 02/22/2022
Amount:
License #: 21294

Ashley N. Marrs

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Effective Date:02/22/2022
Expires:10/31/2023

Ashley N. Marrs

License #
21294
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 21294
Effective Date:02/22/2022

Expires: 10/31/2023
STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Ashley N. Marrs

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Roman Health Pharmacy LLC

List of Officers

Corporate Officers of Roman Health Pharmacy LLC:

Name	Title
Zachariah Reitano	President and Manager
Rob Schutz	Vice President
Saman Rahmanian	Secretary, Treasurer, and Manager

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ROMAN HEALTH PHARMACY LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

6408659 8300

SR# 20220709383

Authentication: 202762866

Date: 02-24-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

COLORADO
Department of
Regulatory Agencies
Division of Professions and Occupations

Below are your electronic wallet cards to use as proof of your license. You can also print your license at any time by visiting www.colorado.gov/dora/DPO_Print_License and following the instructions listed.

If you would like a more durable wallet card option, you can order one for a fee by visiting www.nasbastore.org and selecting the "Colorado License Cards" link on the left hand side of the page. If you prefer, you can also contact NASBA by phone at 1-888-925-5237 or by email at nasbastore@nasba.org.

Should you have questions about your credential, or need other information please contact our Customer Service Team at 303-894-7800 or dora_dpo_licensing@state.co.us.

Colorado Department of Regulatory Agencies
Division of Professions and Occupations

State Board of Pharmacy
Roman Health Pharmacy, LLC

Prescription Drug Outlet- In-State

PDO.1680000227	03/17/2021
Number	**Issue Date**
Active	10/31/2022
Credential Status	**Expire Date**

Verify this credential at: dpo.colorado.gov

Division Director: Ronne Hines | Credential Holder Signature

Colorado Department of Regulatory Agencies
Division of Professions and Occupations

State Board of Pharmacy
Roman Health Pharmacy, LLC

Prescription Drug Outlet- In-State

PDO.1680000227	03/17/2021
Number	**Issue Date**
Active	10/31/2022
Credential Status	**Expire Date**

Verify this credential at: dpo.colorado.gov

Division Director: Ronne Hines | Credential Holder Signature

Lookup Detail View

Licensee Information

This serves as primary source verification of the license.*

**Primary source verification: License information provided by the Colorado Division of Professions and Occupations, established by 24-34-102 C.R.S.*

Name	DBA	Public Address
Roman Health Pharmacy LLC		7442 S Tucson Way, Ste. 190 Englewood, CO 80112

Credential Information

License Number	License Method	License Type	License Status	Original Issue Date	Effective Date	Expiration Date
PDO.1680000227		Prescription Drug Outlet- In-State	Active	03/17/2021	03/17/2021	10/31/2022

Supervision

Relationship	Supervisor/Supervisee	License	Start Date	Relationship Type
Supervised By	Ashley Nicole Marrs	PHA.0020542	03/17/2021	Manager

Board/Program Actions

Discipline
There is no Discipline or Board Actions on file for this credential.

Generated on: 6/10/2021 3:00:36 PM

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THE COLORADO STATE BOARD OF PHARMACY

1560 Broadway, Suite 1300, Denver, CO 80202-5146
303-894-7800 FAX 303-894-7692 V/TDD 303-894-7880

PRESCRIPTION DRUG OUTLET INSPECTION REPORT

Date of Inspection: 3-17-21 Time: 1:45

PDO Name Roman Health Pharmacy LLC Registration No _____ Expiration Date _____

Address 7442 S. Tucson Way City Englewood Zip Code 80112

Pharmacist Manager Ashley Marrs Lic No 20542 Email _____

RPH on Duty Same Lic No _____ Email _____

Physical/Postings

- ☐ 5.01.31b&c: Clean, sanitary, adequate space
- ☐ 5.01.31d,f&g: Hot & cold water, frig & freezer
- ☐ 5.01.50: Pharmacy security
- ☐ CRS 12-42.5-119:RPH/tech ratio _____ nametags
- ☐ CRS 12-42.5-116: Licenses and registrations posted
- ☐ 11.08.00, 7.00.30b: Employee list, tech posting
- ☐ 5.01.31l: Prior inspection _____ # deficiencies
- ☐ 3.00.51: Initial interpretation and final evaluation
- ☐ 23.00.60: PDMP notice, 20.00.70; CPP notice
- ☐ 5.01.31h: Professional reference library

Recordkeeping

- ☐ 11.03.00: CS Inventory date _____
- ☐ 11.06.00: CII, CIII-V, RX drug receipts dated
- ☐ 11.06.05: Receipts from registered sources
- ☐ 11.07.20: Casual Sale records
- ☐ 11.07.10: Floor stock distribution
- ☐ 11.04.20: Daily printouts
- ☐ 3.00.90b: RTS records
- ☐ 25.00.16: SPDO: CS inv., distribution, use records
- ☐ 27.00.30: HSP: CS inv., records of distribution

Dispensing

- ☐ 11.04.10: Hardcopy of order filed appropriately
- ☐ CII orders reviewed: _____
- ☐ CIII-V orders reviewed: _____
- ☐ RX orders reviewed: _____
- ☐ 2.01.53: Required order transfer information
- ☐ 2.01.10: Information to appear on each order
- ☐ 3.00.55: Prescription flavoring
- ☐ Dispensing errors/valid prescription orders
- ☐ Anabolic Steroid Labeling

Immunizations

- ☐ 19.01.10: Authorization, ACPE training, CPR
- ☐ 19.01.40: Administration records
- ☐ 19.01.50: Off-site administration

N/S

Non-Sterile Compounding

- ☐ 21.10.10: P&P Manual annual review _____
- ☐ 21.10.20: Training of personnel
- ☐ 21.10.60: Components-expiration dating
- ☐ 21.10.90: Formulation records
- ☐ 21.11.00: Compounding records/labeling
- ☐ 21.10.80: Beyond use dating, studies on site

Central Prescription Processing/Remote Pharmacy Practice

- ☐ 20.01.20 &26.00.20: Policy and procedure manual, written agreements _____
- ☐ 20.00.90: Records of receipt/delivery
- ☐ 3.00.90e: Return to stock records

Prepackaging/Labeling/Return Drug

- ☐ 3.01.20: Prepack labeling and records
- ☐ 3.01.22: Automated cassette labeling & records
- ☐ 3.03.00: Customized medication packages
- ☐ 3.00.80: Return for dispensing or donation
- ☐ 21.00.20: Casual sale of compounded products

Drug Therapy Management

- ☐ 6.00.40: General authorization plan/protocols
- ☐ 6.00.30: Pharmacist qualifications
- ☐ 6.00.60: Recordkeeping

E-kits

- ☐ 10.00.40: Labeling & contents of kit
- ☐ 10.00.71: Removal and replacement of med

Page 2 of 2

PRESCRIPTION DRUG OUTLET INSPECTION REPORT

PDO Name Roman Health Pharmacy LLC Pharmacist Manager A. Marrs

N/S inspection only.

No

Deficiencies

Noted.

Tier 1 ✓ Tier 2

Pursuant to CRS 12-42.5-106, the Colorado State Board of Pharmacy has the authority to inspect all registered outlets and investigate violations of the Board's Rules and Regulations, CRS Title 12, 42.5 of the Pharmacists, Pharmacy Business, and Pharmaceuticals Act; and the CRS Title 18, Article 18 of the Uniform Controlled Substance Act of 1992

I ACKNOWLEDGE THAT THE CONTENTS OF THIS INSPECTION REPORT HAVE BEEN EXPLAINED TO ME.	INSPECTOR'S SIGNATURE
Adelle Marrs 3/17/21	M Oneil RPh
PHARMACIST'S SIGNATURE DATE	OTHER INSPECTORS PRESENT:

2. Does the pharmacy maintain and enforce policies and procedures that ensure the following:

A) That the pharmacy will establish the authenticity of each prescription that the pharmacy receives? Yes ✔ No ☐

B) That the pharmacy will not fill any prescription which has been previously filled by another pharmacy? Yes ✔ No ☐

C) That for each pharmacy the pharmacy fills the prescription cannot be filled by another pharmacy? Yes ✔ No ☐

D) That the pharmacy will authenticate the identity of each patient and prescribing practitioner? Yes ✔ No ☐

E) That the prescriptions will be filled in compliance with all applicable federal and state laws? Yes ✔ No ☐

F) That a patient or the caregiver of the patient may make a complaint to the pharmacy regarding a prescription? Yes ✔ No ☐

G) That if a complaint is made, the complaint will be investigated thoroughly and that the results of the investigation will be communicated to the patient or caregiver? Yes ✔ No ☐

H) That if the investigation of a complaint reveals that the operations of the pharmacy resulted in an error in the processing or filling of the prescription, appropriate remedial action was taken by the pharmacy? Yes ✔ No ☐

I) That the pharmacy will communicate to a patient or a prescribing practitioner any delay that might jeopardize or alter the drug therapy of the patient with respect to delivering the prescribed drug or device? Yes ✔ No ☐

J) That the pharmacy will communicate to a patient information regarding recalls of drugs and the appropriate means to dispose of expired, damaged or unusable drugs or devices? Yes ✔ No ☐

3. Does the pharmacy obtain and maintain patient information necessary to facilitate review of drug utilization and counseling of patients pursuant to any applicable statutes? Yes ✔ No ☐

4. Will the pharmacy provide review of drug utilization and counseling of patients pursuant to the applicable statutes in the state in which the patient resides? Yes ✔ No ☐

5. Does the pharmacy maintain controls of its computer system, information concerning patients, and other such confidential information and documents to prevent unauthorized or unlawful access to all such confidential information and documents? Yes ✔ No ☐

6. Does the pharmacy comply with applicable federal and state laws regarding the following:

   A) To the dispensing of prescription drugs? Yes ✔ No ☐

   B) To the record keeping related to the patients served by the pharmacy, the purchase of prescription drugs and the sale and dispensing of prescription drugs? Yes ✔ No ☐

   C) To the sale of over-the-counter products, including any special requirements related to products that have been identified as precursors to the manufacture or compounding of illegal drugs ? Yes ✔ No ☐

7. Does the pharmacy ship prescriptions to a patient using secure and traceable means? Yes ✔ No ☐

8. Does the pharmacy ship prescriptions to a patient using packaging or devices which will ensure that the prescription is maintained within appropriate standards pertaining to temperature, light and humidity as described in the *United States Pharmacopoeia, 25th* edition, 2002, which is hereby adopted by reference? Yes ✔ No ☐

PLEASE ATTACH A COPY OF YOUR POLICIES AND PROCEDURES.

The signature below certifies that the answers provided in this application are true, correct and complete.

DocuSigned by:
Christina Antoun
4B3792BACEDD47C...

Signature of Owner

7/2/2021

Date

POL-1-R0 The Pharmacy Policies and Procedures Manual

Policy

- The Pharmacy Policies and Procedures Manual is established to accomplish the following at Roman Health Pharmacies:
    - Set minimum standards for safety, quality, and compliance
    - Serve as the principal training material for pharmacists and pharmacy technicians
- Pharmacy policies and procedures are created and revised in accordance with applicable pharmacy laws and regulations and maintained with appropriate document control.
- Management will take disciplinary action, up to and including termination of employment, against employees who violate the Pharmacy Policies and Procedures Manual.
- Employees must never act in any of the following ways:
    - Obstruct audits or investigations
    - Lie or make misleading statements
    - Alter business or pharmacy records to misrepresent information
- Roman Health Pharmacy designates a qualified person who is responsible for coordinating with management to ensure the training and enforcement of each pharmacy policy and procedure.

Document History	
Effective Date	**Description of Change**
Current	New document: POL-1-R0 The Pharmacy Policies and Procedures Manual

SOP-1.1-R0 Establishing Pharmacy Policies and Procedures

Audience

- Pharmacists
- Pharmacy Technicians

Purpose

Roman Health Pharmacy (RHP) offers pharmacy services to patients throughout the United States. Patient safety, legal compliance, and ethical practices are ensured by establishing, maintaining, and adhering to proper policies and procedures that govern pharmacy operations.

Responsibility

- The Licensing and Compliance Manager is responsible for coordinating with management to ensure the training, implementation, maintenance, and enforcement of the Pharmacy Policies and Procedures Manual.
- The Licensing and Compliance Manager and Inventory and Safety Manager are responsible for final approval of pharmacy policies and procedures before they are implemented.
- Pharmacists are responsible for escalating any questions or concerns about pharmacy policies or procedures to the Pharmacy Manager.
- Employees are responsible for escalating any questions or concerns about compliance to their immediate manager, the Pharmacy Manager, or the Compliance Team.

Procedure

Creating And Maintaining Policies And Procedures

1. Pharmacy policies and procedures are written in accordance with applicable pharmacy laws and regulations for all states where RHP operates.
    1.1. Conflicts between laws or regulations will be evaluated by the Ro legal department on a case by case basis to ensure compliance.
2. Compliance with the pharmacy laws and regulations affecting RHP operations is maintained with several components, including but not limited to the following:
    2.1. Maintaining a qualified staff of attorneys with relevant expertise in telemedicine, pharmacy, medicine, and healthcare
    2.2. Consulting with qualified third-party legal services
    2.3. Appointing a qualified Pharmacy Compliance Team whose responsibilities include the following:
        2.3.1. Researching applicable pharmacy best practices, laws, and regulations

2.3.2. Implementing pharmacy policies and procedures to ensure quality, safety, ethics, and compliance standards at RHPs

2.3.3. Aligning RHP operations in accordance with the following:

2.3.3.1. Federal laws and regulations

2.3.3.2. State laws and regulations

2.3.3.3. Regulations and guidelines by the Food and Drug Administration, Boards of Pharmacies, Drug Enforcement Administration, and other applicable entities

2.4. Attending Board of Pharmacy meetings

2.5. Attending professional conferences related to the practice of telemedicine, medicine, pharmacy, and law

3. All pharmacy policies and procedures are reviewed and updated at least once yearly. This review is performed by qualified persons and takes into consideration the effectiveness of policies and procedures in reducing dispensing errors and other quality-related events.

3.1. The review is documented—noting any changes made or a statement that no changes were made—in the Policy and Procedure Review Schedule and History, located in the appendix.

Excursions From The Written Policies And Procedures

4. The pharmacist on duty is responsible for determining a plan of action for cases when written pharmacy policies and procedures are absent or cannot be followed due to unique circumstances. In these situations, the pharmacist must take the following steps:

4.1. Use professional judgement

4.2. Communicate the excursion to the Pharmacy Compliance Team in a timely manner

Documentation And Compliance

5. All pharmacy records are stored according to the procedure for Maintaining and Managing Records for a length of time according to the Document Retention Schedule.

6. The Pharmacy Compliance Team helps ensure that operations at RHPs are appropriately followed by taking the following steps:

6.1. Establishing the written Pharmacy Policies and Procedures Manual

6.2. Ensuring timely training, communication, and enforcement of the Pharmacy Policies and Procedures Manual and important revisions

6.3. Maintaining transparency in pharmacy operations

6.4. Conducting risk assessments

6.5. Performing internal audits

6.6. Exercising due diligence in verifying colleagues and prescription medication suppliers

6.7. Responding to detected problems with corrective actions in a timely manner

Limited Operations

7. Unless otherwise performed in accordance with applicable pharmacy laws and regulations, and in compliance with the Pharmacy Policies and Procedures Manual, the following business activities are restricted and must be immediately reported to the Pharmacy Compliance Team if discovered:

   7.1. Purchasing, storing, selling, or handling:

      7.1.1. Federal or state listed or scheduled controlled substances

      7.1.2. Biological products

      7.1.3. Prescription medication under a FDA mandated Risk Evaluation and Mitigation Strategy (REMS) program

   7.2. Purchasing, storing, selling, or handling List I Chemicals or precursors to List I Chemicals (e.g. iodine, ephedrine, pseudoephedrine, and red phosphorus). List I Chemicals are designated by the Drug Enforcement Agency, and a complete and updated list is maintained at its website: https://www.deadiversion.usdoj.gov/schedules/index.html

   7.3. Purchasing, storing, selling, or handling prescription medication that does not comply with the Food, Drug, and Cosmetic Act (FDCA)

   7.4. Dispensing prescription medication that was previously dispensed from a pharmacy

   7.5. Participating in federal or state Medicare or Medicaid programs

   7.6. Engaging in wholesale distribution of prescription medication

   7.7. Engaging in sterile compounding

   7.8. Dispensing for office-use

National Association Of Boards Of Pharmacy Reporting

8. The Licensing and Compliance Manager is responsible for providing the National Association of Boards of Pharmacy (NABP) with updated information about each RHP, according to the procedure for Reporting to the National Association of Boards of Pharmacy.

Appendix Resources

Document Retention Schedule

List of Board of Pharmacy Contacts

List of Important Contacts

Pharmacy Policies and Procedures Manual Review Schedule and History

Reporting to the National Association of Boards of Pharmacy

Related Procedures

Establishing Policy and Procedure Control and Training

Training Pharmacy Employees

Document History	
Effective Date	**Description of Change**
Current	New document: SOP-1.1-R0 Establishing Pharmacy Policies and Procedures

SOP-4.2-R0 Instructing Patients or Caregivers On Product Disposal

Audience

- Pharmacists
- Pharmacy Technicians

Purpose

The proper disposal[1] of prescription medication by patients is ensured by adhering to proper policies and procedures for instructing patients on how to discard products that are unwanted, expired, damaged, or unusable

Responsibility

- The Licensing and Compliance Manager is responsible for coordinating with management to ensure the training and enforcement of this procedure.
- The Pharmacy Manager is responsible for the training and enforcement of this procedure for the employees they manage.

Procedure

1. Pharmacists-only must counsel patients according to the procedure for Counseling Patients.
2. This procedure is activated when communication from a patient is received for one of the following reasons:
   - 2.1. Requesting information on how to discard prescription medication or over-the-counter (OTC) merchandise.
   - 2.2. Expressing they intend to stop using prescription medication or OTC merchandise in their possession.
   - 2.3. Expressing they have prescription medication or OTC merchandise in their possession that is expired, damaged, or unusable.
3. If for prescription medication, provide the following instructions to the patient:

   Your medicine may be safely discarded by: Using a Drug Take-Back Program. The U.S. Drug Enforcement Administration (DEA) sponsors a National Prescription Drug Take-Back Day in communities nationwide. Many communities also have their own drug take-back programs (check with local law enforcement to find a location).

[1] www.safe.pharmacy

- *Do not flush medication, since Roman Health Pharmacy does not currently dispense any prescription medications that appear on the Food and Drug Administration (FDA) Flush List[2].*

(If the prescription medication cannot be disposed of via a local Drug Take-Back Program[3], and it is not a drug that requires flushing for immediate disposal, provide the following instructions:)

1. *Remove the drug from its original container and mix it with something undesirable, such as used coffee grounds, dirt, laundry detergent, or cat litter. This makes the medicine less appealing to children and pets and unrecognizable to someone who might intentionally go through the trash looking for drugs.*
2. *Put the mixture in something you can close (for example, a resealable zipper storage bag, empty can, or another container) to prevent the drug from leaking or spilling out.*
    2.1. *Place the closed bag, can, or container containing the mixture in the garbage*
3. *Scratch out all your personal information on the medicine packaging to protect your identity and privacy.*
    3.1. *Place the medicine packaging in the garbage*
4. If for OTC merchandise, provide the following instructions to the patient:

    Your medicine may be safely discarded by:

    - *Removing any personal information from the packaging.*
    - *Putting it in a closed bag, can, or another container.*
    - *Placing the bag, can, or container containing the OTC merchandise in the trash.*
5. If for sharps (e.g. needles and syringes), provide the following instructions to the patient:

    Place all needles, syringes, and any other items containing bodily fluid into a Sharps Disposal Container. When full, mail the Sharps Disposal Container to the address listed on the return label.

Appendix Resources

None

Related Procedures

Counseling Patients

Training Pharmacy Employees

[2]https://www.fda.gov/drugs/disposal-unused-medicines-what-you-should-know/drug-disposal-flush-potentially-dangerous-medicine#FlushList
[3] https://www.deadiversion.usdoj.gov/drug_disposal/takeback/index.html

Document History	
Effective Date	**Description of Change**
Current	New document: SOP-4.2-R0 Instructing Patients or Caregivers On Product Disposal

SOP-6.4-R0 Notifying Patients of Delivery Delays

Audience

- Pharmacists
- Pharmacy Technicians

Purpose

Timely prescription delivery to patients is ensured by adhering to proper policies and procedures for notifying patients of delivery delays and preventing the interruption of prescription medication therapy.

Responsibility

- The Licensing and Compliance Manager is responsible for coordinating with management to ensure the training and enforcement of this procedure.
- The Pharmacy Manager is responsible for the training and enforcement of this procedure for the employees they manage.

Procedure

1. Ensure the patient is notified of delivery delays in a timely manner by taking the following steps:
    1.1. Contact the patient with their preferred contact method (e.g. email, text, or telephone) and document the interaction.
    1.2. If requested by the patient, transfer the prescription to be filled at a local pharmacy of the patient's choice.
2. The pharmacist on duty must use professional judgement to determine if it is appropriate to contact the prescribing practitioner in the following situations:
    2.1. The patient cannot be reached.
    2.2. An interruption of prescription medication therapy could occur.
    2.3. Patient harm could occur.

Appendix Resources

Document Retention Schedule

Related Procedures

Counseling Patients

Training Pharmacy Employees

Document History	
Effective Date	**Description of Change**
Current	New document: SOP-6.4-R0 Notifying Patients of Delivery Delays

SOP-6.5-R0 Performing Verification and Drug Utilization Review

Approval Signatures

Title:	Name:	Signature:	Date:

Audience

- Pharmacists
- Pharmacy Technicians

Purpose

Patient safety is ensured by adhering to proper policies and procedures for verifying that prescriptions are dispensed correctly and appropriately.

Responsibility

- The Licensing and Compliance Manager is responsible for coordinating with management to ensure the training and enforcement of this procedure.
- The Pharmacy Manager is responsible for the training and enforcement of this procedure for the employees they manage.
- Unless otherwise performed in accordance with applicable pharmacy laws and regulations, only pharmacists may perform drug utilization reviews and physical product checks.

Procedure

Drug Utilization Review

1. If applicable, take appropriate action to resolve and document each safety alert.
2. Confirm that each substitution of prescription medication is appropriate, according to the procedure for Substituting Generic and Therapeutic Equivalents.
3. Confirm that the prescription is associated with the correct patient profile, at a minimum checking for the following information:
   - 3.1. Name;
   - 3.2. Date of birth

4. Perform a drug utilization review of the following issues:
   - 4.1. Potential drug therapy problems
   - 4.2. Therapeutic duplication
   - 4.3. Interactions (e.g. drug-drug, drug-allergy, drug-disease, drug-age)
   - 4.4. Contraindications
   - 4.5. Allergies or sensitivities
   - 4.6. Inappropriate dosage or route
   - 4.7. Inappropriate directions for use
   - 4.8. Inappropriate duration of therapy
   - 4.9. Over- or under-utilization
   - 4.10. Abuse or misuse
5. If appropriate, document any concerns.
6. If there is an unresolved concern, take appropriate action to resolve and document the issue, including communicating directly with the patient or prescribing practitioner.

Physical Product Check

7. Perform a physical product check by determining that the prescription has been prepared so that it is free of the following issues:
   - 7.1. Errors of drug, strength, or quantity
   - 7.2. Errors in labeling (e.g. national drug code (NDC), manufacturer information, consumer medication information (CMI), medication guide, or auxiliary labels);
   - 7.3. Prescription medication that is expired, damaged, or otherwise unfit for dispensing;
   - 7.4. Adulteration;
   - 7.5. Misbranding
8. If appropriate, document any concerns.
9. If there is an unresolved concern, take appropriate action to resolve and document the issue, including communicating directly with the patient or prescribing practitioner.

Appendix Resources

None

Related Procedures

Fulfilling Prescriptions via Online Visit

Fulfilling Prescriptions via Ro Pharmacy

Substituting Generic and Therapeutic Equivalents

Training Pharmacy Employees

Document History	
Effective Date	**Description of Change**
Current	New document: SOP-6.5-R0 Performing Verification and Drug Utilization Review

SOP-6.7-R0 Recognizing Illegitimate Prescriptions and Invalid Patient-Practitioner Relationships

Approval Signatures

Title:	Name:	Signature:	Date:

Audience

- Pharmacists
- Pharmacy Technicians

Purpose

The fulfillment of illegitimate prescriptions is prevented by adhering to proper policies and procedures for recognizing illegitimate prescriptions and invalid patient-practitioner relationships.

Responsibility

- The Licensing and Compliance Manager is responsible for coordinating with management to ensure the training and enforcement of this procedure.
- The Pharmacy Manager is responsible for the training and enforcement of this procedure for the employees they manage.

Procedure

1. When receiving an oral prescription, pay attention to the following red flags or suspicious behavior from the caller:
    1.1. Sounds unprofessional, hesitant, or nervous
    1.2. Does not use standard medical terminology
    1.3. Provides medication quantities, directions, or other information that are unusual
    1.4. Provides pharmacy or practitioner information, such as National Provider Identifier (NPI) or Drug Enforcement Administration (DEA) number, that is invalid or incorrect
2. When processing a prescription, look for signs that indicate it may be illegitimate or forged:
    2.1. The practitioner's handwriting is too legible.
    2.2. The quantities, directions, or dosages differ from usual medical usage.
    2.3. The prescription appears to be photocopied.

2.4. Looks too good, or has a textbook appearance.

2.5. The prescription is written in the following manner:

2.5.1. With the directions in full, without abbreviations

2.5.2. With abbreviations that are not standard

2.5.3. In different color inks

2.5.4. In different handwriting styles

3. When processing a prescription, look for signs that indicate it may be issued based on an invalid patient-practitioner relationship:

3.1. The practitioner writes significantly more prescriptions (or in larger quantities) compared to other practitioners in your area.

3.2. The patient appears to be returning too frequently. A prescription that should have lasted for a month in legitimate use, is being refilled on a biweekly, weekly or even a daily basis.

3.3. The practitioner writes prescriptions for antagonistic drugs, such as depressants and stimulants, at the same time (drug abusers often request prescriptions for "uppers and downers" at the same time).

3.4. The patient appears presenting prescriptions written in the names of other people.

3.5. A number of people appear simultaneously, or within a short time, all bearing similar prescriptions from the same physician.

3.6. Numerous "strangers," people who are not regular patrons or residents of your community, suddenly show up with prescriptions from the same physician.

4. If a prescription is suspected of being illegitimate or fraudulent, or based on an invalid patient-practitioner relationship, take the following actions, if applicable:

4.1. Verify that the practitioner is in the pharmacy's database, and if not take the following steps:

4.1.1. Verify the practitioner's information with the NPI lookup tool, located on the National Plan & Provider Enumeration System (NPPES) website:

https://nppes.cms.hhs.gov/

Please Note: Issuance of an NPI does not ensure or validate that the practitioner is appropriately licensed or credentialed.

4.1.2. Confirm the DEA number is authentic, following the procedure described in the DEA Pharmacist's Manual, located in the appendix.

4.1.3. Verify the practitioner's information with the DEA Registration Validation tool, located on the DEA website:

https://apps.deadiversion.usdoj.gov/webforms/validateLogin.jsp

Please Note: The lookup tool is only available to DEA registrants.

4.2. Contact the practitioner by telephone using the contact number from the pharmacy's database or another reputable resource, other than from the prescription in question, and obtain the necessary information.

4.3. Verify the practitioner's license(s) and credential(s) with the appropriate agency (for example, the Board of Medicine).

5. If a prescription is confirmed to be illegitimate or fraudulent, or based on an invalid patient-practitioner relationship, take the following actions:

5.1. Notify the pharmacist-on-duty.

5.2. Notify the Pharmacy Compliance Team (see the List of Important Contacts, located in the appendix).

5.3. Notify local law enforcement (see the List of Local Authorities, located in the appendix).

5.4. Retain all illegitimate or fraudulent prescriptions as evidence and, if requested, release it to the appropriate law enforcement officials.

5.5. If applicable, notify the following entities:

5.5.1. The local DEA office (see the List of Local Authorities, located in the appendix)

5.5.2. The appropriate Board of Pharmacy(s) (see the List of Board of Pharmacy Contacts, located in the appendix)

5.5.3. Other pharmacies in the area

6. Appropriately document any investigations, findings, and actions.

Appendix Resources

DEA Pharmacist's Manual

Document Retention Schedule

List of Board of Pharmacy Contacts

List of Important Contacts

List of Local Authorities

Related Procedures

Fulfilling Prescriptions via Online Visit

Fulfilling Prescriptions via Ro Pharmacy

Training Pharmacy Employees

Document History	
Effective Date	**Description of Change**
Current	New document: SOP-6.7-R0 Recognizing Illegitimate Prescriptions and Invalid Patient-Practitioner Relationships

POL-8-R0 Quality

Policy

- Roman Health Pharmacy designates a qualified person who is responsible for implementing a continuous quality improvement program that accomplishes the following:
    - Detects and appropriately resolves quality-related events
    - Modifies systems and processes to prevent quality-related events
- The Pharmacy Manager must ensure that a quality improvement meeting with pharmacists and pharmacy technicians occurs regularly and is appropriately documented. The meeting will cover, at a minimum, the following topics:
    - Quality-related events that occurred since the previous quality improvement meeting and any other applicable quality-related issues or topics
    - Corrective actions, if any
- Adverse events, side effects, and quality-related events reported to a Roman Health Pharmacy must be escalated to the appropriate pharmacist for resolution.

Document History	
Effective Date	**Description of Change**
Current	New document: POL-8-R0 Quality

POL-10-R0 Fulfillment

Policy

Prescriptions

- Each pharmacist must sign and date the daily log, attesting to the accuracy of the prescription information they processed for that date.
- Prescriptions must only be shipped into the states where the shipping pharmacy is appropriately permitted, registered, or licensed.
- Labels must be affixed to each prescription container and must include appropriate content that is properly formatted, in accordance with applicable pharmacy laws and regulations.

Illegitimate Prescriptions and Invalid Patient-Practitioner Relationships

- Pharmacists are responsible for recognizing and taking appropriate action for illegitimate prescriptions or invalid patient-practitioner relationships.

Delivery Delays

- Patients must be notified in a timely manner when prescription delivery is delayed.
    - Appropriate fulfillment arrangements must be made available to the patient, including the transfer of the prescription to a pharmacy of the patient's choice.

Document History	
Effective Date	**Description of Change**
Current	New document: POL-10-R0 Fulfillment

OPERATING AGREEMENT
OF
ROMAN HEALTH PHARMACY LLC

THIS OPERATING AGREEMENT (this "**Agreement**") of **ROMAN HEALTH PHARMACY LLC**, a Delaware limited liability company (the "**Company**"), dated as of May 11, 2017, is made and entered into by **ROMAN HEALTH VENTURES INC.**, a Delaware corporation (the "**Member**").

WHEREAS, the Member wishes to form a limited liability company pursuant to and in accordance with the Delaware Limited Liability Company Act (as amended from time to time, the "**Act**");

NOW, THEREFORE, the Member hereby agrees as follows:

ARTICLE I
THE COMPANY

Section 1.1 **Formation; Admission**. The Company was formed as a limited liability company under the provisions of the Act by the filing on May 11, 2017 of the Certificate of Formation with the Secretary of State of the State of Delaware (the "**Certificate**"). The filing of the Certificate is hereby ratified by the Member.

Section 1.2 **Name; Purpose**. The name of the Company shall be **ROMAN HEALTH PHARMACY LLC**. The Company may engage in any lawful business of every kind and character for which a limited liability company may be organized under the Act or any successor statute. The Company shall have all of the powers provided for a limited liability company under the Act.

Section 1.3 **Registered Agent; Offices**.

(a) The registered agent for the service of process and the registered office shall be that person and location reflected in the Certificate. The Board (as such term is defined below) may, from time to time, change the registered agent or office through appropriate filings with the Secretary of State of the State of Delaware. In the event the registered agent ceases to act as such for any reason or the registered office shall change, the Board shall promptly designate a replacement registered agent or file a notice of change of address as the case may be.

(b) The principal place of business of the Company shall be located in such location as the Board may from time to time determine. The Company may have, in addition to such office, such other offices and places of business at such locations, both within and without the State of Delaware, as the Board may from time to time determine or the business and affairs of the Company may require.

Section 1.4 **Filings and Foreign Qualification**. The Member, any Manager (as such term is defmed below) or any authorized officer of the Company shall promptly execute and deliver all such certificates and other instruments conforming hereto as shall be necessary to accomplish all filing, recording, publishing and other acts appropriate to comply with all requirements for the formation and operation of a limited liability company under the laws of the State of Delaware and for the qualification and operation of a limited liability company in all other jurisdictions where the Company shall propose to conduct business.

Section 1.5 **Units**. The membership interests in the Company shall be denominated in units referred to as "**Units**". The total number of Units that the Company shall have authority to issue is 500 Units. The Member is the owner of 500 Units. The rights and liabilities of the Member shall be as provided in the Act, except as is otherwise expressly provided in this Agreement. All of the Units shall be in registered form, and the Company shall maintain a register in which the name and address of the then current holders of Units shall be recorded. Unless otherwise determined by the Board, Units shall not be certificated.

Section 1.6 **Limited Liability**. Except as otherwise provided by the Act, the debts, obligations and liabilities of the Company, whether arising in contract, tort or otherwise, shall be solely the debts, obligations and liabilities of the Company, and neither the Member nor any Manager or officer shall be obligated personally for any such debt, obligation or liability of the Company solely by reason of being a member, manager or officer of the Company.

ARTICLE II
CAPITAL CONTRIBUTIONS; PROFITS AND LOSSES; DISTRIBUTIONS

Section 2.1 **Capital Contributions**. The Member may, in its sole discretion, but shall not be required to, make contributions of the type permitted by the Act to the capital of the Company. Except as otherwise provided in this Agreement, the Member shall not be entitled to withdraw, or to receive a return of, any capital contribution or any portion thereof. No interest shall accrue on any capital contributions.

Section 2.2 **Profits and Losses**. All profits and losses of the Company shall be allocated and charged to the holder(s) of the Units on a pro rata basis. All items of Company taxable income, gain, loss, deduction or credit recognized or allocated for federal income tax purposes shall also be allocated and credited or charged to the holder(s) of the Units on a pro rata basis.

Section 2.3 **Distributions**. Subject to the Act and other applicable law, the Board shall cause the Company to distribute funds to the holder(s) of the Units on a pro rata basis at the Board's discretion.

ARTICLE III
MANAGEMENT

Section 3.1 **Board of Managers**. Except to the extent otherwise provided for in this Agreement, the powers of the Company shall be exercised by and under the authority of, and the business and affairs of the Company shall be managed under the direction of, a Board of Managers (the "**Board**"), which shall initially consist of two (2) managers (the "**Managers**"). Except as otherwise set forth in this Agreement, the Member shall not, by reason of its status as a member, have any authority to act for and bind the Company, but shall have only the right to vote on or approve: (a) the actions specified in this Agreement to be voted on or approved by the Member; and (b) except to the extent otherwise provided in this Agreement, the actions specified in the Act to be voted on or approved by the Member. The size of the Board may be increased or decreased by the Member in its sole discretion. The Member shall have the right to appoint and to remove, with or without cause, any or all of the Managers in its sole discretion. The Managers shall initially be Zachariah Reitano and Saman Rahmanian.

Section 3.2 **Meetings of the Board; Quorum; and Action by the Board**. Meetings of the Board shall be held at such times and places as may be decided by the Member. Notice of the time and place of a meeting shall be delivered personally or by telephone to each Manager and sent by first-class mail, facsimile, electronic mail or a nationally recognized overnight courier, charges prepaid, addressed to each Manager at that Manager's address as it is shown on the records of the Company. In case the notice is mailed, it shall be deposited in the United States mail at least five (5) calendar days before the time of the holding of the meeting. In case the notice is delivered personally or by telephone, facsimile, electronic mail or overnight courier, it shall be given at least two (2) calendar days before the time of the holding of the meeting. Any oral notice given personally or by telephone may be communicated either to the Manager or to a person at the office of the Manager whom the person giving the notice has reason to believe will promptly communicate it to the Manager. Attendance by any Manager at a meeting of the Board shall constitute a waiver of notice to such Manager of such meeting. The notice need not specify the purpose of the meeting. At all meetings of the Board, the presence of a majority of the total number of Managers shall be necessary and sufficient to constitute a quorum for the transaction of business. Unless otherwise specifically required by law or this Agreement, the act of a majority of Managers present at a meeting at which a quorum is present shall be the act of the Board. If a quorum shall not be present at any meeting of the Board, the Managers present may adjourn the meeting from time to time, without notice other than announcement at the meeting, until a quorum shall be present. At any such adjourned meeting, any business may be transacted that might have been transacted at the meeting as originally convened. Any action required or permitted to be taken at any meeting of the Board may be taken without a meeting if a majority of the Managers consent thereto in writing, and the writing is filed with the minutes of proceedings of the Board. A photographic, photo-static, facsimile, electronic (including in .pdf format) or similar reproduction of a writing signed by a Manager shall be regarded as signed by the Manager for purposes of this Section 3.2.

Section 3.3 **Authority of Managers**. Unless specifically authorized by a resolution duly adopted by the Board, no Manager, solely in his or her capacity as a Manager, shall have the authority or power to act as agent for or on behalf of the Company or any other Manager, to

do any act which would be binding on the Company or any other Manager, to incur any expenditures on behalf of or for the Company, or to execute, deliver and perform any agreements, acts, transactions or other matters on behalf of the Company.

Section 3.4 Officers.

(a) The Board may designate one or more individuals (who may or may not be Managers) to serve as officers of the Company. The Company shall have such officers as the Board may from time to time determine, which officers may (but need not) include a Chairman, Chief Executive Officer, President, Chief Operating Officer, Chief Financial Officer, one or more Vice Presidents (and in case of each such Vice President, with such descriptive title, if any, as the Board shall deem appropriate), Secretary and Treasurer. Unless the Board determines otherwise, if the title is one commonly used for officers of a business corporation formed under the Delaware General Corporation Law, the assignment of such title shall constitute the delegation to such person of the authorities and duties that are customarily associated with that office. Any delegation pursuant to this Section 3.4 may be revoked at any time by the Board.

(b) Each of the following persons is hereby appointed to serve as an officer of the Company, until removed by the Board, with or without cause, in its sole and absolute discretion, or the earlier death or resignation of such person:

Name	Office
Zachariah Reitano	President
Saman Rahmanian	Secretary and Treasurer
Rob Schutz	Vice President

ARTICLE IV
EXCULPATION AND INDEMNIFICATION

Neither the Member, any Manager nor any officer of the Company (each, an "**Indemnified Party**") shall be liable to the Company for any loss, damage or claim incurred by reason of any act or omission performed or omitted by the Indemnified Party in good faith on behalf of the Company and in a manner reasonably believed to be within the scope of the authority conferred on the Indemnified Party by this Agreement, except that the Indemnified Party shall be liable for any such loss, damage or claim incurred by reason of the Indemnified Party's willful misconduct or gross negligence. To the fullest extent permitted by applicable law, the Indemnified Party shall be entitled to indemnification from the Company for any loss, damage or claim incurred by the Indemnified Party by reason of any act or omission performed or omitted by the Indemnified Party in good faith on behalf of the Company and in a manner reasonably believed to be within the scope of the authority conferred on the Indemnified Party, except that the Indemnified Party shall not be entitled to be indemnified in respect of any loss, damage or claim incurred by the Indemnified Party by reason of willful misconduct or gross negligence with respect to such acts or omissions; provided, however, that any indemnity under this Article IV shall be provided out of and to the extent of Company assets only, and the

Member shall not have any liability on account thereof. Notwithstanding anything herein to the contrary, the indemnification afforded herein shall be subject to, and no broader than permitted by, the laws of Delaware, in the absence of the approval of the Member.

ARTICLE V
DISSOLUTION

Section 5.1 **Events of Dissolution**. The Company shall have a perpetual existence unless sooner dissolved by:

(a) the election of the Member; or

(b) the entry of a decree of judicial dissolution under Section 18-802 of the Act.

Section 5.2 **Bankruptcy of the Member**. The bankruptcy of the Member will not cause the Member to cease to be the member of the Company and upon the occurrence of such event, the business of the Company shall continue without dissolution.

Section 5.3 **Liquidation and Winding Up**. In the event of dissolution, the Company shall be wound up and its assets liquidated. In connection with the dissolution and winding up of the Company, the Board or such other person designated by the Board shall proceed with the sale, exchange or liquidation of all of the assets of the Company and shall conduct only such other activities as are necessary to wind up the Company's affairs, and the assets of the Company shall be applied in the manner, and in the order of priority, set forth in Section 18-804 of the Act.

ARTICLE VI
ACCOUNTS

All funds of the Company shall be deposited in the name of the Company in such account or accounts as shall be designated by the Board. All withdrawals from such account or accounts are to be made upon written bank instruments which must be signed by a Manager or a duly authorized officer.

ARTICLE VII
BOOKS

The Board shall cause to be kept, at the principal place of business of the Company, full and proper ledgers and other books of account in which shall be entered all matters relating to the Company, including all income, expenditures, assets and liabilities thereof. Such books shall be kept on a calendar-year basis in accordance with generally accepted accounting principles consistently applied, and shall be closed and balanced at the end of each tax year.

ARTICLE VIII
MISCELLANEOUS

Section 8.1 **Governing Law**. This Agreement, and any question, dispute or other matter related to or arising from this Agreement, will be governed by the laws of the State of Delaware without reference to conflict of laws principles.

Section 8.2 **Binding Effect**. This Agreement binds the Member and its respective distributees, successors and assigns and any other person claiming a right or benefit under or covered by this Agreement.

Section 8.3 **Amendments**. This Agreement may be amended upon the written consent of the Member.

Section 8.4 **Severability**. If any provision of this Agreement is held to be illegal, invalid or unenforceable:

(a) that provision will be fully severable and this Agreement will be construed and enforced as if the illegal, invalid or unenforceable provision had never been part of this Agreement;

(b) the remaining provisions of this Agreement will remain in full force and will not be affected by the illegal, invalid or unenforceable provision or by its severance from this Agreement; and

(c) in the place of the illegal, invalid, or unenforceable provision, there will be added automatically to this Agreement a legal, valid and enforceable provision that is as similar to the illegal, invalid or unenforceable provision as possible.

Section 8.5 **Entire Agreement**. This Agreement embodies the complete agreement and understanding among the parties hereto with respect to the subject matter hereof and supersedes and preempts any prior understandings, agreements or representations by or among the parties hereto, written or oral, which may have related to the subject matter hereof in any way.

[*Signature Page Follows*]

IN WITNESS WHEREOF, the Member has executed this Agreement as of the date first set forth above.

ROMAN HEALTH VENTURES INC.

By: _____

Name: Zachariah Reitano

Title: Co-Founder and Chief Executive Officer

Darlene Nases

From: Amanda Hoffman <amanda@nabp.solutions>
Sent: Tuesday, July 6, 2021 10:49 AM
To: Darlene Nases
Cc: Christina Antoun
Subject: Re: Nevada Pharmacy License Application - Roman Health Pharmacy, LLC (Grand Prairie, TX and Englewood, CO) - Need more information
Attachments: RHP Internet Addendum PandPs.pdf; signed NV_InternetPharmacyServicesCert.pdf; signed NV_CO_RHP_LicenseVerificationForm.pdf; signed NV_TX_RHP_LicenseVerificationForm.pdf

Good Morning, Darlene,

Attached please find the Internet Services Addendum and the related Policies and Procedures for Roman Health Pharmacy LLC's Colorado and Texas facilities. The same form and P&Ps apply to both facilities.

I've also included signed license verification authorization forms for each facility. As I mentioned before, Texas and Colorado consider their online verifications of good standing (previously submitted) as primary sources and do not issue letters of good standing beyond the online verifications.

Please let me know if you have any questions or need anything else to complete this file.

Thank you,
Amanda

On Tue, Jun 22, 2021 at 8:12 AM Darlene Nases <dnases@pharmacy.nv.gov> wrote:

> Hello Amanda,
>
> Please see response below.
>
> If you have any other questions, please let me know.
>
> Regards,
>
> **Darlene Nases**
>
> **Licensing Specialist**
>
> **Nevada State Board of Pharmacy**

(775) 850-1440

dnases@pharmacy.nv.gov

This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

CONFIDENTIALITY NOTICE: This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged, confidential or exempt from disclosure under applicable Federal or State law. If the reader of this message is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, using, sharing or copying this communication or its contents. If you have received this email in error, please notify the sender immediately and destroy the original transmission.

From: Amanda Hoffman <amanda@nabp.solutions>
Sent: Monday, June 21, 2021 11:48 AM
To: Darlene Nases <dnases@pharmacy.nv.gov>
Subject: Fwd: FW: Nevada Pharmacy License Application - Roman Health Pharmacy, LLC (Grand Prairie, TX) - Need more information

Dear Darlene,

Our client, Roman Health Pharmacy LLC, received your email below regarding applications for their Grand Prairie, TX and Englewood, CO facilities. I had a couple of questions about the Internet Affidavit and Letter of Good Standing before submitting the requested documents:

Internet Services Addendum:

1) Is the request for Policies and Procedure for all pharmacy P&Ps, or are there specific P&Ps you would like to see? **Just the internet P&P**

2) Is the signature on this form also required to be a wet signature, or would a verified DocuSign signature suffice? **The digital signature is fine.**

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Roman Health Pharmacy LLC

Physical Address 7442 S Tucson Way, Unit 190A

City Englewood State CO Zip 80112

Mailing Address (if different from physical address) 3602 Quantum Blvd

City Boynton Beach State FL Zip 33426

Telephone 888-798-8686 Website romanhealthpharmacy.com

Licensing Company Email rxlicensing@ro.co

Section 2: Personal Information

First Ashley Middle Nicole Last Marrs

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Address [redacted] S Tucson Way, Unit 190A

City Englewood State CO Zip 80112

Telephone [redacted] Email [redacted]@ro.co

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Oklahoma College of Pharmacy		08/2006 - 6/2010	
Address	**City**	**State**	**Zip**
1110 N. Stonewall Ave,	Oklahoma City	OK	73117
Diploma/Degree obtained, if any			
Pharm D.			

School Name		From - To (MM/YY – MM/YY)	
Oklahoma State University		8/03 - 5/06	
Address	**City**	**State**	**Zip**
219 Student Union	Stillwater	OK	74078
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY)	
Claremore High School		08/99 - 6/03	
Address	**City**	**State**	**Zip**
102 W. 10th St	Claremore	OK	74017
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
9/16 - present	[redacted] S. Walden St	Centennial	CO	80015
9/14 – 9/16	[redacted] E. Amherst Dr #[redacted]	Denver	CO	80231
9/13 - 9/14	[redacted] Boston Post Rd E #[redacted]	Marlborough	MA	01752
9/12 - 9/13	[redacted] Snowbell Ln	Worcester	MA	01606
7/12 - 9/12	[redacted] Marlborough St	Boston	MA	02116
6/10 – 7/12	[redacted] Trailside Way	Ashland	MA	01721
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials AW

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Roman Health Pharmacy LLC			12/20- present
Business Address	**City**	**State**	**Zip**
7442 S Tucson Way, Unit 190A	Englewood	CO	80112
Phone	**Title**	**Number of Employed Hours**	
888-798-8686	Pharmacist-In-Charge	40 hours per week	
Description of Duties			
Pharmacy Manager (All duties of tech, pharmacist + manager duties)			

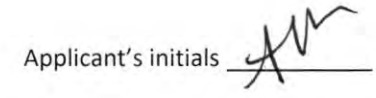
Business Name			From - To (MM/YY – MM/YY)
CVS Health			12/15-11/20
Business Address	**City**	**State**	**Zip**
6767 S Clinton St	Englewood	CO	80112
Phone	**Title**	**Number of Employed Hours**	
303-566-0005	Pharmacy Manager	32-42 hours/wk	
Description of Duties			
Pharmacy Manager (All duties of tech, pharmacist & manager duties)			

Business Name			From - To (MM/YY – MM/YY)
Target			09/14-12/15
Business Address	**City**	**State**	**Zip**
6767 S Clinton St	Englewood	CO	80112
Phone	**Title**	**Number of Employed Hours**	
303 566 0005	Pharmacy Executive Team Leader	42 hours/wk	
Description of Duties			
Pharmacy Manager (All duties of tech, pharmacist, & manager duties)			

Business Name			From - To (MM/YY – MM/YY)
CVS Pharmacy			08/10-08/14
Business Address	**City**	**State**	**Zip**
234 Washington St	Hudson	MA	01749
Phone	**Title**	**Number of Employed Hours**	
978-562-2663	Pharmacy Manager	40 hours/week	
Description of Duties			
Pharmacy Manager (All duties of tech, pharmacist & manager duties)			

Business Name			From - To (MM/YY – MM/YY)
CVS Pharmacy			08/10-08/14
Business Address	**City**	**State**	**Zip**
101 Central St	Holliston	MA	01746
Phone	**Title**	**Number of Employed Hours**	
508 429 5561	Pharmacy Manager	40 hours/week	
Description of Duties			
Pharmacy Manager (All duties of tech, pharmacist & manager duties)			

Continue on next page if additional space is needed.

Applicant's initials 

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? N/A		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Ashley Mauro

Original Signature (electronic, copies or stamps not accepted)

3/29/22

Date

Applicant's initials AM

I, Ashley Marrs, **certify that as the designated representative for**

Roman Health Pharmacy LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Ashley Marrs

Print Name (First, Last)

Ashley Marrs

Original Signature (electronic, copies or stamps not accepted)

3·29·22

Date

Applicant's initials AM

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ashley Marrs

Print Name (First, Last)

Ashley Marrs

Original Signature (electronic, copies or stamps not accepted)

3/29/22

Date

Please have this section completed in the presence of a Notary Public.

State of Colorado, ss. County of Arapahoe

I, Ashley Marrs, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Ashley Marrs

Original Signature

3/29/22

Date

Subscribed and Sworn to before me this 29th day of March 2022.

Denetria Walker

Notary Public Signature

DENETRIA WALKER
Notary Public
State of Colorado
Notary ID # 20174029316
My Commission Expires 07-13-2025

(Seal)

Applicant's initials AM

4CCC

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- ☐ Nevada
- ■ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
☐ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☐ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
■ Location Change *	PH 03937	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Roman Health Pharmacy LLC

Physical Address: 30-30 47th Avenue, Suite 535

City: Long Island City State: NY Zip: 11101

Mailing Address (if different from physical address): 3602 Quantum Blvd

City: Boynton Beach State: FL Zip: 33426

Telephone: 888-798-8686 Toll Free # (NAC 639.708, NRS 639.23286): 888-798-8686

Fax: N/A Contact Email: rxlicensing@ro.co

Website: romanhealthpharmacy.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Ana Espinal

Supervising/Managing Pharmacist NV Pharmacist Registration #: 21319

Type of Pharmacy (check all applicable)

- ■ Retail/Community
- ☐ Hospital (# beds _____)
- ■ Internet
- ☐ Nuclear
- ☐ Other: _____

Services the Pharmacy will Provide (check all applicable)

- ■ Retail/Community
- ☐ Non-sterile Compounding
- ☐ Sterile Compounding
- ■ Mail-Order Service
- ☐ Off-site Cognitive Services
- ☐ Long Term Care
- ☐ Hospital
- ☐ Other:

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ☐ Saturday ☐ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)	
Name: Ana Espinal	NV Pharmacist Registration #: 21319
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓
If you marked YES to any of the number questions (1-5) above, a <u>signed statement of explanation must be attached</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>		

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)		
Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Roman Health Ventures Inc.

Corporation/Organization Name: Roman Health Pharmacy LLC

Mailing Address: 3602 Quantum Blvd

City: Boynton Beach State: FL Zip: 33426

Telephone: 888-798-8686 Email: rxlicensing@ro.co

Contact Person Name: Christina Antoun

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the President and Manager (title) for Roman Health Pharmacy LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Zachariah Reitano

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

2/25/22

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Zachariah Reitano hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the President and Manager (title) for Roman Health Pharmacy LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 25th day of February, 2022

Stephanie M. Cushman
Notary Public

STEPHANIE M. CUSHMAN
Notary Public - State of New Jersey
Commission # 50178002
My Comm. Expires Nov. 15, 2026

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: N/A (not a NV Pharmacy) Pharmacist Registration #: _____

Pharmacy Name: _____

Initial each statement below to indicate you have read and agree with the following:

_____ I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

_____ I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

_____ I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

_____ I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

_____ I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	**Yes**	**No**
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	**State:**	**Date:**	**Case #:**

Criminal Action:	**State:**	**Date:**	**Case #:**	**County:**	**Court:**

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

N/A
_____ _____

Original signature of Managing Pharmacist (copies or stamps not accepted) Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** o **All General Partners;** o **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application found at** http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a. For Non-publicly traded** - The top 4 shareholder/stockholders. **b. For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner.		✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Zachariah Reitano

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Original signature of Authorized Person (copies or stamps not accepted)

2/25/22

Date

Board Use Only	Date Received: _____	Amount: 500 check # 1000 000 105 4/13/22

Nevada State Board Of Pharmacy

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 05/02/2022
Amount:
License #: 21319

Ana R. Espinal

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Effective Date:05/02/2022
Expires:10/31/2023

Ana R. Espinal

License #
21319
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

Expires: 10/31/2023
STATUS: Active

License Type: Pharmacist
License #: 21319
Effective Date:05/02/2022

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Ana R. Espinal

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ROMAN HEALTH PHARMACY LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

6408659 8300

SR# 20220709383

Authentication: 202762866

Date: 02-24-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FR7079937	04-30-2023	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	03-13-2020

ROMAN HEALTH PHARMACY LLC
30-30 47TH AVE
STE 535
LONG ISLAND CITY, NY 11101

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FR7079937	04-30-2023	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	03-13-2020

ROMAN HEALTH PHARMACY LLC
30-30 47TH AVE
STE 535
LONG ISLAND CITY, NY 11101

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

Corporate Ownership Organizational Chart and Details

Parent Company:
Roman Health Ventures Inc.
FEIN 82-1285516
State of Incorporation: DE
Business Address:
116 W 23rd Street, 4th Floor, New York NY 10011
(888) 798-8686



Wholly Owned Subsidiary:
Roman Health Pharmacy LLC
FEIN 82-1743496
State of Incorporation: DE
Business Address:
116 W 23rd Street, 4th Floor, New York NY 10011
(888) 798-8686

Ownership: Roman Health Ventures Inc. owns 100% of Roman Health Pharmacy LLC.

Name, Title, Business Address, email and phone of officers of Roman Health Pharmacy LLC:

Name, Title	Business Address and Phone	Email
Zachariah Reitano, President	116 W 23rd Street, 4th Floor, New York NY 10011 888-798-8686	z@ro.co
Rob Schutz, Vice President	116 W 23rd Street, 4th Floor, New York NY 10011 888-798-8686	rob@ro.co
Saman Rahmanian, Secretary and Treasurer	116 W 23rd Street, 4th Floor, New York NY 10011 888-798-8686	saman@ro.co

Name, Title, Business Address, Phone and Email of officers of Roman Health Ventures Inc. (RHVI):

Name, Title	Business Address, Phone	Email
Zachariah Reitano, Co-Founder, Chief Executive Officer	116 W 23rd Street, 4th Floor, New York NY 10011 888-798-8686	z@ro.co
Rob Schutz, Co-Founder	116 W 23rd Street, 4th Floor, New York NY 10011 888-798-8686	rob@ro.co
Saman Rahmanian, Co-Founder, Secretary, Treasurer, Chairman	116 W 23rd Street, 4th Floor, New York NY 10011 888-798-8686	saman@ro.co

Top 4 Shareholders of RHVI:

Name	Ownership Percentage
General Catalyst Group	13.63%
Firstmark Capital	11.16%
Signal Fire	8.44%
Zachariah Reitano	6.43%

THE UNIVERSITY OF THE STATE OF NEW YORK
EDUCATION DEPARTMENT

NEW YORK STATE BOARD OF PHARMACY

2020-23

SUPERVISING PHARMACIST
ANA ESPINAL

THIS IS TO CERTIFY

ROMAN HEALTH PHARMACY LLC
900 BROADWAY
SUITE 706
NEW YORK, NY 10003

is duly recorded as a

REGISTERED PHARMACY

in conformity with the provisions of section 6808 of the Education Law

THIS CERTIFICATE IS EFFECTIVE ON THE FIRST DAY OF AUGUST, 2020.
THIS CERTIFICATE EXPIRES ON THE THIRTY-FIRST DAY OF JULY, 2023.

This certificate must be displayed conspicuously in the registered premises at all times. Authorization to operate a registered establishment is limited to the person and the premises indicated on the certificate. The regulations require the registrant to notify the Board of Pharmacy of any contemplated change in ownership, address or supervisor.

REGISTRATION NUMBER

035623

EXECUTIVE SECRETARY
STATE BOARD OF PHARMACY

2034

Verification Searches

The information furnished at this web site is from the Office of Professions' official database and is updated daily, Monday through Friday. The Office of Professions considers this information to be a secure, primary source for license verification.

Pharmacy Establishment Information *

03/16/2022

Type : PHARMACY
Legal Name : ROMAN HEALTH PHARMACY LLC
Trade Name :
Street Address :
900 BROADWAY
SUITE 706
NEW YORK, NY 10003-0000

Registration No : 035623
Date First Registered : 08/30/17
Registration Begins : 08/01/20
Registered through : 07/31/23
Supervisor : 062874 ESPINAL ANA
Establishment Status : ACTIVE
Successor : NONE

* Use of this online verification service signifies that you have read and agree to the terms and conditions of use. See HELP glossary for further explanations of terms used on this page.

- Use your browser's back key to return to establishment list.
- You may search to see if there has been recent disciplinary action against this registered establishment.

APPLICATION FOR CERTIFICATION AS A PROVIDER OF INTERNET PHARMACY SERVICES

Addendum to Pharmacy Application
(Only required if providing internet services)

GENERAL INFORMATION

Name of Nevada license pharmacy: Roman Health Pharmacy LLC

Nevada license number: PH08937

Websites in use or intended to be used: romanhealthpharmacy.com

Affiliated websites (websites that link to or otherwise direct users to your website):
getroman.com, hellorory.com, and quitwithzero.com

VIPPS CERTIFICATION

Is the pharmacy VIPPS (Verified Internet Pharmacy Practice Sites administered be NABP) certified? Please provide a copy with application. Yes ☐ No ☑

If yes, please sign and date page 3 and you will not need to answer questions 1 through 8.

PHARMACIES LACKING VIPPS CERTIFICATION

1. Is the pharmacy licensed in each state in which the pharmacy will practice pharmacy Yes ☑ No ☐

PLEASE ATTACH A SEPARATE SHEET LISTING ALL THE STATES IN WHICH YOU ARE LICENSED, INCLUDING THE DATE OF INITIAL LICENSURE AND THE LICENSE NUMBER.

2. Does the pharmacy maintain and enforce policies and procedures that ensure the following:

A) That the pharmacy will establish the authenticity of each prescription that the pharmacy receives? Yes ✓ No ☐

B) That the pharmacy will not fill any prescription which has been previously filled by another pharmacy? Yes ✓ No ☐

C) That for each pharmacy the pharmacy fills the prescription cannot be filled by another pharmacy? Yes ✓ No ☐

D) That the pharmacy will authenticate the identity of each patient and prescribing practitioner? Yes ✓ No ☐

E) That the prescriptions will be filled in compliance with all applicable federal and state laws? Yes ✓ No ☐

F) That a patient or the caregiver of the patient may make a complaint to the pharmacy regarding a prescription? Yes ✓ No ☐

G) That if a complaint is made, the complaint will be investigated thoroughly and that the results of the investigation will be communicated to the patient or caregiver? Yes ✓ No ☐

H) That if the investigation of a complaint reveals that the operations of the pharmacy resulted in an error in the processing or filling of the prescription, appropriate remedial action was taken by the pharmacy? Yes ✓ No ☐

I) That the pharmacy will communicate to a patient or a prescribing practitioner any delay that might jeopardize or alter the drug therapy of the patient with respect to delivering the prescribed drug or device? Yes ✓ No ☐

J) That the pharmacy will communicate to a patient information regarding recalls of drugs and the appropriate means to dispose of expired, damaged or unusable drugs or devices? Yes ✓ No ☐

3. Does the pharmacy obtain and maintain patient information necessary to facilitate review of drug utilization and counseling of patients pursuant to any applicable statutes? Yes ✓ No ☐

4. Will the pharmacy provide review of drug utilization and counseling of patients pursuant to the applicable statutes in the state in which the patient resides? Yes ✓ No ☐

5. Does the pharmacy maintain controls of its computer system, information concerning patients, and other such confidential information and documents to prevent unauthorized or unlawful access to all such confidential information and documents? Yes ✓ No ☐

6. Does the pharmacy comply with applicable federal and state laws regarding the following:

   A) To the dispensing of prescription drugs? Yes ✓ No ☐

   B) To the record keeping related to the patients served by the pharmacy, the purchase of prescription drugs and the sale and dispensing of prescription drugs? Yes ✓ No ☐

   C) To the sale of over-the-counter products, including any special requirements related to products that have been identified as precursors to the manufacture or compounding of illegal drugs ? Yes ✓ No ☐

7. Does the pharmacy ship prescriptions to a patient using secure and traceable means? Yes ✓ No ☐

8. Does the pharmacy ship prescriptions to a patient using packaging or devices which will ensure that the prescription is maintained within appropriate standards pertaining to temperature, light and humidity as described in the *United States Pharmacopoeia, 25th* edition, 2002, which is hereby adopted by reference? Yes ✓ No ☐

PLEASE ATTACH A COPY OF YOUR POLICIES AND PROCEDURES.

The signature below certifies that the answers provided in this application are true, correct and complete.



Signature of Owner Zachariah Reitano

2/25/22

Date

R4986

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE

Roman Health Pharmacy LLC
(DEA #FR0799337)
900 Broadway, Suite 706
New York, NY 10003
(888) 798-8686
www.getroman.com

PHARMACY INSPECTION REPORT

☒ Pharmacy ☐ M/W

Inspection # D4578 conducted by
Investigator Rickey WILLIAMS
Date 1/24/19 Time In/Out _____ / _____

1. Routine
2. New Registration
3. Transfer Ownership
4. Discontinuance
5. Change of Name/Address
6. Medication Recall
7. Complaint Related
8. Follow-up to Previous Inspection
9. (Special Project or Renovation)

Reg. name ROMAN HEALTH Pharmacy LLC
Trade name _____
No. and Street 900 Broadway, Ste 706
City New York County N.Y Zip 10003
Reg. # 035623 Telephone (888) 798-8686
Hours open per week 40 # RXs daily 500

Pharmacists' Names	Hrs. Per Week	License Number	License Date	License Displayed	Registration Displayed
S.P. ANA ESPINAL	40	062874	6-23-17	(Y) N	(Y) N
Pharm. Kristina Babakhanova	40	055690	7-14-11	(Y) N	(Y) N
Pharm. NIDHISH SURESH	40	054889	7-29-10	(Y) N	(Y) N
Pharm. ANTHONY H. DOAN	40	064807	9-29-18	(Y) N	(Y) N
Pharm. MICHAEL SON TRUONG	40	061877	7-22-16	(Y) N	(Y) N
~~Intern~~ BRIAN Rodriguez (TECH)	40			Y N	Y N

Circle "S" if item is Satisfactory. Circle "N" if item is Not Satisfactory, and explain in Details of Inspection section below.
Be sure to include item number in explanation.

1. Registration name on exterior ..... (S) N
2. Licenses/current reg. displayed ..... (S) N
3. Registered pharmacist on duty ..... (S) N
4. Equip., facilities, and ref. items ..... (S) N
5. Price list available/current ..... (S) N
6. Drug stock current ..... S N
7. Stock properly branded ..... S N
8. Daily RX record ..... S N
9. Required RX filings ..... S N
10. DEA records complete/available ..... S N
11. Safety/approp. closures/containers ..... S N
12. RX labels required information ..... S N
13. Valid RX formats ..... S N
14. Substitution law compliance ..... S N
15. Required information on RXs ..... S N
16. Refill authorization/fill ..... S N
17. Refills in daily record ..... S N
18. Controlled substance compliance ..... S N
19. General sanitation ..... S N
20. Intern/unlicensed supervision ..... S N
21. Counseling offered/given/refusals documented ..... S N
22. Types of pharmacy (circle those applicable): retail, hospital, skilled nursing, assisted living. compounding, sterile preparation, internet, home delivery, mail delivery, nuclear, veterinary

Details of Inspection Inspection Conducted in the presence of S/P. Verified heat/AC are operational. Bathroom is located in registered area as per plan submitted. AREA of pharmacy Verified

Recommendation (completed in office)
Investigator Rickey Williams
Supervisor _____

I have received a copy of this inspection report.
Signature Ana Espinal
Print name Ana Espinal
Title Supervising Pharmacist Date 1/24/19

This is page 1 of 1 page(s)

OPD 234 (6/2011) 11-005 CDC

ORIGINAL - TO CENTRAL OFFICE

R4986

Office of Professional Discipline
Pharmacy Registration Checklist

Registered Name/Address Roman Health Pharmacy, LLC

Investigator Name/Date Rickey Williams

PREMISES

- ✓ Registered area not less than 300 square feet
- ✓ Compounding and dispensing area not less than 100 square feet
- ✓ Compounding area has both hot and cold running water
- ✓ Registered name of owner on exterior of premises
- ✓ Heat and air conditioning
- ✓ Adequate lighting
- ✓ Security system
- ✓ Bathroom
- ✓ Adequate sanitation

Pharmacy Department

- Permanent partition at least 9'6" or floor to ceiling partition
- Separately alarmed and secured from the rest of the establishment
- ✓ Exterior sign indicates that there is a department within
- ✓ Hours of operation for pharmacy department are posted
- ✓ Exterior sign "pharmacy" cannot be used in juxtaposition to a non-registered name and use of "drugs", "medicines", etc. are restricted to the pharmacy department

EQUIPMENT

- ✓ Weighing devise sensitive to 6mg
- ✓ Metric weights (if needed)
- ✓ Devices capable of measuring volumes from 0.1 ml to 500 ml
- ✓ Mortar and pestle
- ✓ Refrigerator for drug storage
- ✓ Thermometer in refrigerator (temperature between 2-8°C; 36-46°F)

REFERENCES

- ✓ Copies of or access to laws, rules and regulations governing the practice of pharmacy in NYS
- ✓ Reference resources necessary to carry on the practice of pharmacy

ADDITIONAL ITEMS

- ✓ Sample prescription label showing FULL Corporate name and address
- ✓ License and registration of the supervising pharmacist
- ✓ "Drug Retail Price List Available Upon Request" Sign
- Limited English Proficiency Sign, for pharmacies required to provide translation services (8 or more pharmacies commonly owned) "Point to your language. Language assistance will be provided at no cost to you."
- Initial controlled drug inventory to be taken for transferred registration
- For Transfer/Change of Address the registration certificate should be returned to the Board upon receipt of the new one.

List of Permits in Other States
Roman Health Pharmacy LLC - New York Facility

State	License Type	License Number	Issue Date	Expiration Date	Was Discipline Ever Imposed? (Yes/No)
AL	Non-Resident Pharmacy	115002	08/20/2020	12/31/2022	No
AK	Non-Resident Pharmacy	149720	08/15/2019	06/30/2022	No
AZ	Non-Resident Pharmacy	Y007615	05/23/2018	10/31/2023	No
AR	Non-Resident Pharmacy	OS02974	08/16/2019	12/31/2023	No
CA	Non-Resident Pharmacy	NRP 2288	03/19/2021	03/01/2023	No
CO	Non-Resident Pharmacy	OSP.0007131	06/18/2018	10/31/2022	No
CT	Non-Resident Pharmacy	PCN.0003494	11/01/2018	08/31/2022	No
DC	Non-Resident Pharmacy	NRX1801421	10/23/2018	05/31/2023	No
DE	Non-Resident Pharmacy	A9-0002278	12/12/2018	09/30/2022	No
FL	Non-Resident Pharmacy	PH31340	04/11/2018	02/28/2023	No
GA	Non-Resident Pharmacy	PHNR001612	01/14/2019	06/30/2023	No
HI	Non-Resident Pharmacy	PMP-1669	01/08/2020	12/31/2023	No
ID	Non-Resident Pharmacy	63522MS	09/22/2021	12/31/2022	No
IL	Non-Resident Pharmacy	54020671	04/06/2018	03/31/2022	No
IN	Non-Resident Pharmacy	64002707A	02/25/2019	12/31/2023	No
KS	Non-Resident Pharmacy	22-109415	06/14/2019	06/30/2022	No
KY	Non-Resident Pharmacy	NY2560	08/30/2019	06/30/2022	No
LA	Non-Resident Pharmacy	PHY.007970-NR	09/04/2019	12/31/2021**	No
ME	Non-Resident Pharmacy	MO40002465	05/01/2019	12/31/2022	No
MD	Non-Resident Pharmacy	P08042	02/22/2019	05/31/2022	No
MI	Non-Resident Pharmacy	5301012055	10/14/2019	10/15/2023	No
MN	Non-Resident Pharmacy	265910	08/14/2019	06/30/2022	No

List of Permits in Other States
Roman Health Pharmacy LLC - New York Facility

State	License Type	License Number	Issue Date	Expiration Date	Was Discipline Ever Imposed? (Yes/No)
MS	Non-Resident Pharmacy	17271 / 7.1	09/18/2018	12/31/2023	No
MO	Non-Resident Pharmacy	2018042972	11/30/2018	10/31/2023	No
MT	Non-Resident Pharmacy	PHA-MOP-LIC-58537	02/07/2019	11/30/2022	No
NE	Non-Resident Pharmacy	1318	08/06/2019	07/01/2022	No
NV	Non-Resident Pharmacy	PH03937	07/25/2018	10/31/2022	No
NH	Non-Resident Pharmacy	NR1634	07/26/2018	12/31/2022	No
NJ	Non-Resident Pharmacy	28RO00186700	01/13/2019	06/30/2019*	No
NM	Non-Resident Pharmacy	PH00004747	10/25/2018	12/31/2022	No
NY	Resident Pharmacy	35623	08/31/2017	07/31/2023	No
ND	Non-Resident Pharmacy	Phar1508	05/15/2018	06/30/2020**	No
OH	Non-Resident Pharmacy	240000014	06/12/2018	03/31/2023	No
OK	Non-Resident Pharmacy	99-8503	07/09/2019	07/31/2022	No
OR	Non-Resident Pharmacy	RP-0003424	09/12/2018	03/31/2022	No
PA	Non-Resident Pharmacy	NP001112	05/08/2018	08/31/2023	No
RI	Non-Resident Pharmacy	PHN11487	05/16/2018	09/30/2022	No
SC	Non-Resident Pharmacy	18765	05/16/2019	06/30/2022	No
SD	Non-Resident Pharmacy	400-1863	06/14/2018	06/30/2022	No
TN	Non-Resident Pharmacy	6688	04/16/2019	04/30/2023	No
TX	Non-Resident Pharmacy	32860	09/12/2019	09/30/2023	No
UT	Non-Resident Pharmacy	10936409-1708	10/02/2018	09/30/2023	No
VT	Non-Resident Pharmacy	36.0134198	08/01/2019	07/31/2023	No
VA	Non-Resident Pharmacy	214002168	02/27/2019	02/29/2020*	No
WA	Non-Resident Pharmacy	PHNR.FO.60863156		05/31/2021**	No

List of Permits in Other States
Roman Health Pharmacy LLC - New York Facility

State	License Type	License Number	Issue Date	Expiration Date	Was Discipline Ever Imposed? (Yes/No)
WV	Non-Resident Pharmacy	MO0561365	05/28/2021	06/30/2023	No
WI	Non-Resident Pharmacy	2165-43	08/23/2018	05/31/2022	No
WY	Non-Resident Pharmacy	NR-51531	05/22/2018	06/30/2022	No

*=Renewal Pending **=Expired

POL-1-R0 The Pharmacy Policies and Procedures Manual

Policy

- The Pharmacy Policies and Procedures Manual is established to accomplish the following at Roman Health Pharmacies:
    - Set minimum standards for safety, quality, and compliance
    - Serve as the principal training material for pharmacists and pharmacy technicians
- Pharmacy policies and procedures are created and revised in accordance with applicable pharmacy laws and regulations and maintained with appropriate document control.
- Management will take disciplinary action, up to and including termination of employment, against employees who violate the Pharmacy Policies and Procedures Manual.
- Employees must never act in any of the following ways:
    - Obstruct audits or investigations
    - Lie or make misleading statements
    - Alter business or pharmacy records to misrepresent information
- Roman Health Pharmacy designates a qualified person who is responsible for coordinating with management to ensure the training and enforcement of each pharmacy policy and procedure.

Document History	
Effective Date	**Description of Change**
Current	New document: POL-1-R0 The Pharmacy Policies and Procedures Manual

SOP-1.1-R0 Establishing Pharmacy Policies and Procedures

Audience

- Pharmacists
- Pharmacy Technicians

Purpose

Roman Health Pharmacy (RHP) offers pharmacy services to patients throughout the United States. Patient safety, legal compliance, and ethical practices are ensured by establishing, maintaining, and adhering to proper policies and procedures that govern pharmacy operations.

Responsibility

- The Licensing and Compliance Manager is responsible for coordinating with management to ensure the training, implementation, maintenance, and enforcement of the Pharmacy Policies and Procedures Manual.
- The Licensing and Compliance Manager and Inventory and Safety Manager are responsible for final approval of pharmacy policies and procedures before they are implemented.
- Pharmacists are responsible for escalating any questions or concerns about pharmacy policies or procedures to the Pharmacy Manager.
- Employees are responsible for escalating any questions or concerns about compliance to their immediate manager, the Pharmacy Manager, or the Compliance Team.

Procedure

Creating And Maintaining Policies And Procedures

1. Pharmacy policies and procedures are written in accordance with applicable pharmacy laws and regulations for all states where RHP operates.
    1.1. Conflicts between laws or regulations will be evaluated by the Ro legal department on a case by case basis to ensure compliance.
2. Compliance with the pharmacy laws and regulations affecting RHP operations is maintained with several components, including but not limited to the following:
    2.1. Maintaining a qualified staff of attorneys with relevant expertise in telemedicine, pharmacy, medicine, and healthcare
    2.2. Consulting with qualified third-party legal services
    2.3. Appointing a qualified Pharmacy Compliance Team whose responsibilities include the following:
        2.3.1. Researching applicable pharmacy best practices, laws, and regulations

2.3.2. Implementing pharmacy policies and procedures to ensure quality, safety, ethics, and compliance standards at RHPs

2.3.3. Aligning RHP operations in accordance with the following:

2.3.3.1. Federal laws and regulations

2.3.3.2. State laws and regulations

2.3.3.3. Regulations and guidelines by the Food and Drug Administration, Boards of Pharmacies, Drug Enforcement Administration, and other applicable entities

2.4. Attending Board of Pharmacy meetings

2.5. Attending professional conferences related to the practice of telemedicine, medicine, pharmacy, and law

3. All pharmacy policies and procedures are reviewed and updated at least once yearly. This review is performed by qualified persons and takes into consideration the effectiveness of policies and procedures in reducing dispensing errors and other quality-related events.

3.1. The review is documented—noting any changes made or a statement that no changes were made—in the Policy and Procedure Review Schedule and History, located in the appendix.

Excursions From The Written Policies And Procedures

4. The pharmacist on duty is responsible for determining a plan of action for cases when written pharmacy policies and procedures are absent or cannot be followed due to unique circumstances. In these situations, the pharmacist must take the following steps:

4.1. Use professional judgement

4.2. Communicate the excursion to the Pharmacy Compliance Team in a timely manner

Documentation And Compliance

5. All pharmacy records are stored according to the procedure for Maintaining and Managing Records for a length of time according to the Document Retention Schedule.

6. The Pharmacy Compliance Team helps ensure that operations at RHPs are appropriately followed by taking the following steps:

6.1. Establishing the written Pharmacy Policies and Procedures Manual

6.2. Ensuring timely training, communication, and enforcement of the Pharmacy Policies and Procedures Manual and important revisions

6.3. Maintaining transparency in pharmacy operations

6.4. Conducting risk assessments

6.5. Performing internal audits

6.6. Exercising due diligence in verifying colleagues and prescription medication suppliers

6.7. Responding to detected problems with corrective actions in a timely manner

Limited Operations

7. Unless otherwise performed in accordance with applicable pharmacy laws and regulations, and in compliance with the Pharmacy Policies and Procedures Manual, the following business activities are restricted and must be immediately reported to the Pharmacy Compliance Team if discovered:

   7.1. Purchasing, storing, selling, or handling:

      7.1.1. Federal or state listed or scheduled controlled substances

      7.1.2. Biological products

      7.1.3. Prescription medication under a FDA mandated Risk Evaluation and Mitigation Strategy (REMS) program

   7.2. Purchasing, storing, selling, or handling List I Chemicals or precursors to List I Chemicals (e.g. iodine, ephedrine, pseudoephedrine, and red phosphorus). List I Chemicals are designated by the Drug Enforcement Agency, and a complete and updated list is maintained at its website: https://www.deadiversion.usdoj.gov/schedules/index.html

   7.3. Purchasing, storing, selling, or handling prescription medication that does not comply with the Food, Drug, and Cosmetic Act (FDCA)

   7.4. Dispensing prescription medication that was previously dispensed from a pharmacy

   7.5. Participating in federal or state Medicare or Medicaid programs

   7.6. Engaging in wholesale distribution of prescription medication

   7.7. Engaging in sterile compounding

   7.8. Dispensing for office-use

National Association Of Boards Of Pharmacy Reporting

8. The Licensing and Compliance Manager is responsible for providing the National Association of Boards of Pharmacy (NABP) with updated information about each RHP, according to the procedure for Reporting to the National Association of Boards of Pharmacy.

Appendix Resources

Document Retention Schedule

List of Board of Pharmacy Contacts

List of Important Contacts

Pharmacy Policies and Procedures Manual Review Schedule and History

Reporting to the National Association of Boards of Pharmacy

Related Procedures

Establishing Policy and Procedure Control and Training

Training Pharmacy Employees

Document History	
Effective Date	**Description of Change**
Current	New document: SOP-1.1-R0 Establishing Pharmacy Policies and Procedures

SOP-4.2-R0 Instructing Patients or Caregivers On Product Disposal

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Audience

- Pharmacists
- Pharmacy Technicians

Purpose

The proper disposal[1] of prescription medication by patients is ensured by adhering to proper policies and procedures for instructing patients on how to discard products that are unwanted, expired, damaged, or unusable

Responsibility

- The Licensing and Compliance Manager is responsible for coordinating with management to ensure the training and enforcement of this procedure.
- The Pharmacy Manager is responsible for the training and enforcement of this procedure for the employees they manage.

Procedure

1. Pharmacists-only must counsel patients according to the procedure for Counseling Patients.
2. This procedure is activated when communication from a patient is received for one of the following reasons:
   - 2.1. Requesting information on how to discard prescription medication or over-the-counter (OTC) merchandise.
   - 2.2. Expressing they intend to stop using prescription medication or OTC merchandise in their possession.
   - 2.3. Expressing they have prescription medication or OTC merchandise in their possession that is expired, damaged, or unusable.
3. If for prescription medication, provide the following instructions to the patient:

   Your medicine may be safely discarded by: Using a Drug Take-Back Program. The U.S. Drug Enforcement Administration (DEA) sponsors a National Prescription Drug Take-Back Day in communities nationwide. Many communities also have their own drug take-back programs (check with local law enforcement to find a location).

---

[1] www.safe.pharmacy

- *Do not flush medication, since Roman Health Pharmacy does not currently dispense any prescription medications that appear on the Food and Drug Administration (FDA) Flush List[2].*

(If the prescription medication cannot be disposed of via a local Drug Take-Back Program[3], and it is not a drug that requires flushing for immediate disposal, provide the following instructions:)

1. *Remove the drug from its original container and mix it with something undesirable, such as used coffee grounds, dirt, laundry detergent, or cat litter. This makes the medicine less appealing to children and pets and unrecognizable to someone who might intentionally go through the trash looking for drugs.*
2. *Put the mixture in something you can close (for example, a resealable zipper storage bag, empty can, or another container) to prevent the drug from leaking or spilling out.*
    2.1. *Place the closed bag, can, or container containing the mixture in the garbage*
3. *Scratch out all your personal information on the medicine packaging to protect your identity and privacy.*
    3.1. *Place the medicine packaging in the garbage*
4. If for OTC merchandise, provide the following instructions to the patient:

    Your medicine may be safely discarded by:

    - *Removing any personal information from the packaging.*
    - *Putting it in a closed bag, can, or another container.*
    - *Placing the bag, can, or container containing the OTC merchandise in the trash.*
5. If for sharps (e.g. needles and syringes), provide the following instructions to the patient:

    Place all needles, syringes, and any other items containing bodily fluid into a Sharps Disposal Container. When full, mail the Sharps Disposal Container to the address listed on the return label.

Appendix Resources

None

Related Procedures

Counseling Patients

Training Pharmacy Employees

[2]https://www.fda.gov/drugs/disposal-unused-medicines-what-you-should-know/drug-disposal-flush-potentially-dangerous-medicine#FlushList
[3] https://www.deadiversion.usdoj.gov/drug_disposal/takeback/index.html

Document History	
Effective Date	**Description of Change**
Current	New document: SOP-4.2-R0 Instructing Patients or Caregivers On Product Disposal

SOP-6.4-R0 Notifying Patients of Delivery Delays

Audience

- Pharmacists
- Pharmacy Technicians

Purpose

Timely prescription delivery to patients is ensured by adhering to proper policies and procedures for notifying patients of delivery delays and preventing the interruption of prescription medication therapy.

Responsibility

- The Licensing and Compliance Manager is responsible for coordinating with management to ensure the training and enforcement of this procedure.
- The Pharmacy Manager is responsible for the training and enforcement of this procedure for the employees they manage.

Procedure

1. Ensure the patient is notified of delivery delays in a timely manner by taking the following steps:
    1.1. Contact the patient with their preferred contact method (e.g. email, text, or telephone) and document the interaction.
    1.2. If requested by the patient, transfer the prescription to be filled at a local pharmacy of the patient's choice.
2. The pharmacist on duty must use professional judgement to determine if it is appropriate to contact the prescribing practitioner in the following situations:
    2.1. The patient cannot be reached.
    2.2. An interruption of prescription medication therapy could occur.
    2.3. Patient harm could occur.

Appendix Resources

Document Retention Schedule

Related Procedures

Counseling Patients

Training Pharmacy Employees

Document History	
Effective Date	**Description of Change**
Current	New document: SOP-6.4-R0 Notifying Patients of Delivery Delays

SOP-6.5-R0 Performing Verification and Drug Utilization Review

Approval Signatures

Title:	Name:	Signature:	Date:

Audience

- Pharmacists
- Pharmacy Technicians

Purpose

Patient safety is ensured by adhering to proper policies and procedures for verifying that prescriptions are dispensed correctly and appropriately.

Responsibility

- The Licensing and Compliance Manager is responsible for coordinating with management to ensure the training and enforcement of this procedure.
- The Pharmacy Manager is responsible for the training and enforcement of this procedure for the employees they manage.
- Unless otherwise performed in accordance with applicable pharmacy laws and regulations, only pharmacists may perform drug utilization reviews and physical product checks.

Procedure

Drug Utilization Review

1. If applicable, take appropriate action to resolve and document each safety alert.
2. Confirm that each substitution of prescription medication is appropriate, according to the procedure for Substituting Generic and Therapeutic Equivalents.
3. Confirm that the prescription is associated with the correct patient profile, at a minimum checking for the following information:
   - 3.1. Name;
   - 3.2. Date of birth

4. Perform a drug utilization review of the following issues:
    4.1. Potential drug therapy problems
    4.2. Therapeutic duplication
    4.3. Interactions (e.g. drug-drug, drug-allergy, drug-disease, drug-age)
    4.4. Contraindications
    4.5. Allergies or sensitivities
    4.6. Inappropriate dosage or route
    4.7. Inappropriate directions for use
    4.8. Inappropriate duration of therapy
    4.9. Over- or under-utilization
    4.10. Abuse or misuse
5. If appropriate, document any concerns.
6. If there is an unresolved concern, take appropriate action to resolve and document the issue, including communicating directly with the patient or prescribing practitioner.

Physical Product Check

7. Perform a physical product check by determining that the prescription has been prepared so that it is free of the following issues:
    7.1. Errors of drug, strength, or quantity
    7.2. Errors in labeling (e.g. national drug code (NDC), manufacturer information, consumer medication information (CMI), medication guide, or auxiliary labels);
    7.3. Prescription medication that is expired, damaged, or otherwise unfit for dispensing;
    7.4. Adulteration;
    7.5. Misbranding
8. If appropriate, document any concerns.
9. If there is an unresolved concern, take appropriate action to resolve and document the issue, including communicating directly with the patient or prescribing practitioner.

Appendix Resources

None

Related Procedures

Fulfilling Prescriptions via Online Visit

Fulfilling Prescriptions via Ro Pharmacy

Substituting Generic and Therapeutic Equivalents

Training Pharmacy Employees

Document History	
Effective Date	**Description of Change**
Current	New document: SOP-6.5-R0 Performing Verification and Drug Utilization Review

SOP-6.7-R0 Recognizing Illegitimate Prescriptions and Invalid Patient-Practitioner Relationships

Approval Signatures

Title:	Name:	Signature:	Date:

Audience

- Pharmacists
- Pharmacy Technicians

Purpose

The fulfillment of illegitimate prescriptions is prevented by adhering to proper policies and procedures for recognizing illegitimate prescriptions and invalid patient-practitioner relationships.

Responsibility

- The Licensing and Compliance Manager is responsible for coordinating with management to ensure the training and enforcement of this procedure.
- The Pharmacy Manager is responsible for the training and enforcement of this procedure for the employees they manage.

Procedure

1. When receiving an oral prescription, pay attention to the following red flags or suspicious behavior from the caller:
    1.1. Sounds unprofessional, hesitant, or nervous
    1.2. Does not use standard medical terminology
    1.3. Provides medication quantities, directions, or other information that are unusual
    1.4. Provides pharmacy or practitioner information, such as National Provider Identifier (NPI) or Drug Enforcement Administration (DEA) number, that is invalid or incorrect
2. When processing a prescription, look for signs that indicate it may be illegitimate or forged:
    2.1. The practitioner's handwriting is too legible.
    2.2. The quantities, directions, or dosages differ from usual medical usage.
    2.3. The prescription appears to be photocopied.

2.4. Looks too good, or has a textbook appearance.

2.5. The prescription is written in the following manner:

2.5.1. With the directions in full, without abbreviations

2.5.2. With abbreviations that are not standard

2.5.3. In different color inks

2.5.4. In different handwriting styles

3. When processing a prescription, look for signs that indicate it may be issued based on an invalid patient-practitioner relationship:

3.1. The practitioner writes significantly more prescriptions (or in larger quantities) compared to other practitioners in your area.

3.2. The patient appears to be returning too frequently. A prescription that should have lasted for a month in legitimate use, is being refilled on a biweekly, weekly or even a daily basis.

3.3. The practitioner writes prescriptions for antagonistic drugs, such as depressants and stimulants, at the same time (drug abusers often request prescriptions for "uppers and downers" at the same time).

3.4. The patient appears presenting prescriptions written in the names of other people.

3.5. A number of people appear simultaneously, or within a short time, all bearing similar prescriptions from the same physician.

3.6. Numerous "strangers," people who are not regular patrons or residents of your community, suddenly show up with prescriptions from the same physician.

4. If a prescription is suspected of being illegitimate or fraudulent, or based on an invalid patient-practitioner relationship, take the following actions, if applicable:

4.1. Verify that the practitioner is in the pharmacy's database, and if not take the following steps:

4.1.1. Verify the practitioner's information with the NPI lookup tool, located on the National Plan & Provider Enumeration System (NPPES) website:

https://nppes.cms.hhs.gov/

Please Note: Issuance of an NPI does not ensure or validate that the practitioner is appropriately licensed or credentialed.

4.1.2. Confirm the DEA number is authentic, following the procedure described in the DEA Pharmacist's Manual, located in the appendix.

4.1.3. Verify the practitioner's information with the DEA Registration Validation tool, located on the DEA website:

https://apps.deadiversion.usdoj.gov/webforms/validateLogin.jsp

Please Note: The lookup tool is only available to DEA registrants.

4.2. Contact the practitioner by telephone using the contact number from the pharmacy's database or another reputable resource, other than from the prescription in question, and obtain the necessary information.

4.3. Verify the practitioner's license(s) and credential(s) with the appropriate agency (for example, the Board of Medicine).

5. If a prescription is confirmed to be illegitimate or fraudulent, or based on an invalid patient-practitioner relationship, take the following actions:

5.1. Notify the pharmacist-on-duty.

5.2. Notify the Pharmacy Compliance Team (see the List of Important Contacts, located in the appendix).

5.3. Notify local law enforcement (see the List of Local Authorities, located in the appendix).

5.4. Retain all illegitimate or fraudulent prescriptions as evidence and, if requested, release it to the appropriate law enforcement officials.

5.5. If applicable, notify the following entities:

5.5.1. The local DEA office (see the List of Local Authorities, located in the appendix)

5.5.2. The appropriate Board of Pharmacy(s) (see the List of Board of Pharmacy Contacts, located in the appendix)

5.5.3. Other pharmacies in the area

6. Appropriately document any investigations, findings, and actions.

Appendix Resources

DEA Pharmacist's Manual

Document Retention Schedule

List of Board of Pharmacy Contacts

List of Important Contacts

List of Local Authorities

Related Procedures

Fulfilling Prescriptions via Online Visit

Fulfilling Prescriptions via Ro Pharmacy

Training Pharmacy Employees

Document History	
Effective Date	**Description of Change**
Current	New document: SOP-6.7-R0 Recognizing Illegitimate Prescriptions and Invalid Patient-Practitioner Relationships

POL-8-R0 Quality

Policy

- Roman Health Pharmacy designates a qualified person who is responsible for implementing a continuous quality improvement program that accomplishes the following:
    - Detects and appropriately resolves quality-related events
    - Modifies systems and processes to prevent quality-related events
- The Pharmacy Manager must ensure that a quality improvement meeting with pharmacists and pharmacy technicians occurs regularly and is appropriately documented. The meeting will cover, at a minimum, the following topics:
    - Quality-related events that occurred since the previous quality improvement meeting and any other applicable quality-related issues or topics
    - Corrective actions, if any
- Adverse events, side effects, and quality-related events reported to a Roman Health Pharmacy must be escalated to the appropriate pharmacist for resolution.

Document History	
Effective Date	**Description of Change**
Current	New document: POL-8-R0 Quality

POL-10-R0 Fulfillment

Policy

Prescriptions

- Each pharmacist must sign and date the daily log, attesting to the accuracy of the prescription information they processed for that date.
- Prescriptions must only be shipped into the states where the shipping pharmacy is appropriately permitted, registered, or licensed.
- Labels must be affixed to each prescription container and must include appropriate content that is properly formatted, in accordance with applicable pharmacy laws and regulations.

Illegitimate Prescriptions and Invalid Patient-Practitioner Relationships

- Pharmacists are responsible for recognizing and taking appropriate action for illegitimate prescriptions or invalid patient-practitioner relationships.

Delivery Delays

- Patients must be notified in a timely manner when prescription delivery is delayed.
    - Appropriate fulfillment arrangements must be made available to the patient, including the transfer of the prescription to a pharmacy of the patient's choice.

Document History	
Effective Date	**Description of Change**
Current	New document: POL-10-R0 Fulfillment

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Roman Health Pharmacy LLC

Physical Address: 30-30 47th Avenue Suite 535

City: Long Island City State: NY Zip: 11101

Mailing Address (if different from physical address): 3602 Quantum Blvd

City: Boynton Beach State: FL Zip: 33426

Telephone: 888-798-8686 Website: romanhealthpharmacy.com

Licensing Company Email: rxlicensing@ro.co

Section 2: Personal Information

First: Ana Middle: Ramona Last: Espinal

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: [redacted]47th Avenue Suite 535

City: Long Island City State: NY Zip: 11101

Telephone: [redacted] Email: Ana@ro.co

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials A. E.

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name	From - To (MM/YY – MM/YY)
Long Island University	09/06 - 05/10

Address	City	State	Zip
1 University Plaza	Brooklyn	NY	11201

Diploma/Degree obtained, if any: Pharm. D.

School Name	From - To (MM/YY – MM/YY)
Long Island University	01/04 - 05/06

Address	City	State	Zip
720 Northern Blvd.	Greenvale	NY	11548

Diploma/Degree obtained, if any: none obtained

School Name	From - To (MM/YY – MM/YY)
John Bowne High School	09/99 - 06/03

Address	City	State	Zip
63-25 Main St.	Flushing	NY	11367

Diploma/Degree obtained, if any: High School Diploma

School Name	From - To (MM/YY – MM/YY)

Address	City	State	Zip

Diploma/Degree obtained, if any:

School Name	From - To (MM/YY – MM/YY)

Address	City	State	Zip

Diploma/Degree obtained, if any:

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/21 - Present	[redacted] Powells Cove Blvd.	Whitestone	NY	11357
04/17 - 04/21	[redacted] 86th st.	Howard Beach	NY	11414
01/16 - 04/17	[redacted] Emigrant Ave	Pendleton	OR	97801
08/85 - 01/16	[redacted] 88th ave	Jamaica	NY	11435
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Roman Health Pharmacy LLC			04/22 - Present
Business Address	**City**	**State**	**Zip**
30-30 47th Avenue Suite 535 (relocated from New York City)	Long Island City	NY	11101
Phone	**Title**	**Number of Employed Hours**	
888-798-8686	Pharmacist-In-Charge	40 hours per week	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Roman Health Pharmacy LLC			10/17 - 04/22
Business Address	**City**	**State**	**Zip**
900 Broadway, Suite 706	New York	NY	10003
Phone	**Title**	**Number of Employed Hours**	
888-798-8686	Pharmacist-In-Charge	40 hours per week	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
see attached			
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials A.E.

Advanced Pharmacy
06/2017-10/2017

69-29 Myrtle Ave, Queens, NY 11385
(347) 916-1895
Title: Supervising Pharmacist
From: 01/2016-04/2017

Description of duties:

Liaisoned with different medical facilities to increase revenues. I am responsible for the accurate and timely filling of prescriptions as well as drug utilization review assessment, drug monitoring and patient counseling. I also supervise and monitor employees for completion of pharmacy tasks and attend to insurance discrepancies for prompt service.

Rite Aid Pharmacy

1900 SW Court Place, Pendleton, OR 97801
(541) 276-1185
Title: Staff Pharmacist
From: 01/2016-04/2017

Description of duties:

Worked with a team of technicians to reach the daily goal of 500 prescriptions. Ensured all medications were dispensed correctly and in a timely fashion. Provided flu shots to patients and visited health care facilities during flu season in an effort to promote vaccination.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? N/A		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	*	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

* To be supplemented with routine board appearances.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
04/08/19	N/A	SC	Columbia	USA

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
N/A	SC Dept. of Labor, Licensing & Regulation - Board of Pharmacy

Reason/Charge
Facility Licensure (obtaining initial license) - non resident

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
N/A	N/A

Name of Business/Industry/Entity
Roman Health Pharmacy LLC.

Provide explanation below:

Appeared before the board on April 8, 2019 representing Roman Health Pharmacy as the Supervising Pharmacist, in an effort to obtain non-resident pharmacy license in the state of Alabama.

Ana Espinal 4/18/22

Original Signature (electronic, copies or stamps not accepted) Date

Applicant's initials A.E.

I, Ana Espinal, **certify that as the designated representative for**

Roman Health Pharmacy LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Ana Espinal

Print Name (First, Last)

Ana Espinal

Original Signature (electronic, copies or stamps not accepted)

3/11/22

Date

Applicant's initials A.E

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ana Espinal

Print Name (First, Last)

Ana Espinal

Original Signature (electronic, copies or stamps not accepted)

3/11/22

Date

Please have this section completed in the presence of a Notary Public.

State of New York, ss. County of New York

I, Ana Espinal, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Ana Espinal

Original Signature

3/11/22

Date

Subscribed and Sworn to before me this 11 day of March 2022.

Neil Schneider

Notary Public Signature

NEIL SCHNEIDER
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01SC6065135
Qualified in NEW YORK COUNTY
Commission Expires 10-09-2025

(Seal)

Applicant's initials A.E.

South Carolina
Department of Labor, Licensing and Regulation

Board of Pharmacy

Henry D McMaster
Governor

Emily H Farr
Director

110 Centerview Drive
Post Office Box 11927
Columbia, SC 29211-1927
Phone (803) 896-4700
FAX (803) 896-4596
www.llronline.com/POL/Pharmacy

March 21, 2019

Roman Health Pharmacy LLC
900 Broadway St Ste 706
New York, NY 10003

Dear Ana Espinal:

Your South Carolina Non-Resident application is scheduled for review May 16, 2019, in the morning session at 9:00am at the Kingstree Building, located at 110 Centerview Dr, Columbia, South Carolina. In order to retain your place on the agenda, your confirmation of attendance and all requested documents must be received by 04/08/2019. If you are unable to make this date, please follow up with an email to schedule a future meeting.

Failure to respond or failure to appear after confirming may delay the application process as there are only 8 meetings per year. **Those who show up without having confirmed will not be reviewed and will be rescheduled for a later date.**

All non-resident applicants are required to personally appear at an Application Review Committee meeting. For non-resident pharmacy permit applicants, the pharmacist-in-charge must appear. For non-resident wholesale/distributor/manufacturer applicants, the permit holder must appear.

All applicants are interviewed according to an established agenda. Applicants will be sworn-in and asked to provide an overview of their business and answer any questions from the committee. Once you have provided your testimony, you are free to leave. Morning session applicants should schedule return flights after 1 p.m. Afternoon session applicants, please schedule return flights after 6 p.m.

The appearance will be held pursuant to S.C. Code Ann. § 1-23-310(Supp. 2001) *et seq.* which describes your procedural rights, including, but not limited to the right to respond and present evidence and argument on all issues. You may wish to retain legal counsel to represent you in this matter so as to more fully understand, assert and protect your legal rights.

Sincerely,

Chelsi Swartz
Administrative Coordinator I
SC Board of Pharmacy
chelsi.swartz@llr.sc.gov

have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
05/22/19	N/A	AL	Birmingham	USA

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
N/A	Alabama State Board of Pharmacy

Reason/Charge
Obtaining initial non-resident pharmacist license

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
N/A	N/A

Name of Business/Industry/Entity
Ana Espinal

Provide explanation below:

Appeared before the board on May 22, 2019 in an effort to obtain non-resident pharmacist license in the state of Alabama.

Ana Espinal 4/18/22

Original Signature (electronic, copies or stamps not accepted) Date

Applicant's initials A. E.

ALABAMA STATE BOARD OF PHARMACY
111 Village Street
Birmingham, AL 35242

April 26, 2019

From the desk of:
Lynn Martin
Licensing Manager-Pharmacists

INTERVIEW NOTICE

Your interview with the Board has been scheduled for:

WEDNESDAY, MAY 22, 2019 at 2:00 PM
Please be prepared to stay until around 4:30 PM.

This is a tentative time depending on what the Board has scheduled. Please do not come to the office before 1:45 PM. Parking is limited.

DRESS CODE: BUSINESS OR BUSINESS CASUAL

This notice is confirmation of your interview. Only inform the board if you CANNOT make this date by email (Lmartin@albop.com). If you have any questions, please email me.

PLEASE SEND A COPY OF YOUR DRIVER'S LICENSE TO MY EMAIL, WHICH IS LISTED ABOVE, *IF YOU HAVE NOT DONE SO*.

Thank You

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6 . Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
2/19/20	N/A	AL	Birmingham	USA

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
N/A	Alabama State Board of Pharmacy

Reason/Charge
Initial non-resident facility license

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
N/A	N/A

Name of Business/Industry/Entity
Roman Health Pharmacy LLC.

Provide explanation below:

Appeared before the board on February 19, 2020 representing Roman Health Pharmacy as the Supervising Pharmacist, in an effort to obtain non-resident pharmacy license in the state of Alabama.

Ana Espinal 4/18/22

Original Signature (electronic, copies or stamps not accepted) Date

Applicant's initials A.E

Ana Espinal <ana@ro.co>

Roman Health Pharmacy, LLC- New York and Florida

1 message

Twalia King <tking@albop.com> Tue, Nov 5, 2019 at 3:01 PM
To: "ana@ro.co" <ana@ro.co>, "matthew@ro.com" <matthew@ro.com>
Cc: Wendy Passmore <wpassmore@albop.com>

Good morning.

In processing and reviewing your non-resident pharmacy applications, it is determined that you will need to make an appearance before our Board and to provide a presentation of your business model and operations. Please let me know if you would like to be scheduled for the next available Board meeting.

Thank You.

Twalia King C.Ph.T

Pharmacy Licensing Manager

Alabama State Board of Pharmacy

111 Village Street

Birmingham, Al 35242

Phone 205-981-4763

Fax 205-803-6431

Email - tking@albop.com

Board web address - www.albop.com

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Roman Health Pharmacy LLC

Physical Address: 30-30 47th Avenue, Suite 535

City: Long Island City State: NY Zip: 11101

Mailing Address (if different from physical address): 3602 Quantum Blvd

City: Boynton Beach State: FL Zip: 33426

Telephone: 888-798-8686 Website: romanhealthpharmacy.com

Licensing Company Email: rxlicensing@ro.co

Section 2: Personal Information

First: Zachariah Middle: Last: Reitano

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: Provided Upon Request Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] W 23rd Street, 4th Floor

City: New York State: NY Zip: 10011

Telephone: [redacted] Email: z@ro.co

Are you a citizen of the United States? ☐ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Applicant's initials ZR

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Westminster School			09/2005 - 05/2009	
Address		City	State	Zip
995 Hopmeadow Street		Simsbury	CT	06070
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
Columbia University			2009 - 2013	
Address		City	State	Zip
		NY	NY	10027
Diploma/Degree obtained, if any				
(B.A) - Economics and Creative Writing				

School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2012 - 2013	Columbia University Housing; West 114th St.	New York	NY	10027
2013 - 2014	[redacted] West 14th Street	New York	NY	10011
2015 - 2017	[redacted] East 28th Street	New York	NY	10016
2017 - 2018	[redacted] 10th Avenue	New York	NY	10018
2018 - 2019	[redacted] W 23rd Street	New York	NY	10011
2019 - Present	[redacted] W 23rd Street	New York	NY	10011
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials ZR

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Roman Health Pharmacy LLC				From - To (MM/YY – MM/YY): 02/17 – Present
Business Address: 116 W. 23rd St., 4th Floor		City: New York	State: NY	Zip: 10011
Phone: 888-798-8686	Title: President, Manager			
Description of Duties:				

Business Name: Roman Health Ventures Inc.				From - To (MM/YY – MM/YY): 02/17 – Present
Business Address: 116 W. 23rd St., 4th Floor		City: New York	State: NY	Zip: 10011
Phone: 888-798-8686	Title: Director, Co-founder, and CEO			
Description of Duties:				

Business Name: Shout Inc. (has since shut down)				From - To (MM/YY – MM/YY): 2013 - 2015
Business Address: 41 Union Sq. West		City: New York	State: NY	Zip: 10003
Phone: No active phone	Title: CEO			
Description of Duties: Managed day to day operations				

Business Name:				From - To (MM/YY – MM/YY):
Business Address:		City:	State:	Zip:
Phone:	Title:			
Description of Duties:				

Business Name:				From - To (MM/YY – MM/YY):
Business Address:		City:	State:	Zip:
Phone:	Title:			
Description of Duties:				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials ZR

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		X
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Applicant's initials ZR

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
N/A				
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

2/25/22
Date

Applicant's initials ZR

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Zachary Feitao

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/25/22

Date

Please have this section completed in the presence of a Notary Public.

State of New Jersey, ss. County of Monmouth

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

2/25/22

Date

Subscribed and Sworn to before me this 25th day of February, 2022

Stephanie M. Cushman

Notary Public Signature

(Seal)

Applicant's initials ZR

4DDD

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- ☐ Nevada
- ■ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
■ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☐ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH_____	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: South Walton Pharmacy, LLC dba SANTA ROSA PHARMACY

Physical Address: 2050 W COUNTY HWY 30a, UNIT M1-106

City: SANTA ROSA BEACH State: FL Zip: 32459

Mailing Address (if different from physical address): SAME

City: _____ State: _____ Zip: _____

Telephone: (850) 622-3313 Toll Free # (NAC 639.708, NRS 639.23286): (855) 957-6220

Fax: (850) 622-3255 Contact Email: ABERCEY@SANTAROSARX.COM

Website: WWW.SANTAROSARX.COM

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): AMANDA S. BERCEY, PHARM.D.

Supervising/Managing Pharmacist NV Pharmacist Registration #: N/A Nhan T. Nguyen - NV 19172 ✓

Type of Pharmacy (check all applicable)

- ■ Retail/Community
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ■ Other: SPECIALTY

Services the Pharmacy will Provide (check all applicable)

- ■ Retail/Community
- ☐ Non-sterile Compounding
- ☐ Sterile Compounding
- ■ Mail-Order Service
- ☐ Off-site Cognitive Services
- ☐ Long Term Care
- ☐ Hospital
- ☐ Other:

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ■ Saturday ☐ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services In/Into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: NHAN T. NGUYEN, PHARM.D.	NV Pharmacist Registration #: 19172 ✓
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: NO HEALTH PROFESSIONAL OWNERS	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: FLORIDA

Parent Company (if any): N/A

Corporation/Organization Name: SOUTH WALTON PHARMACY, LLC dba SANTA ROSA PHARMACY

Mailing Address: 2050 W COUNTY HWY 30a, UNIT M1-106

City: SANTA ROSA BEACH State: FL Zip: 32459

Telephone: (850) 622-3313 Email: OPS@SANTAROSARX.COM

Contact Person Name: ELIZBETH S. ZIMSKI

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the PHARMACIST-IN-CHARGE (title) for South Walton Pharmacy, LLC dba SANTA ROSA PHARMACY (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

AMANDA S. BERCEY

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

3-23-2022

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, AMANDA S. BERCEY, PHARM.D. hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the PHARMACIST-IN-CHARGE (title) for South Walton Pharmacy, LLC dba SANTA ROSA PHARMACY (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 23rd day of March, 20 22

Notary Public

MERIDETH WILLIAMSON
Notary Public-State of Florida
Commission # HH 37011
My Commission Expires
August 26, 2024

NOT APPLICABLE - NON-RESIDENT PHARMACY

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: _____ Pharmacist Registration #: _____

Pharmacy Name: _____

Initial each statement below to indicate you have read and agree with the following:

_____ I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

_____ I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

_____ I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

_____ I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

_____ I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

N/A

Original signature of Managing Pharmacist (copies or stamps not accepted)

3-23-2022

Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right:	Publicly Traded	Non-publicly Traded	Partnership	Sole Owner
• List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)	✓	✓		
• List the top four stockholders and their percent ownership. NRS 639.231(3)	✓	✓		
• List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)		✓		
• For General Partnerships, list the name of each partner. NAC 639.214(2) • For Limited Partnerships, list the names of (NAC 639.214(3)): o All General Partners; o All Limited Partners who hold 10% or more of the interest.			✓	
• Certificate of Corporate Status or Certificate of Good Standing from the Secretary of State's Office where the business is domiciled, dated within the last 6 months.	✓	✓	✓	✓
• Designated Representative form must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• Personal History Record Application found at http://bop.nv.gov/Services/newapps/Business/ must be completed by: a. For Non-publicly traded - The top 4 shareholder/stockholders. b. For Partnerships - All general partners; all limited partners who hold 10% or more of the interest. c. For Sole Owner - The owner.		✓	✓	✓
• Submit a copy of your most recent pharmacy inspection from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. (REQUIRED FOR NON-NEVADA PHARMACIES ONLY) NRS 639.2328(2)(f)	✓	✓	✓	✓
• Submit a copy of your license, certification, permit or registration issued to your pharmacy from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. (REQUIRED FOR NON-NEVADA PHARMACIES ONLY) NRS 639.2328(2)(a)	✓	✓	✓	✓
• License Verification by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf (REQUIRED FOR NON-NEVADA PHARMACIES ONLY) NRS 639.2238(2)(g)	✓	✓	✓	✓
• Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)	✓	✓	✓	✓
• Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES) NO INTERNET PHARMACY SERVICES PROVIDED	✓	✓	✓	✓
• Transmit Controlled Substance Prescription Data- Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

DAN A ROBIN, SR., PRESIDENT & SOLE MEMBER

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Dan A. Robin Sr. — Original signature of Authorized Person (copies or stamps not accepted)

3-21-2022 — Date

Board Use Only	Date Received: _____	Amount: 500 Check # 1502



South Walton Pharmacy, LLC dba
SANTA ROSA PHARMACY
2050 W County Hwy 30a, Unit M1-106
Santa Rosa Beach, FL 32459
Florida License #PH25428

OWNERSHIP

Dan A. Robin, Sr.,
President & Sole Member
(100%)
South Walton Pharmacy, LLC
[redacted] 19th Avenue
Covington, LA 70433

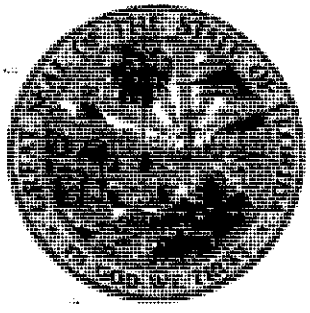
State of Florida
Department of State

I certify from the records of this office that SOUTH WALTON PHARMACY LLC is a limited liability company organized under the laws of the State of Florida, filed on March 18, 2011, effective March 18, 2011.

The document number of this limited liability company is L11000033039.

I further certify that said limited liability company has paid all fees due this office through December 31, 2022, that its most recent annual report was filed on January 11, 2022, and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twenty-third day of March, 2022



Secretary of State

Tracking Number: 4251622649CU

To authenticate this certificate,visit the following site,enter this numher, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication

AC# 10741285

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
01/19/2022	PH 25428	129685

THE PHARMACY

NAMED BELOW HAS MET ALL REQUIREMENTS OF THE LAWS AND RULES OF THE STATE OF FLORIDA.

QUALIFICATION(S):
Community Pharmacy
Schedule II & III
3:1 Pharmacy Technician Ratio Approved

Expiration Date: **FEBRUARY 28, 2023**
SOUTH WALTON PHARMACY LLC
SANTA ROSA PHARMACY
2050 WEST COUNTY HWY 30A
UNIT M1-106
SANTA ROSA BEACH, FL - 32459

Ron DeSantis
GOVERNOR

Joseph A. Ladapo, MD, PhD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

AC# 10741285
STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
DATE 01/19/2022 | LICENSE NO. PH 25428 | CONTROL NO. 129685
THE PHARMACY
NAMED BELOW HAS MET ALL REQUIREMENTS OF THE LAWS AND RULES OF THE STATE OF FLORIDA.
Expiration Date: FEBRUARY 28, 2023
SOUTH WALTON PHARMACY LLC
QUALIFICATION(S): Community Pharmacy Schedule II & III 3:1 Pharmacy Technician Ratio Approved

EXPIRATION DATE: FEBRUARY 28, 2023

Your license number is PH 25428. Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 9 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

The Medical Quality Assurance Online Services Portal gives you the ability to manage your license to perform address updates, name changes, request duplicate licenses and much more.

It's simple. Log onto your MQA Online Services account today at http://flhealthsource.gov/. Select the "Account Login" button to access your account. For changes to your name, address or to request duplicate licenses, choose your selection from the dropdown list under "Manage My License". Your profession will open for renewal 90 days prior to your expiration date. When the renewal cycle opens for your profession, the "Renew My License" header will automatically display on your license Dashboard.

IMPORTANT ANNOUNCEMENTS

ARE YOU RENEWAL READY?

The Department of Health will now review your continuing education records at the time of license renewal.

To learn more, please visit www.FLHealthSource.gov/AYRR

GROUNDS FOR DISCIPLINE

You should be familiar with the Grounds for Discipline found in Section 456.072(1), Florida Statutes, and in the practice act for the profession in which you are licensed. Florida Statutes can be accessed at www.leg.state.fl.us/Statutes

Mission:
To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

Florida HEALTH

Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

March 23, 2022

Amanda Bercey, Pharm.D.
Santa Rosa Pharmacy
2050 W County Hwy 30A, Unit M1-106
Santa Rosa Beach, FL 32459

RE: License Certification for South Walton Pharmacy Llc

To Whom It May Concern:

This is to certify the following information, maintained in the records of the Department of Health, for the above referenced Health Care Practitioner:

PROFESSION:	Pharmacy
LICENSE NUMBER:	PH25428
ORIGINAL CERTIFICATION:	04/25/2011
EXPIRATION DATE:	02/28/2023
CURRENT STATUS OF LICENSE:	CLEAR,
AGENCY ACTION:	No
LICENSE GRANTED BY:	N/A
OTHER CERTIFICATIONS:	Community Pharmacy, Schedule Ii & Iii

To expedite the verification process, the above format is the standard format for all healthcare practitioners. If you have questions regarding the status of this license, please call the Customer Contact Center at (850) 488-0595, option 5.

Sincerely,

Gwendolyn Bailey

Gwendolyn Bailey
Operations & Mgmt. Consultant Mgr.

Florida Department of Health
Division of Medical Quality Assurance• Bureau of Operations
4052 Bald Cypress Way, Bin C10 • Tallahassee, FL 32399-3251
PHONE: (850) 488-0595 • FAX : (850) 245-4791

PHAB Accredited Health Department
Public Health Accreditation Board

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FS5667350	02-28-2025	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	01-18-2022

SOUTH WALTON PHARMACY, LLC
SANTA ROSA PHARMACY
2050 W COUNTY HIGHWAY 30A UNIT M1-106
SANTA ROSA BEACH, FL 32459-0187

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223/511 (9/2016)

REPORT

CHANGES

PROMPTLY

REQUESTING MODIFICATIONS TO YOUR REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:

Drug Enforcement Administration
P.O. Box 2639
Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

STATE OF FLORIDA
DEPARTMENT OF HEALTH
INVESTIGATIVE SERVICES
INV359 - Community Requirements

Florida HEALTH

File # 18374
Insp # 167400

NAME South Walton Pharmacy LLC	PERMIT NUMBER 25428	DATE OF INSPECTION 6-9-21
DOING BUSINESS AS Santa Rosa Pharmacy		
STREET ADDRESS 2050 County Hwy 30-A, Unit M1-106	TELEPHONE # 850-622-3313	EXT
CITY Santa Rosa Beach	COUNTY Walton	STATE/ZIP FL/32459

Additional Information

Basic License Data - PSD

DEA Reg # BS5667350	

Optional Information

Business Operation Hours

M-T-W-TH-F	Weekly Hours
Monday 9-6	Tuesday 9-6
Wednesday 9-6	Thursday 9-6
Friday 9-6	Saturday 9-1
Saturday Hours 9-1	Sunday Closed
Sunday Hours Closed	

License Relations

Pharmacy Affiliate

Joan Lesley Ellison	License # PS 38992
Tammy Berger	License # RPT 22996
Marie Odom	License # RPT 70203
	License #
	License #
	License #

RX DPT MGR/COR/POR

	License #

INV 359 - Community Requirements

Signage Requirements Section

Signage stating the hours the pharmacy department is open. [64B16-28.1081 (2) F.A.C.]	yes
"Prescription Department Closed" sign with bold letters not less than 2 inches in width and height is displayed in a prominent place where it is easily read by patrons. [64B16-28.109 F.A.C.]	yes
Patient Consultation Area sign is posted. [64B16-30.003, F.A.C] [64B16-28.1035, F.A.C.]	yes

Community Requirements General Section

Expired medications removed from the shelves. [64B16-28.110 F.A.C.] [64B16-28.1191 F.A.C.]	yes
Rx Department is open for a minimum of 20 hours per week. [64B16-28.1081 (1) F.A.C.]	yes
All controlled substance prescriptions (electronic, faxed, verbal and written) contain required information. [893.04(a)(b)(c) F.S.]; [21CFR1306.05]	yes
Certified daily log or signed printout maintained. [21CFR1306.22(f)(3)], [64B16-28.140(3)(d) & F.A.C]	yes
Prescription department has current copy of laws and rules, references and equipment necessary to the professional practice of pharmacy. [64B16-28.102 F.A.C.]	yes

INV359 - Community Requirements

Insp #

File #

Pharmacy technicians and interns properly identified and supervised [64B16-27.100 (2) F.A.C.]; [64B16-27.4001 F.A.C.]; [64B16-27.410 F.A.C.]; [64B16-27.420 F.A.C.].	yes
Legend drugs properly stored. [64B16-28.118 F.A.C.]; [64B16-28.120 F.A.C.]	yes
Documentation of destruction of controlled substances. [64B16-28.303, F.A.C.]	N/A
Generic equivalent sign is posted. [465.025(7), F.S]	yes

Additional Community Requirements

Prescription department is clean and safe, has a sink with running water convenient to the prescription department. [64B16-28.102 F.A.C.]	yes
Pharmacist on duty when Rx department open. [64B16-28.109, F.A.C.]	yes
When a pharmacist is not on duty, the prescription department is securely locked, and no other personnel remain in the department. [64B16-28.109 F.A.C.	yes
Written policy and procedure manual regarding the number of technician positions and their utilization. [64B16-27.410(2) (a), F.A.C.]	yes
Documentation signed by Pharmacy technician acknowledging review of the Policy and Procedure manual within 90 days of hire. [64B16-27.410(2) (b), F.A.C.]	yes
Documentation that Pharmacy technician has been trained in the established job description. [64B16-27.410(2)(c), F.A.C.]	yes
Pharmacy licenses are current. [465.015(1)(a) F.S.]	yes
Private consultation area available [6A16-28.1035 F.A.C.]	yes
Upon receipt of a new or refill prescription, a verbal and printed offer to counsel is made to the patient or the patient's agent. [64B16-27.820(1), F.A.C.]	yes
Medication properly labeled. [499 F.S.]; [64B16-28.106 F.A.C.]; [893.04(1)(e) F.S.] [21CFR1306.24]; [21CFR1306.14]	yes
Continuous Quality Improvement Program described in the Pharmacy policy and procedure manual and summarization of Quality -Related Events which have been reviewed by the CQI committee quarterly are available for inspection. [64B16-27.300 F.A.C.]; [766.101(1)(a)(l) F.S.]	yes
Policy and Procedure available and implemented to prevent the fraudulent dispensing of controlled substances. [465.022(4), F.S.]	yes
Pharmacy maintains patient profile records. [64B16-27.800, F.A.C.]	yes
Written prescriptions for controlled substances are on counterfeit-proof pads from Department-approved vendors. [893.065 F.S.]; [456.42(2) F.S.]	yes
Controlled substance inventory taken on a biennial basis and available for inspection. [893.07(1)(a) F.S.]; [21CFR1304.11]	yes
DEA 222 forms properly completed or records of CSOS orders electronically completed, linked to the original order, archived and retrievable. [893.07(2) F.S.]; 21CFR 1305.13(e)]; [21CFR1305.22(g)]	N/A
Controlled substance records and Rx information in computer system are retrievable. [21CFR1304.04]; [465.022(12) (a) F.S.]; [21CFR1306.22]; [64B16-28.140 F.A.C.]	yes
Controlled substance records are maintained for 4 years [465.022(12) (b) F.S.] [64B16-28.140 F.A.C.]	yes
Pharmacy is reporting to law enforcement any instance of fraudulent prescriptions within 24 hours or close of business on next business day of learning of instance. Reports include all required information. [465.015(3), F.S.]	N/A
Record of theft or significant loss of all controlled substances is being maintained and reported to the sheriff and board within 24 hours of discovery. [893.07(5)(b) F.S.]; [465.022(11) (b) F.A.C.]	N/A
Pharmacy is reporting to the PDMP within 24 hours of dispensing controlled substance. [893.055(4) (3)(a), F.S.]	yes
Compounding records properly maintained. [64B16-28.140(4), F.A.C.]	N/A
The pharmacy maintains an audit trail for all drugs from receipt or acquisition to sale or disposition [499.005 F.S.] [61N-1.012 F.A.C.]	N/A
Invoices for medications purchased from a Florida licensed wholesaler/distributor are retrievable for inspection. [499.005 (14) F.S.]	yes
Administration begins not later than 1 hour following start of immediate use CSPs preparation. [64B16-27.797 F.A.C.]	N/A
Facility engaged in non-sterile office use compounding for human use is registered with FDA as an outsourcing facility [F.A.C 64B16-27.700(3)(g)]	N/A
Signage indicating that any patient receiving testing, screening, or treatment services is advised to seek follow-up care from his or her primary care physician. [465.1895 (9) F.S.]	N/A
Pharmacist has a written collaborative practice agreement. [465.1865, F.S.]	N/A
Human Trafficking signage is posted in a conspicuous place accessible to employees that is at least 11 inches by 15 inches in size, printed in a clearly legible font and in at least a 32-point type which gives instructions in English and Spanish on how to report to the National Human Trafficking Resource Center. [456.0341, F.S]	yes

Pharmacy Ships Medicinal Drugs to Patients [64B16-28.10801, F.A.C]

Pharmacy has policies and procedures in place to ensure that medicinal drugs are not adulterated at the time of receipt by the patient or their agent.	N/A
Pharmacy has policies and procedures in place to provide instructions to the patient on reporting concerns with delivery and storage of medicinal drugs.	N/A

Pharmacy engages in Centralized Prescription Filling? [64B16-28.450, F.A.C.]

Pharmacies have the same owner or have a written contract specifying the services to be provided by each pharmacy.	N/A
Current P&P Manual available for inspection designating at minimum: types of medications that may be filled, procedures for communicating orders, procedures for securely transporting the filled prescriptions.	N/A
The originating pharmacy is identified with pharmacy name and address on the prescription container label.	N/A
The central fill pharmacy is identified by name and address or a by a code available at the originating pharmacy.	N/A
If a controlled substance, the word "central fill" appears on the face of the original prescription.	N/A
The originating pharmacy keeps a record of receipt of the filled prescription, including the date of receipt, method of delivery and the name of the originating pharmacy's employee accepting delivery.	N/A

Automated Pharmacy System [465.0235, F.S.]

INV359 - Community Requirements

Insp #

File #

Pharmacy maintains a record of the medicinal drugs dispensed, including the identity of the pharmacist responsible for verifying the accuracy of the dosage and directions and providing patient counseling.	N/A
Pharmacy maintains written policies and procedures to ensure the proper, safe, and secure functioning of the automated pharmacy system for a minimum of 4 years.	N/A

Internet Pharmacy

A toll-free telephone number is provided to facilitate communication between patients in this state and a pharmacist at the pharmacy who has access to the patient's records. [465.0197 (3)(e), F.S.]	N/A
Toll free number is disclosed on the label affixed to each container of dispensed medicinal drugs. [465.0197 (3)(e), F.S.]	N/A
Documentation of a valid, unexpired pharmacy license, permit or registration in the state in which the dispensing facility is located and from which the medicinal drugs shall be dispensed. [465.0197(3)(a) F.S]	N/A

Remarks:

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge. I have received a copy of the Licensee Bill of Rights.

Inspector Signature

Date: 6/9/24

Representative:

Date: 6-9-2024

March 21, 2022

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521

Re: South Walton Pharmacy, LLC dba
SANTA ROSA PHARMACY

To the Board:

I hereby authorize Amanda S. Bercey, Pharm.D., Pharmacist-in-Charge & Pharmacy Manager, to appear on behalf of South Walton Pharmacy, LLC dba SANTA ROSA PHARMACY. Documentation of Dr. Bercey's status as Manager follows this page.

Dan A. Robin, Sr.,
President & Sole Member
South Walton Pharmacy, LLC dba
SANTA ROSA PHARMACY

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: South Walton Pharmacy, LLC dba SANTA ROSA PHARMACY

Physical Address: 2050 W COUNTY HWY 30a, UNIT M1-106

City: SANTA ROSA BEACH State: FL Zip: 32459

Mailing Address (if different from physical address): SAME

City: State: Zip:

Telephone: (850) 622-3313 Website: WWW.SANTAROSARX.COM

Licensing Company Email: OPS@SANTAROSARX.COM

Section 2: Personal Information

First: DAN Middle: ANTHONY Last: ROBIN

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] E 19 AVENUE

City: COVINGTON State: LA Zip: 70433

Telephone: [redacted] Email: OPS@SANTAROSARX.COM

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty: _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
SOUTHEASTERN LOUISIANA UNIVERSITY		1967-1969	
Address	**City**	**State**	**Zip**
500 UNIVERSITY AVENUE	HAMMOND	LA	70402
Diploma/Degree obtained, if any			
NONE/DID NOT FINISH			
School Name		From - To (MM/YY – MM/YY)	
ST BERNARD HIGH SCHOOL		1964-1967	
Address	**City**	**State**	**Zip**
JUDGE PEREZ DRIVE	CHALMETTE	LA	70043
Diploma/Degree obtained, if any			
DIPLOMA			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2002-PRESENT	[redacted]E 19 AVENUE	COVINGTON	LA	70433
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials 

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
DAR, INC. dba ROBIN & ASSOCIATES			1990 TO PRESENT	
Business Address		City	State	Zip
81125 HIGHWAY 1129		COVINGTON	LA	70435
Phone	Title			
(985) 893-0906	OWNER/OFFICER			
Description of Duties				
RESPONSIBLE FOR MANAGEMENT AND OVERSIGHT OF PUBLIC RELATIONS/POLITAL LOBBYING FIRM SINCE 1990				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials 

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

NOT APPLICABLE - NO "YES" RESPONSE

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

DAN A. ROBIN

Print Name (First, Last)

Dan A. Robin Sr. 3-21-22

Original Signature (electronic, copies or stamps not accepted) Date

---

Please have this section completed in the presence of a Notary Public.

State of Louisiana, ss. ~~County~~ Parish of St. Tammany

I, DAN A. ROBIN, SR., being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Dan A. Robin Sr. 3-21-22

Original Signature **Date**

Subscribed and Sworn to before me this 21 day of March.

Notary Public Signature

BRAD D. FERRAND
Notary Public
State of Louisiana
LSBA# 29860, Notary ID# 82462
My Commission Expires At Death

(Seal)

Applicant's initials DAR

Department of Health

License Verification

Printer Friendly Version

SOUTH WALTON PHARMACY LLC SANTA ROSA PHARMACY

License Number: PH25428

Data As Of 3/21/2022

License Information | Secondary Locations | Discipline/Admin Action | Supervising Practitioners | Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
BERCEY, AMANDA	RX DPT MGR/COR/POR	PHARMACIST	62301	06/14/2021

Click on the License Number to view License Details for that Practitioner

Back

For instructions on how to request a license certification of your Florida license to be sent to another state from the Florida Department of Health, please visit the License Certifications web page.

Primary Source Verified

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: South Walton Pharmacy, LLC dba SANTA ROSA PHARMACY

Physical Address: 2050 W COUNTY HWY 30a, UNIT M1-106

City: SANTA ROSA BEACH State: FL Zip: 32459

Mailing Address (if different from physical address): SAME

City: State: Zip:

Telephone: (850) 622-3313 Website: WWW.SANTAROSARX.COM

Licensing Company Email: OPS@SANTAROSARX.COM

Section 2: Personal Information

First: AMANDA Middle: SHIRLEY Last: BERCEY

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: [redacted] N. SAND PALM ROAD

City: FREEPORT State: FL Zip: 32439

Telephone: [redacted] Email: abercey@santarosarx.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: N/A to:

Military Occupation/Specialty

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: AB

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
XAVIER UNIVERSITY		08/2003 TO 05/2011	
Address: 1 DREXEL DRIVE	City: NEW ORLEANS	State: LA	Zip: 70125
Diploma/Degree obtained, if any: PHARMACY DOCTORATE			

School Name		From - To (MM/YY – MM/YY)	
ST MARY'S ACADEMY		08/1999 TO 05/2003	
Address: 6905 CHEF MENTUER HWY	City: NEW ORLEANS	State: LA	Zip: 70126
Diploma/Degree obtained, if any: HS DIPLOMA			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/2021 to present	[redacted] N. Sand Palm Road	Freeport	FL	32439
05/2019 to 07/2021	[redacted] Tanya Drive	Gonzalez	LA	70737
06/2013 to 05/2019	[redacted] Winchester Park Drive	New Orleans	LA	70129
06/2009 to 06/2013	[redacted] I-10 Service Road. Apt. 6I	New Orleans	LA	70127
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
South Walton Pharmacy, LLC dba SANTA ROSA PHARMACY			06/14/2021 TO PRESEN
Business Address	**City**	**State**	**Zip**
2050 W COUNTY HWY 30a, UNIT MD1-106	SANTA ROSA BEACH	FL	32459
Phone	**Title**	**Number of Employed Hours**	
(855) 957-6220	PHARMACIST-IN-CHARGE (06/2021 TO PRESENT)	40+WK	

Description of Duties

SUPERVISE ALL PHARMACISTS/PHARMACY STAFF; RESPONSIBLE FOR OVERSIGHT OF ALL PHARMACY ACTIVITIES TO INCLUDE DRUG PREPARATION/DISPENSING/CLINICAL PHARMACY SERVICES

Business Name			From - To (MM/YY – MM/YY)
FAST ACCESS SPECIALTY THERPEUTICS, LLC dba INFUCARE RX OF LA			01/2021 TO 06/2021
Business Address	**City**	**State**	**Zip**
2400 VETERANS MEMORIAL BLVD, STE 480	KENNER	LA	70062
Phone	**Title**	**Number of Employed Hours**	
(877) 327-8881	PHARMACIST-IN-CHARGE	40+WK	

Description of Duties

SUPERVISE ALL PHARMACY STAFF; RESPONSIBLE FOR OVERSIGHT OF PHARMACY SERVICES TO INCLUDE DRUG & STERILE PREPARATION/DISPENSING/CLINICAL PHARMACY SERVICES

Business Name			From - To (MM/YY – MM/YY)
FAST ACCESS SPECIALTY THERAPEUTICS, LLC dba INFUCARE RX OF LA			06/2019 TO 01/2021
Business Address	**City**	**State**	**Zip**
2400 VETERANS MEMORIAL BLVD, STE 480	KENNER	LA	70062
Phone	**Title**	**Number of Employed Hours**	
(877) 327-8881	PHARMACY MANAGER	40+WK	

Description of Duties

RESP FOR PATIENT ASSESSMENT & CARE PLAN DEVELOPMENT, OVERSIGHT OF PATIENT CARE TEAM, AND FOR STAFF PROFESSIONAL DEVELOPMENT AND CE

Business Name			From - To (MM/YY – MM/YY)
FAST ACCESS SPECIALTY THERAPEUTICS, LLC dba INFUCARE RX OF LA			06/2018 TO 06/2019
Business Address	**City**	**State**	**Zip**
2400 VETERANS MEMORIAL BLVD, STE 480	KENNER	LA	70062
Phone	**Title**	**Number of Employed Hours**	
(877) 327-8881	STAFF/CLINICAL PHARMACIST	40+WK	

Description of Duties

DEVELOP CLINICAL PROGRAMS PER POLICIES & REGULATIONS; COLLABORATE WITH HEALTHCARE PROVIDERS TO DEVELOP EFFECTIVE MEDICATION PLANS & ASSESS RESULTS

Business Name			From - To (MM/YY – MM/YY)
CVS PHARMACY			04/2017 to 05/2018
Business Address	**City**	**State**	**Zip**
20 W 10TH STREET	NEW ORLEANS	LA	70349
Phone	**Title**	**Number of Employed Hours**	
(225) 473-8132	PHARMACY MANAGER	40+WK	

Description of Duties

MANAGEMENT OF TECHS/DISPENSING/PATIENT COUNSELING

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
RITE AID			04/2016 TO 04/2017	
Business Address		City	State	Zip
3810 JEWELLA AVENUE		SHREVEPORT	LA	71109
Phone	Title		Number of Employed Hours	
(318) 631-9010	DISTRICT MANAGER		40+WK	
Description of Duties				
MANAGED 24 SURROUNDING AREA STORES, SALES GROUP AND PROFITABILITY FOR MY DISTRICT				

Business Name			From - To (MM/YY – MM/YY)	
RITE AID			05/2013 TO 04/2016	
Business Address		City	State	Zip
4115 JEFFERSON HIGHWAY		JEFFERSON	LA	70121
Phone	Title		Number of Employed Hours	
(504) 834-3232	PHARMACY MANAGER		40+WK	
Description of Duties				
MANAGEMENT/OVERSIGHT OF TECHS, DISPENSING & PATIENT COUNSELING				

Business Name			From - To (MM/YY – MM/YY)	
RITE AID			08/2011 TO 05/2013	
Business Address		City	State	Zip
1238 ST CHARLES STREET		HOUMA	LA	70360
Phone	Title		Number of Employed Hours	
(985) 873-3613	STAFF PHARMACIST		40+WK	
Description of Duties				
PATIENT COUNSELING/DISPENSING PRESCRIPTIONS/MANAGING TECHS AND MEDICATION THERAPY MANAGEMENT WITH OUTCOMES				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

NOT APPLICABLE - NO "YES" RESPONSE

3/23/2022

Original Signature (electronic, copies or stamps not accepted) Date

Applicant's initials

I, AMANDA SHIRLEY BERCEY, **certify that as the designated representative for**

South Walton Pharmacy, LLC dba SANTA ROSA PHARMACY,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

AMANDA S. BERCEY

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3-23-2022

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

AMANDA S. BERCEY

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3-23-2022

Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Walton

I, AMANDA S. BERCEY, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3-23-2022

Date

Subscribed and Sworn to before me this 23rd day of March.

Notary Public Signature

(Seal)

MERIDETH WILLIAMSON
Notary Public-State of Florida
Commission # HH 37011
My Commission Expires
August 26, 2024

Applicant's initials

4EEE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

☐ Nevada

■ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
■ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☐ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH_____	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Synergen Rx, LLC

Physical Address: 3990 Flowers Rd, Ste 530

City: Doraville State: GA Zip: 30360

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 404-585-7517 Toll Free # (NAC 639.708, NRS 639.23286): 888-975-2191

Fax: 404-900-9209 Contact Email: synergenrx@gmail.com

Website: synergenrx.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Jonathan Personius

Supervising/Managing Pharmacist NV Pharmacist Registration #: NA NV Temp 22728

Type of Pharmacy (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Retail/Community	■ Retail/Community
☐ Hospital (# beds _____)	☐ Non-sterile Compounding
☐ Internet	☐ Sterile Compounding
☐ Nuclear	■ Mail-Order Service
☐ Other: _____	☐ Off-site Cognitive Services
	☐ Long Term Care
	☐ Hospital
	☐ Other:

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ☐ Saturday ☐ Sunday

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (09/22/2021)

This application cannot be returned by fax or email.
We must have an original signature and fee to process.

Approval of this application is required to conduct a pharmacy in Nevada or for a pharmacy located in another state to ship pharmaceutical products into Nevada. Any change of name, ownership, or location will require a new application and $500.00 fee. A license to conduct a pharmacy is a revocable privilege, and no holder of such a license acquires any vested right therein or thereunder.

Print and mail the completed application with a **non-refundable fee of $500.00** paid for by credit or debit card or a check made payable to the **Nevada State Board of Pharmacy**. Credit and debit card payments are charged a **5% processing fee. S**end the completed application to the address indicated on top of this application.

Please ensure all requirements of the application are completed before submission. The deadline date for an application to be considered during a board meeting is posted on our website. If a completed application is not received by our office by the deadline, the application will not be considered until the next scheduled board meeting. **Please note that an application received just prior to the deadline date does not guarantee placement on the board agenda.** For application deadlines and meeting schedule visit www.bop.nv.gov.

Please note:

- An appearance at a board meeting may be required. If an appearance is required, you will be informed by letter two (2) weeks prior to the meeting.
    - If an applicant who is required to appear before the board is:
        - A partnership, all partners must appear. NAC 639.215
        - A corporation, a designated representative of the corporation must appear. If the designated representative is not an officer of the corporation, a letter authorizing him or her to appear on behalf of the corporation that is signed by an officer of the corporation must be submitted with the application. Documentation of the status of the person signing the letter of authorization must be submitted with the application. NAC 639.215
        - A pharmacy performing sterile compounding, a person with direct knowledge of compounding procedures.

- For Nevada pharmacies, upon approval of the application a pre-opening inspection will be required. Information regarding the pre-opening inspection will be provided to you after the approval of your application.

- Once an application is approved, the pharmacy receives a satisfactory pre-opening inspection (for Nevada pharmacies), and all other requirements of the board have been completed, a license will be issued.

- The license must be renewed in **October of even numbered years** despite when the original license was issued. Fees ARE NOT prorated.

- Nevada statutes and regulations can be accessed at www.bop.nv.gov

- For questions contact us at 775-850-1440 or by email at pharmacy@pharmacy.nv.gov.

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: ~~NA~~ Jonathan M. Personius	NV Pharmacist Registration #: 22728
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: NA	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Georgia

Parent Company (if any): NA

Corporation/Organization Name: Synergen Rx, LLC

Mailing Address: 3990 Flowers Rd, Ste 530

City: Doraville State: GA Zip: 30360

Telephone: 404-585-7517 Email: synergenrx@gmail.com

Contact Person Name: Ian Tokash

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the VP of Pharmacy (title) for Synergen Rx, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Jonathan Personius

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

4/13/22

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Jonathan Personius hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the VP of Pharmacy (title) for Synergen Rx, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 13th day of April, 20 22

Angela K. McGowan
Notary Public

ANGELA K MCGOWAN NOTARY PUBLIC DEKALB COUNTY, GEORGIA MY COMMISSION EXPIRES AUGUST 13, 2024

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: _____ Pharmacist Registration #: _____

Pharmacy Name: _____

Initial each statement below to indicate you have read and agree with the following:

_____ I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

_____ I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

_____ I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

_____ I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

_____ I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

_____ _____

Original signature of Managing Pharmacist (copies or stamps not accepted) Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓ ownership document		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** o **All General Partners;** o **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**.	✓	Cert of Existence ✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		IT ✓	✓	✓
• **Personal History Record Application found at** http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a. For Non-publicly traded -** The top 4 shareholder/stockholders. **b. For Partnerships -** All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner.		Sign IT ✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	enclosed ✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	NA ✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ian Tokash, VP Operations

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

4/13/2022

Date

Board Use Only	Date Received: _____	Amount: 500 CHECK #1195

Georgia Board of Pharmacy

2 Peachtree Street, N.W., 6th Floor
Atlanta, GA 30303

(404) 651-8000 www.gbp.georgia.gov

Date Mailed: December 2, 2021

Synergen Rx LLC
3990 Flowers Road Ste 530
Doraville GA 30360

Full Name: Synergen Rx LLC	Date Issued: 05/30/2019
Type of License: Retail Pharmacy	License #: PHRE010735
Obtained By: Application	Expiration Date: 06/30/2023
License Status: Active	Highest Degree:
Public Board Orders: None	Profession: Pharmacy
Schools:	

VERIFICATION OF LICENSURE

The information above is the only licensure certification information provided by this Division. If other information is needed, it must be obtained from the above-named individual or the agency or institution which initially generated the information. If this verification indicates that a board order exists, please visit our website at https://gadch.mylicense.com/verification/Search.aspx to obtain a copy of the board order.

THE GEORGIA STATE BOARD OF PHARMACY ACT 1881 AMENDED 1889

Eric R. Lacefield
Executive Director
Georgia Board of Pharmacy

Control Number : 19011293

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Synergen Rx, LLC
a **Domestic Limited Liability Company**

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number	: 22555342
Date Inc/Auth/Filed	: 01/19/2019
Jurisdiction	: Georgia
Print Date	: 02/16/2022
Form Number	: 211

Brad Raffensperger

Brad Raffensperger
Secretary of State

Georgia Drugs and Narcotics Agency
254 Washington Street SW - G2000
Atlanta, Georgia 30334

RETAIL

Pharmacy Permit Inspection Form

Board Office: 404-651-8000
Board Fax: 470-386-6137
GDNA Office: 404-656-5100
GDNA Fax: 404-651-8210
GDNA Toll Free: 800-656-6568

Pharmacy Information							
Inspection Type:	Routine Inspection						
Permit Type Primary:	Chain Store 10-02	Permit Type Secondary:					
Pharmacy Name	Synergen Rx LLC					County:	Dekalb
						Date:	07/08/2021
Pharmacy Permit #:	PHRE010735	Exp Date:	6/30/2023	DEA:	FS8612928	Exp Date:	02/28/2022
Street Address:	3990 Flowers Road Ste 530						
City:	Doraville	State:	GA	Zip:	30360	Hours:	M-F 8:30-5, Sat & Sun-Closed
Phone:	404-585-7517	Fax:	404-900-9209	Pharmacy Email:		customerservice@synergenrx.com	
Pharmacist-in-Charge:	Jonathan Michael Personius			License #:	RPH028558	Exp Date:	12/31/2022
Other Employees							
Full-Time Pharmacist	Joshua Allen Meeks			License #	RPH028502	Exp Date:	12/31/2022
Pharmacy Technician	Angela Kathleen McGowan			Registration #	PHTC011292	Exp Date:	6/30/2023
						Exp Date:	
						Exp Date:	
						Exp Date:	
						Exp Date:	
						Exp Date:	
Last GDNA Inspection Date	01/08/2020			Inspected By:	J. Khail		
Recommendations Made:	None			Corrections Made:	N/A		

Criteria	Satisfactory	Comments
1. Pharmacy License	Yes	
2. DEA Permit	Yes	
3. Pharmacist/Intern License	Yes	
4. Dangerous Drug Rxs		See comment
5. Schedule II Rxs	N/A	Does not stock or dispense
6. Schedule III, IV, V Rxs	N/A	Does not stock or dispense
7. Refill Records / Computer Printout Records	Yes	
8. Exempt Narcotic Book	N/A	Not sold per PIC
9. PSE Logbook and Combat Meth Certificate	N/A	Not sold or stocked per PIC
10. Drug Distribution Records (Non-Rx Sales)	N/A	Not distributed per PIC
11. DEA Biennial Inventory	Yes	07/01/2021, reported no schedule CII-CV drugs
12. Drug Purchase Records (Invoices/Order Forms)	Yes	
13. Rx Department Security / Authorized Access Only	Yes	
14. Rx Department Sanitation / Orderly	Yes	
15. Adequate Pharmacy Temperature Control	Yes	41F
16. Rx Drug Stock (Adulterated / Misbranded)	Yes	Will select a reverse distributor (4)
17. Laws / Rules / Appropriate Reference Material	Yes	
18. Required Equipment for Pharmacy Type	Yes	
19. Exemption Documentation / Other Reports	N/A	
20. Policies & Procedures Manual (if required)	N/A	
21. Patient Counseling / Patient Profile Records	Yes	Discussed with RPH
22. Safety Concerns, i.e. Adequate Staffing	Yes	
23. Proper Supervision of Pharmacy Technicians	Yes	Discussed with RPH
24. List Drug Suppliers and Reverse Distributors:	Amerisource, Smith, Top Rx, IPC, Bonita, JamsRx, Key Source, South Pointe	

GDNA considers this document confidential for use between GDNA, the Board of Pharmacy, and the registrant

Georgia Drugs and Narcotics Agency
254 Washington Street SW - G2000
Atlanta, Georgia 30334

RETAIL

Pharmacy Permit Inspection Form

Board Office: 404-651-8000
Board Fax: 470-386-6137
GDNA Office: 404-656-5100
GDNA Fax: 404-651-8210
GDNA Toll Free: 800-656-6568

Compounding	Does this Pharmacy Compound Medication?	No	
	Type of Compounding Conducted	No Compounding Conducted	
25. Was a GDNA non-sterile compounding inspection conducted during this visit?		No	
26. Was a GDNA sterile compounding inspection conducted during this visit?		No	
27. Is this pharmacy registered with the FDA as a 503B Outsourcing Facility?		No	
28. Does this pharmacy receive compounded products from outside sources?		No	
If yes, provide names of suppliers:			
Vaccinations	Does this pharmacy administer vaccinations via protocol?	No	

29. Types of vaccinations adminstered:

Influenza	N/A	Shingles	N/A	Pneumococcal	N/A	Meningitis	N/A	Other	

	Satisfactory	Comments
30. Vaccination Protocol Agreement	N/A	
31. Signed & Notarized Affidavit	N/A	
32. Liability Insurance for each Vaccinating Pharmacist	N/A	
33. Immunization cards issued	N/A	
34. Attempt to contact PCP within 72hrs	N/A	
35. Reporting vaccinations to G.R.I.T.S.	N/A	
36. Supervision during administration	N/A	

Delivery by Mail	Does the pharmacy deliver prescription mediations to the patient via mail or common carrier?	Yes

	Satisfactory	Comments
37. Controlled substance prescriptions sent signature required	N/A	Not stocked or mailed
38. Temperature sensitive Rxs packed correctly	Yes	
39. Proper documentation maintained by pharmacy	Yes	
40. Replacement of compromised Rx shipment	Yes	

Recommendations / Comments

4) All faxed prescriptions are sent to Nextiva (fax) software with a HIPPA security upgrade. Faxes are then uploaded automatically to a secure email address encrypted by Zix software.

4) E-scripts load directly into Newleaf, the prescription processing software.

4) Verbal prescriptions were written, scanned into the pharmacy system, and then shredded. Moving forward, the pharmacy will retain verbal and transferred verbal hardcopy prescriptions. PIC estimated one to two prescriptions per week.

This inspection report has been read and explained to the pharmacist whose name appears below. Explanations include any observed violations, deficiencies, or comments, and such are based on state/federal laws and rules pertaining to the practice of pharmacy in the State of Georgia. I do affirm the information I have given pursuant to this inspection is true and correct to the best of my knowledge. This inspection report is not intended to be all inclusive, and there may be deficiencies, non-compliance, or violations of the laws and rules not detected and noted in this report.

Pharmacist's Email:

Printed Name: Jonathan Michael Personius

Signature: Pharmacist-in-Charge or on Duty

Today's Date 07/08/2021

Printed Name: Eric W Durham

Special Agent, Georgia Drugs & Narcotics Agency

STATE OF GEORGIA
Georgia Board of Pharmacy
Retail Pharmacy
LICENSE NO. PHRE010735 Status: Active

Synergen Rx LLC,
3990 Flowers Road Ste 530
Doraville GA 30360

Expires: 06/30/2023
Issued: 05/30/2019

Pharmacist in Charge RPH028558
Jonathan Michael Personius

Real-time license verification is available at gadch.mylicense.com/verification

Above is your wall certificate license to practice as a **Retail Pharmacy** in the State of Georgia. A pocket-sized license card is below.

Please make note of the expiration date on your license. It is your responsibility to renew your license before it expires.
Please notify the Board if you have a change of address.

STATE OF GEORGIA
Georgia Board of Pharmacy
Retail Pharmacy
LICENSE NO. PHRE010735 Status: Active
Synergen Rx LLC,
3990 Flowers Road Ste 530
Doraville GA 30360

Expires: 06/30/2023 Pharmacist in Charge RPH028558
Issued: 05/30/2019 Jonathan Michael Personius
Real-time license verification is available at gadch.mylicense.com/verification

SYNERGEN RX, LLC
3990 FLOWERS RD STE 530
DORAVILLE, GA 30360-3195

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FS8612928	02-28-2025	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	01-04-2022

SYNERGEN RX, LLC
3990 FLOWERS RD STE 530
DORAVILLE, GA 30360-3195

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FS8612928	02-28-2025	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	01-04-2022

SYNERGEN RX, LLC
3990 FLOWERS RD STE 530
DORAVILLE, GA 30360-3195

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FS8612928	02-28-2025	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	01-04-2022

SYNERGEN RX, LLC
3990 FLOWERS RD STE 530
DORAVILLE, GA 30360-3195

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223/511 (9/2016)

REPORT CHANGES PROMPTLY

REQUESTING MODIFICATIONS TO YOUR REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at deadiversion.usdoj.gov - or
2. call our customer Service Center at 1-(800) 882-9539 - or
3. submit your change(s) in writing to:
   Drug Enforcement Administration
   P.O. Box 2639
   Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:



3990 Flowers Rd, Ste 530, Doraville, GA 30360
Phone: 404-585-7517 Fax: 404-900-9209

Synergen Rx, LLC Owners/Officers
FEIN: 83-3698168

Name/Title	Address	Phone	DOB	Social Security	Percent Owned
Josh Meeks VP Clinical Officer	[redacted] Chase Ridge Kennesaw, GA 30144	[redacted]	[redacted]	[redacted]	33.33%
Jonathan Personius VP Pharmacy	[redacted] Harmony Grove Rd. Lilburn, GA 30047	[redacted]	[redacted]	[redacted]	33.34%
Ian Tokash VP Operations	[redacted] Carthage Rd. Tucker, GA 30084	[redacted]	[redacted]	[redacted]	33.33%

Nevada State Board Of Pharmacy

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 04/28/2022
Amount:
License #: 22728

Jonathan M. Personius

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Effective Date:04/28/2022
Expires:10/28/2022

Jonathan M. Personius

License #
22728
Temporary

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

Expires: 10/28/2022
STATUS: Temporary

License Type: Pharmacist
License #: 22728
Effective Date:04/28/2022

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Jonathan M. Personius

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Synergen Rx LLC

Physical Address: 3990 Flowers Road Suite 530

City: Doraville State: GA Zip: 30360

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 404-585-7517 Website: synergenrx.com

Licensing Company Email: jonathan.personius@synergenrx.com

Section 2: Personal Information

First: Jonathan Middle: Michael Last: Personius

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Harmony Grove Road

City: Lilburn State: GA Zip: 30047

Telephone: [redacted] Email: jonathan.personius@synergenrx.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials JMP

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Philadelphia College of Osteopathic Medicine, School of Pharmacy		08/2011 - 05/2015	
Address	**City**	**State**	**Zip**
625 Old Peachtree Road	Suwanee	GA	30024
Diploma/Degree obtained, if any			
PharmD			

School Name		From - To (MM/YY – MM/YY)	
Georgia College and State University		8/2007 - 12/2010	
Address	**City**	**State**	**Zip**
231 W Hancock St	Milledgeville	GA	31061
Diploma/Degree obtained, if any			
Bachelors of Science			

School Name		From - To (MM/YY – MM/YY)	
Warner Robins high School		8/2001 - 5/2005	
Address	**City**	**State**	**Zip**
401 South Davie Drive	Warner Robins	GA	31088
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/2017 - current	[redacted] Harmony Grove Road	Lilburn	GA	30047
05/2015 - 10/2017	[redacted] Briarcliff Rd NE	Atlanta	GA	30329
08/2011 - 05/2015	[redacted] Manor Glenn Drive	Suwanee	GA	30024

Applicant's initials JMP

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Synergen Rx LLC			11/2019 - current	
Business Address		**City**	**State**	**Zip**
3990 Flowers Road Suite 530		Doraville	GA	30360
Phone	**Title**			
404-585-7517	VP, Head of Pharmacy			
Description of Duties				
Manage employees, deal with day to day interactions with manufacturers, physicians and accrediting bodies.				

Business Name			From - To (MM/YY – MM/YY)	
Encompass Rx			5/2015 - 11/2019	
Business Address		**City**	**State**	**Zip**
2700 North east expressway		Atlanta	GA	30329
Phone	**Title**			
404-367-9111	Pharmacist			
Description of Duties				
Verified prescriptions, counseled patients, managed technicians, worked with providers				

Business Name			From - To (MM/YY – MM/YY)	
CVS Pharmacy			5/2011-5/2015	
Business Address		**City**	**State**	**Zip**
5095 Peachtree Pkwy		Norcross	GA	30092
Phone	**Title**			
770-209-9299	Pharmacy Intern			
Description of Duties				
Counseled patients, filled prescriptions, rang the register, managed inventory.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials JMP

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Applicant's initials JMP

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jonathan Personius

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/13/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Georgia, ss. County of Dekalb

I, Jonathan Personius, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/13/2022

Date

Subscribed and Sworn to before me this 13th day of April 2022

Notary Public Signature

ANGELA K MCGOWAN
NOTARY PUBLIC
DEKALB COUNTY, GEORGIA
MY COMMISSION EXPIRES AUGUST 13, 2024

(Seal)

Applicant's initials JMP

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler SYNERGEN RX

Physical Address 3990 FLOWERS RD STE 530

City DORAVILLE State GA Zip 30360

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 404-585-7517 Website SYNERGENRX.COM

Licensing Company Email SYNERGENRX@GMAIL.COM

Section 2: Personal Information

First Joshua Middle Allen Last Meeks

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address 2602 Chase Rdg

City Kennesaw State GA Zip 30144

Telephone [redacted] Email [redacted]@outlook.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE - SCHOOL OF PHARMACY			08/11 - 5/15	
Address		City	State	Zip
625 Old Peachtree Rd NE		Suwanee	GA	31024
Diploma/Degree obtained, if any				
DOCTOR OF PHARMCY				
School Name			From - To (MM/YY – MM/YY)	
ARMSTRONG ATLANTIC STATE UNIVERSITY			08/09 - 05/11	
Address		City	State	Zip
11945 Abercorn St		Savannah	GA	31419
Diploma/Degree obtained, if any				
N/A				
School Name			From - To (MM/YY – MM/YY)	
JOHN MILLEDGE ACADEMY			08/05 - 05/08	
Address		City	State	Zip
197 Log Cabin Rd Ne		MILLEDGEVILLE	GA	31061
Diploma/Degree obtained, if any				
HIGH SCHOOL DIPLOMA				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/19-present	[redacted] CHASE RDG	KENNESAW	GA	30144
12/17-12/19	[redacted] Ivy Chase In	Peachtree Corners	GA	30092
1/16 -12/17	[redacted] Kiveton Dr	Peachtree Corners	GA	30092
7/11-1/16	[redacted] Jasmine Pkwy	Alpharetta	GA	30322
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials 

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
SYNERGEN RX LLC			01/20-PRESENT
Business Address	**City**	**State**	**Zip**
3990 FLOWERS RD STE 530	DORAVILLE	GA	30360
Phone	**Title**		
404-585-7517	OWNER / VP-HEAD OF CLINICAL SERVICES		

Description of Duties

OVERSEE CLINICAL INITIATIVES WITHIN THE ORANIZATION AND PARTICIPATE IN BUSINESS STRATEGY AND COMPANY GROWTH

Business Name			From - To (MM/YY – MM/YY)
ENCOMPASS RX			04/15 - 01/20
Business Address	**City**	**State**	**Zip**
2700 Northeast Expy B-800	ATLANTA	GA	30345
Phone	**Title**		
404-367-9111	PHARMACIST SUPERVISOR		

Description of Duties

SUPERVISE ALL STAFF PHARMACISTS ON-SITE, PERFORM PHARMACIST REVIEWS, SCHEDULING, AND MANAGE DAY-TO-DAY PHARMACIST FUNCTIONS.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Joshua Meeks

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4-13-22

Date

Please have this section completed in the presence of a Notary Public.

State of Georgia, ss. County of Dekalb

I, Joshua Meeks, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/13/2022

Date

Subscribed and Sworn to before me this 13th day of April 2022

Angela K McGowan

Notary Public Signature

ANGELA K MCGOWAN NOTARY PUBLIC DEKALB COUNTY, GEORGIA MY COMMISSION EXPIRES AUGUST 13, 2024

(Seal)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Synergen Rx, LLC

Physical Address 3990 Flowers Rd, Ste 530

City Doraville State GA Zip 30360

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First Ian Middle Cory Last Tokash

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address 3990 Flowers Rd, Ste 530

City Doraville State GA Zip 30360

Telephone [redacted] Email ian.tokash@synergenrx.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty NA

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials IT

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Georgia State University		08/07 - 12/10	
Address	**City**	**State**	**Zip**
33 Gilmer St, SE	Atlanta	GA	30303
Diploma/Degree obtained, if any			
MBA with Health Care Concentration			
School Name		From - To (MM/YY – MM/YY)	
SUNY Albany		01/97 - 5/99	
Address	**City**	**State**	**Zip**
1400 Washington Ave	Albany	NY	12222
Diploma/Degree obtained, if any			
BS Biology with Combined Science Minor (Chemistry/Physics)			
School Name		From - To (MM/YY – MM/YY)	
Monroe Community College		08/93 - 12/96	
Address	**City**	**State**	**Zip**
1000 E. Henrietta Rd	Rochester	NY	14623
Diploma/Degree obtained, if any			
Associates in Business Management			
School Name		From - To (MM/YY – MM/YY)	
Fredonia State University		08/91 - 05/92	
Address	**City**	**State**	**Zip**
280 Central Avenue	Fredonia	NY	14063
Diploma/Degree obtained, if any			
NA			
School Name		From - To (MM/YY – MM/YY	
East Rochester High School		09/88 - 06/91	
Address	**City**	**State**	**Zip**
200 Woodbine Ave	East Rochester	NY	14445
Diploma/Degree obtained, if any			
Advanced Regents Diploma			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/15 - current	[redacted] Carthage Rd	Tucker	GA	30084
08/10 - 10/15	[redacted] Moncreif Circle	Decatur	GA	30033
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials IT

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Synergen Rx, LLC			08/2020 - 04/22
Business Address	**City**	**State**	**Zip**
3990 Flowers Rd, Ste 530	Doraville	GA	30360
Phone	**Title**		
404-585-7517	VP Operations		
Description of Duties			
Prescription Filling and Distribution, Audit Documentation, Contract Management, State Licensing, Business Operations			

Business Name			From - To (MM/YY – MM/YY)
Encompass Rx, LLC			11/12 - 7/19
Business Address	**City**	**State**	**Zip**
2700 Northeast Expressway NE, Ste B-800	Atlanta	GA	30345
Phone	**Title**		
855-443-9944	Director of Operations		
Description of Duties			
Prescription Filling and Distribution, Audit Documentation, Contract Management, State Licensing, Business Operations			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials IT

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Applicant's initials IT

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials IT

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ian Tokash

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/13/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Georgia, ss. County of Dekalb

I, Ian Tokash, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/13/2022

Date

Subscribed and Sworn to before me this 13th day of April 2022.

Angela K McGowan

Notary Public Signature

ANGELA K MCGOWAN NOTARY PUBLIC DEKALB COUNTY, GEORGIA MY COMMISSION EXPIRES AUGUST 13, 2024 (seal)

Applicant's initials IT

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Synergen Rx, LLC

Physical Address: 3990 Flowers Rd, Ste 530

City: Doraville State: GA Zip: 30360

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 888-975-2191 Website: synergenrx.com

Licensing Company Email: synergenrx@gmail.com

Section 2: Personal Information

First: Ian Middle: Cory Last: Tokash

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: 3990 Flowers Rd, Ste 530

City: Doraville State: GA Zip: 30360

Telephone: [redacted] Email: ian.tokash@synergenrx.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: IT

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Georgia State University		08/07 - 12/10	
Address	City	State	Zip
33 Gilmer St, SE	Atlanta	GA	30303
Diploma/Degree obtained, if any			
MBA with Health Care Concentration			
School Name		From - To (MM/YY – MM/YY)	
SUNY Albany		01/97 - 5/99	
Address	City	State	Zip
1400 Washington Ave	Albany	NY	12222
Diploma/Degree obtained, if any			
BS Biology with Combined Science Minor (Chemistry/Physics)			
School Name		From - To (MM/YY – MM/YY)	
Monroe Community College		08/93 - 12/96	
Address	City	State	Zip
1000 E. Henrietta Rd	Rochester	NY	14623
Diploma/Degree obtained, if any			
Associates in Business Management			
School Name		From - To (MM/YY – MM/YY)	
Fredonia State University		08/91 - 05/92	
Address	City	State	Zip
280 Central Avenue	Fredonia	NY	14063
Diploma/Degree obtained, if any			
NA			
School Name		From - To (MM/YY – MM/YY	
East Rochester High School		09/88 - 06/91	
Address	City	State	Zip
200 Woodbine Ave	East Rochester	NY	14445
Diploma/Degree obtained, if any			
Advanced Regents Diploma			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/15 - current	[redacted] Carthage Rd	Tucker	GA	30084
08/10 - 10/15	[redacted] Moncreif Circle	Decatur	GA	30033

Applicant's initials IT

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Synergen Rx, LLC			08/20 - 04/22	
Business Address		City	State	Zip
3990 Flowers Rd, Ste 530		Doraville	GA	30360
Phone	Title		Number of Employed Hours	
404-585-7517	VP Operations		3500	
Description of Duties				
Prescription Filling and Distribution, Audit Documentation, Contract Management, State Licensing, Business Operations				

Business Name			From - To (MM/YY – MM/YY)	
Encompass Rx, LLC			11/12 - 7/19	
Business Address		City	State	Zip
2700 Northeast Expressway NE, Ste B-800		Atlanta	GA	30345
Phone	Title		Number of Employed Hours	
855-443-9944	Director of Operations		14,000	
Description of Duties				
Prescription Filling and Distribution, Audit Documentation, Contract Management, State Licensing, Business Operations				

Business Name			From - To (MM/YY – MM/YY)	
CarePlus Pharmacy			03/11 - 11/12	
Business Address		City	State	Zip
560 Amsterdam Ave NE		Atlanta	GA	30306
Phone	Title		Number of Employed Hours	
404-892-9131	Pharmacy Technician		3500	
Description of Duties				
Prescription Filling and Distribution, Prior Authorization Management, Customer Service				

Business Name			From - To (MM/YY – MM/YY)	
Target Pharmacy			05/05 - 05/2009	
Business Address		City	State	Zip
2400 N. Druid Hills Rd		Atlanta	GA	30329
Phone	Title		Number of Employed Hours	
404-267-0061	Pharmacy Tecnician		7000	
Description of Duties				
Prescription Filling and Distribution, Prior Authorization Management, Customer Service				

Business Name			From - To (MM/YY – MM/YY)	
Sams Club Pharmacy			10/02 - 05/05	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
770-495-0484	Pharmacy Technician		5300	
Description of Duties				
Prescription Filling and Distribution, Prior Authorization Management, Customer Service				

Continue on next page if additional space is needed.

Applicant's initials IT

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials IT

Section 8: Arrests, Detentions, Litigations, Arbitrations:	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials IT

I, Ian Tokash, **certify that as the designated representative for**

Synergen Rx, LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Ian Tokash

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/13/2022

Date

Applicant's initials IT

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ian Tokash

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/13/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Georgia, ss. County of Dekalb

I, Ian Tokash, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/13/2022

Date

Subscribed and Sworn to before me this 13th day of April 2022

Angela K. McGowan

Notary Public Signature

ANGELA K MCGOWAN NOTARY PUBLIC DEKALB COUNTY, GEORGIA MY COMMISSION EXPIRES AUGUST 13, 2023

(Seal)

Applicant's initials IT

4FFF

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

☐ Nevada

■ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
■ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☐ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH_____	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Trinity Health Pharmacy Services, LLC

Physical Address: 12279 Bluffton Rd

City: Fort Wayne State: IN Zip: 46809

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 734-343-7600 Toll Free # (NAC 639.708, NRS 639.23286): 833-675-0790

Fax: 312-598-9839 Contact Email: michael.reining@trinity-health.org

Website: https://www.trinity-health.org/our-services/specialty-pharmacy/

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Zachary Roberts

Supervising/Managing Pharmacist NV Pharmacist Registration #: NV Temp 22797

Type of Pharmacy (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Retail/Community	☐ Retail/Community
☐ Hospital (# beds _____)	☐ Non-sterile Compounding
☐ Internet	☐ Sterile Compounding
☐ Nuclear	■ Mail-Order Service
■ Other: Mail order specialty pharm	☐ Off-site Cognitive Services
	☐ Long Term Care
	☐ Hospital
	☐ Other:

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ☐ Saturday ☐ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Zachary L. Roberts	NV Pharmacist Registration #: 22797
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: NA	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Trinity Health

Corporation/Organization Name: Trinity Health Pharmacy, LLC

Mailing Address: 12279 Bluffton Rd

City: Fort Wayne State: IN Zip: 46809

Telephone: 734-343-7600 Email: michael.reining@trinity-health.org

Contact Person Name: Michael Reining

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Pharmacy Director (title) for Trinity Health Pharmacy Services (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Zachary Roberts

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

3/28/22

Date

NOTARY PUBLIC STATE OF INDIANA
Allen COUNTY
My Commission #
Michael J Reining
Expires
11/4/2029

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Zachary Roberts hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacy Director (title) for Trinity Health Pharmacy Services (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

NOTARY PUBLIC
Expires 1/24/2030
Michael J Reining
Allen COUNTY
My Commission # NP0738892
STATE OF INDIANA

SUBSCRIBED AND SWORN TO
Before me, a notary public this 28th day of March, 20 22

Notary Public

N/A

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: _____ Pharmacist Registration #: _____

Pharmacy Name: _____

Initial each statement below to indicate you have read and agree with the following:

_____ I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

_____ I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

_____ I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

_____ I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

_____ I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state?		
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?		
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		

If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

_____ _____

Original signature of Managing Pharmacist (copies or stamps not accepted) Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** o **All General Partners;** o **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application found at** http://bop.nv.gov/Services/newapps/Business/ must be completed by: a. **For Non-publicly traded -** The top 4 shareholder/stockholders. b. **For Partnerships -** All general partners; all limited partners who hold 10% or more of the interest. c. **For Sole Owner -** The owner.		✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Zachary Roberts

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original Signature of Authorized Person (copies or stamps not accepted)

4/20/22

Date

Board Use Only	Date Received: _____	Amount: $150 CC ✓

Trinity Health

Pharmacy Services

Trinity Health Pharmacy Services | 12279 Bluffton Road | Fort Wayne, IN 46809
Office: 734-343-7600 | Fax: 312-598-9839

Trinity Health Pharmacy Services Board of Managers:

Tammy Lundstrom – President- 20555 Victor Pkwy, Livonia, MI 48152

Shawn Vincent – Member at large- 20555 Victor Pkwy, Livonia, MI 48152

Louis Fierens – Chairman- 20555 Victor Pkwy, Livonia, MI 48152

Regina Doxtader – Treasurer- 20555 Victor Pkwy, Livonia, MI 48152

Zachary Roberts – Pharmacy Director- 12279 Bluffton Rd, Fort Wayne, IN 46809

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, HOLLI SULLIVAN, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

TRINITY HEALTH PHARMACY SERVICES, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on September 25, 2019, and was in existence or authorized to transact business in the State of Indiana on January 26, 2022.

I further certify this Foreign Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.

In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, January 26, 2022

HOLLI SULLIVAN
SECRETARY OF STATE

201909251348104 / 20222406973

All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate

Expires on February 25, 2022.

STATE OF INDIANA

Eric J. Holcomb

Indiana Professional Licensing Agency
402 W. Washington St. Room W072
Indianapolis, IN 46204
Phone: (317) 232-2960
Fax: (317) 233-4236

Digitally Certified Proof of Licensure

RE: Trinity Health Pharmacy Services, LLC

I, Deborah J. Frye, Executive Director of the Indiana Professional Licensing Agency and custodian of the records therein, hereby certify that the attached is the digitally certified proof of licensure, as requested, and as it appears in the files of the Indiana Professional Licensing Agency on the date/time certified.

This digital certification follows the requirements of Indiana's Electronic Digital Signature Act (Indiana Code 5-24-1-1 et seq.) and rules developed by the Indiana State Board of Accounts, 20 IAC 3-1 et seq. to establish a valid digital electronic signature.

To verify the authenticity of the digital certification as of the date and time stamp below, go to
https://secure.in.gov/apps/pla/search/verify/
and use our free web service. Simply browse to the location you saved the secure PDF document sent to you and upload to validate. You may also verify the authenticity in Adobe by ensuring the 'Certified by State of Indiana' blue ribbon displays at the top of the PDF.

Deborah J. Frye

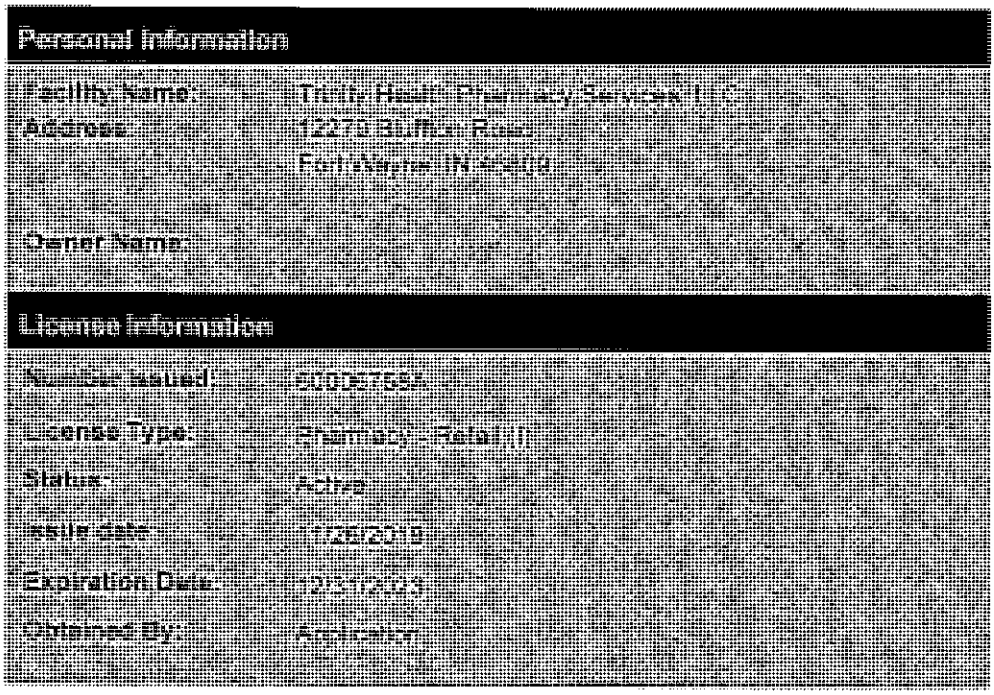
Deborah J. Frye, Executive Director
Thu Jan 20 12:42:39 PM EST 2022

STATE OF INDIANA

Eric J. Holcomb

Indiana Professional Licensing Agency
402 W. Washington St. Room W072
Indianapolis, IN 46204
Phone: (317) 232-2960
Fax: (317) 233-4236

Official Proof of Licensure
Digitally Certified Record



This licensee has met ALL requirements for licensure in the State of Indiana - including successfully passing all required exams.

For disciplinary action information, please visit our License Search & Verify service at www.in.gov/pla/3119.htm. Disciplinary action will either show under Previous Action or Violations. For additional information including questions regarding Disciplinary Action, contact the appropriate Board or Commission at http://www.in.gov/pla/boards.htm.

Digitally Certified on: Thu Jan 20 12:42:39 PM EST 2022

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Pharmacy e-Profile ID:	1489471		**Inspection Information**
Legal Business Name:	Trinity Health Pharmacy Services, LLC	**Conference Call Date:**	n/a
Doing Business As (DBA):	n/a	**Start Time: 24-hour format (13:00)**	
Address:	12279 Bluffton Road	**End Time: 24-hour format (13:00)**	
City:	Fort Wayne	**Onsite Inspection Date:**	7/14/2021
State:	Indiana	**Start Time: 24-hour format (13:00)**	10:30
Zip Code:	46809	**End Time: 24-hour format (13:00)**	12:00
Telephone number:	734-343-7600	**Inspector Name:**	Rita Weiss, R.Ph., Esq., BCGP
Toll free number:	833-675-0790	**Inspection Performed by (NABP, State, etc):**	NABP
Fax number:	312-598-9839	**Observer Name/Affiliation (if applicable):**	n/a
Website:	www.trinity-health.org/specialtypharmacy	**Observer Name/Affiliation (if applicable):**	n/a

Pharmacy Hours of Operation — **Check if 24/7** ☐

	Open		Closed
	Start Time: (24-hour format)	**End Time: (24-hour format)**	**(X)**
Sunday			x
Monday	9:00	17:00	
Tuesday	9:00	17:00	
Wednesday	9:00	17:00	
Thursday	9:00	17:00	
Friday	9:00	17:00	
Saturday			x

Key Pharmacy Personnel	**Name**	**Contact (e-mail)**	**e-Profile ID**
Pharmacist in Charge	Zachary Roberts	Zachary.Roberts001@trinity-health.org	207313
Nonsterile Compounding Supervisor	n/a	n/a	n/a
Sterile Compounding Supervisor	n/a	n/a	n/a
Hazardous Compounding Supervisor	n/a	n/a	n/a

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Personnel Present at Time of Inspection	Name	Title	License or registration available and current (Y/N)
1	Zachary Roberts	PIC	Y
2	Lorin Yolch	Pharmacist	Y
3	Hitesh Mistry	Pharmacist	Y
4	Angela Fanning	Pharmacist	Y
5	Ashleigh Knott	Pharmacy Technician	Y
6	Tracy Parker	Reimbursement Coordinator	n/a
7			
8			
9			
10			

If more than 10, list the first 10 below, then list the title and number (eg: 4 pharmacists, 6 technicians, 2 technicians-in-training, 1 intern, 4 clerks, etc) for the additional personnel present.

Business Licensure Information for State of Residence and Federal
(board of pharmacy, state controlled substance, DEA, FDA, etc)

License/Registration Agency	Business Name on License/Registration	License Type/Number	Expiration Date
Indiana Board of Pharmacy	Trinity Health Pharmacy Services LLC	Pharmacy/60006758A	12/31/2021
U.S. Department of Justice/DEA	Trinity Health Pharmacy Services LLC	Controlled Substance (Retail Pharmacy)/FT8931823	11/30/2022

Inspector Notes: Pharmacy is located inside a warehouse type building. XPO Logistics is the primary occupant and it is a 3PL distributor for Trinity Health. The pharmacy occupies a locked space where drug storage and fulfillment occurs, a small call center area and an office. A larger call center is set-up and ready for expansion. The pharmacy is seeking licensure in all 50 states with the intention of dispensing specialty medications for all Trinity Health patient population within a few years. The pharmacy does not compound or handle any controlled substances. List states in which Non-Resident licenses are held: AZ, CO, CT, DE, FL, GA, ID, KY, MI, MN, MO, NY, OH, OR, PA, WV, WI, WY

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Attachments
(NO PHI, including prescription numbers)

Attachment Name	Description

	Type(s) of practice Type "X" for all that apply		Type(s) of practice Type "X" for all that apply
Traditional retail		Telepharmacy	
Open to the Public		Central Fill/Processing/Shared Services	
Closed Door	X	Specialty Pharmacy	X
Drive-through window		Handles Medical Marijuana	
Mail/Deliver (in state)	X	Nuclear Pharmacy	
Mail/Deliver (out-of-state list below)	X	Manufacturer	
Veterinary Pharmacy		Wholesale Distributor	
Investigational Drugs, Clinical Trials/Research		Provide products for "Office Use"	
Institutional		Outsourcing Facility	
Long-Term Care		Nonsterile Compounding	
HMO/PBM only		Nonsterile Hazardous Drug Compounding	
Internet Pharmacy (New Rx)		Sterile Compounding	
Internet Pharmacy (Refill Rx)		Sterile Hazardous Drug Compounding	

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Facility Size in Square Feet and Number of PECs		Personnel	
Total Pharmacy size:	2400	Total Pharmacists:	4
Nonsterile Compounding Room size:	n/a	Number of Compounding Pharmacists	0
Nonsterile Compounding powder hoods number:	0	Total Graduate Students or Residents:	0
Nonsterile Hazardous Drugs (HD) Compounding Room size:	n/a	Total Student Interns:	0
Nonsterile HD Compounding BSC/CACI hoods number:	0	Total Technicians:	1
Sterile Compounding Ante Room size:	n/a	Number of Compounding Technicians	0
Sterile Compounding Clean/Buffer Room size:	n/a	Of technicians, how many are certified?	0
Sterile Compounding Number LAFW hoods/areas:	0	Of technicians, how many are techs-in-training?	0
Sterile Compounding Number BSC hoods:	0	Total Other Licensed Personnel:	0
Sterile Compounding Number CAI/CACI hoods:	0	Total Other Unlicensed Personnel:	1
Negative Pressure Sterile HD Room size:	n/a	Ratio #tech:#RPh present at time of inspection:	1:4
Sterile HD Compounding Number of BSC hoods:	0	Total Pharmacist Hours Per Week:	160
Sterile HD Compounding Number of CACI hoods:	0	Total Technician Hours Per Week:	40
Volume Dispensed		**Volume Distributed**	
Total Prescriptions Dispensed/day:	10	Total Orders Distributed/day:	0
% Veterinary Prescriptions	0%	% Veterinary Orders	0%
% Controlled Substance Prescriptions	0%	% Controlled Substance Orders	0%
% Nonsterile Compounded Prescriptions	0%	% Nonsterile Compounded Orders	0%
% Sterile Compounded Prescriptions	0%	% Sterile Compounded Orders	0%
% Hazardous Drugs (HD) Prescriptions	80%	% Hazardous Drugs (HD) Orders	0%

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Definitions: DISPENSE means to provide a prescription product or compound pursuant to a patient-specific prescription. DISTRIBUTE means to provide a prescription product or compound to a prescriber or health care entity for office use or stock and is NOT patient specific, is not labeled with the patient name at the pharmacy.

States to which the pharmacy mails/delivers prescription products and volume dispensed, and volume distributed per day (or week or month):
Note: if not available, request information be sent to VPP and note that information was requested in grid.

State	Volume Dispensed	Volume DISTRIBUTED	/day, week, month
AK			
AL			
AR	0	0	7/13/2021
AZ			
CA			
CO	0	0	7/13/2021
CT	0	0	7/13/2021
DC			
DE	0	0	7/13/2021
FL	0	0	7/13/2021
GA	0	0	7/13/2021
HI			
IA			
ID	4	0	7/13/2021
IL			
IN	2	0	7/13/2021
KS			
KY	0	0	7/13/2021
LA			
MA			
MD			
ME			
MI	4	0	7/13/2021
MN	0	0	7/13/2021
MO	0	0	7/13/2021
MS			
MT			

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States to which the pharmacy mails/delivers prescription products and volume dispensed, and volume distributed per day (or week or month):
Note: If not available, request information be sent to VPP and note that information was requested in grid.

State	Volume Dispensed	Volume DISTRIBUTED	/day, week, month
NC			
ND			
NE			
NH			
NJ			
NM			
NV			
NY	0	0	7/13/2021
OH	0	0	7/13/2021
OK			
OR	0	0	7/13/2021
PA	0	0	7/13/2021
RI			
SC			
SD			
TN			
TX			
UT			
VA			
VT			
WA			
WI	0	0	7/13/2021
WV	0	0	7/13/2021
WY	0	0	7/13/2021
Other:			

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Trinity Health Pharmacy Services, LLC
e-Profile ID: 1489471
Inspection Date: 7/14/2021

		Finding	Notes
	General Pharmacy		
1.00	Is the PIC (or pharmacy manager/director) present for the inspection? *If no, list the pharmacist on duty.*	Yes	
2.00	Is the PIC employed full-time at the pharmacy? *List the number of hours worked per week onsite.*	Yes	40 hours a week
3.00	Are there any other businesses located at this address? *If yes, note type of business and name.*	Yes	Warehouse for Trinity Health for medical supplies; XPO is the logistical provider
4.00	Does the pharmacy have any other websites? *Provide list of other names/URLs.*	No	
4.01	Does the pharmacy hold .pharmacy verification?	Yes	
5.00	Do any other websites link to the pharmacy website (such as a provider, or other affiliate)? *If yes, list.*	No	
6.00	Does the pharmacy allow patients to securely enter/update profile and medical information through the website (such as through a secure patient portal)?	No	
7.00	Are patients able to order or refill prescriptions through the website? *If yes, describe.*	No	
8.00	Are photographs allowed during the inspection (no PHI)?	Yes	
9.00	List of additional personnel **interviewed as part of the inspection, including name and title:**		Lorin Yolch, Pharmacist
	Types of Practice Additional Questions If any part of a question is no, enter "No" and explain the observation.		
10.00	If the pharmacy mails or delivers filled prescriptions (patient specific, labeled with patient name when it leaves the pharmacy), are any of the deliveries to a provider or facility for administration to the patient? *If yes, indicate volume or percentage of deliveries going to a provider or facility in this state, and volume or percentage of deliveries going to a provider or facility in other states.*	No	Currently 0%, would consider shipping directly to an infusion center if appropriate to do so based upon the patient's specific circumstances.
11.00	Does the pharmacy provide prescription products to a provider or facility for "office use" (not pursuant to a prescription received prior to delivery, not patient specific, not labeled with the patient name)? *If yes, indicate volume or percentage provided to a provider or facility within this state, and volume or percentage provided to a provider or facility in other states.*	No	
12.00	Does the pharmacy provide prescription products to providers or facilities (including other pharmacies) as a wholesale distributer (sold to the provider or facility for their use, administration, or providing/dispensing to patients)?	No	

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Facility Name: Trinity Health Pharmacy Services, LLC
e-Profile ID: 1489471
Inspection Date: 7/14/2021

		Finding	Notes
13.00	If yes, is the percentage of product distributed at wholesale to providers or facilities within this state less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales.*	N/A	
14.00	If yes, is the percentage of product distributed at wholesale to providers or facilities in other states less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales.*	N/A	
	General Operations and Licensure **If any part of a question is no, enter "No" and explain the observation.**		
15.00	Are pharmacy licenses, permits, and registrations (state, controlled substance, DEA, etc) posted in customers' view and current? *If no, provide details such as closed-door pharmacy, expired licenses, etc.*	No	Closed door pharmacy
16.00	Is the most recent board of pharmacy inspection report available for review? *Record the date of the last inspection and how frequently the pharmacy is routinely inspected by the board.*	Yes	11/26/2019; no specific routine inspection
17.00	Were any deficiencies noted? *Indicate the deficiencies and note whether they were corrected.*	No	No deficiencies noted. Inspection to approve new license.
18.00	Does the pharmacy hold ANY wholesale, distributor, or manufacturer licenses? *Document information in the license grid above for Resident State and in the Notes for Non-Resident States.*	No	
19.00	Has this pharmacy been inspected by any other state for which it holds a license? *If yes, note the state and the date of the inspection and frequency of inspections by other states.*	No	
20.00	Is the pharmacy operating under an exemption or restriction granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the exemption or restriction.*	No	
21.00	Is the pharmacy operating under a waiver or variance granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the waiver or variance.*	Yes	PDMP waiver for New York
22.00	Does the pharmacy have any additional restrictions, limitations, or waivers with regards to any federal licenses or registrations (FDA, DEA, etc)? *If yes, note the agency and additional item.*	No	
23.00	Has the pharmacy been inspected or visited by the DEA? *If yes, indicate the inspection/visit date and note any deficiencies. Also note how frequently the pharmacy is inspected/visited by the DEA.*	No	

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Facility Name: Trinity Health Pharmacy Services, LLC
e-Profile ID: 1489471
Inspection Date: 7/14/2021

		Finding	Notes
24.00	Has the pharmacy been inspected by the FDA? *If yes, indicate the inspection date and note any deficiencies, significant correspondence, or if a "483" was issued and date, and response and date. Also note how frequently the pharmacy is inspected by the FDA.*	No	
25.00	Does the pharmacy hold any accreditations or certifications? *If yes, indicate which and collect most recent date of survey.*	Yes	ACHC Specialty Pharmacy - survey date 10/2019; URAC Specialty Pharmacy, 4.0 Accreditation Program - survey date 3/2021
26.00	Has the pharmacy held any accreditations or certifications in the past that they no longer hold? *Provide a list and the reasons for such.*	No	
27.00	Does the pharmacy perform patient lab testing such as blood glucose tests, cholesterol tests, etc? *Verify that the lab director is current (usually the PIC is the lab director named). If yes, record the Clinical Laboratory Improvement Amendments (CLIA) waiver information, expiration date, and the name of lab director listed.*	No	
28.00	Does the pharmacy maintain all required records, including but not limited to prescription files and invoices on site? *Record how long records are kept. If not on site, where?*	Yes	Records will be kept 10 years.
28.01	Are written and verbal prescriptions (reduced to writing) kept on site for the entire retention period? *If not, explain including how long they are stored on site?*	Yes	
28.02	Are electronic prescriptions (such as fax, e-scripts) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	All records are kept electronically.
28.03	Are all dispensing records (such as refills, verifications, DUR overrides) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	All records are kept electronically.
28.04	Are there systems in place to prevent a pharmacy record from being deleted after the prescription has been dispensed? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	All records are kept electronically. A prescription can be deactivated, but not deleted.
28.05	If record are stored off site are they secure in a HIPAA compliant manner and readily retrievable?	N/A	
29.00	Is there a statement in the P&P, or are other means used to ensure that the most stringent laws/regulations are followed? *Describe system details.*	Yes	Updates from state board websites, FDA, Office of Medicare, HIPAA is reviewed daily by PIC and the P & P are updated to follow most stringent laws.
	Personnel **If any part of a question is no, enter "No" and explain the observation.**		
30.00	Are all pharmacist, pharmacy intern, and pharmacy technician (if applicable) licenses or registrations with the board current and in good standing? *Describe how this is documented.*	Yes	Kept in Sharepoint folder by corporate quality management
31.00	Is there a process for periodic verification of validity of licenses? *Describe the process.*	Yes	Annual primary source verification

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Facility Name: Trinity Health Pharmacy Services, LLC
e-Profile ID: 1489471
Inspection Date: 7/14/2021

		Finding	Notes
32.00	If pharmacists are providing patient services that require additional training or certification, are they appropriately trained and certified? *(Immunization, CPR, MTM, etc.). Mark NA if no patient services that require additional training/certification. If yes, list certifications and if current?*	N/A	
33.00	Does the pharmacy maintain the proper technician-to-pharmacist ratio? *Mark N/A if not required by resident state. Indicate ratio used and the maximum number of staff who work at the same time.*	Yes	Approved for 1:4
	Facility and Security **If any part of a question is no, enter "No" and explain the observation.**		
34.00	Does the pharmacy have a working security/alarm system in place? *If yes, describe.*	Yes	door sensors, motion detectors, cameras, badge access to licensed space
35.00	Are Schedule II controlled substances secured in a locked cabinet or safe? *If not, describe how controlled substances are secured or stored.*	N/A	Pharmacy does not have any CS
36.00	Are there contingency plans in the event the pharmacy cannot be secured? *Describe how the drug products will be secured and handled.*	Yes	Business continuity plan states if there is a security issue, drug products (and temperature sensors) are moved to the small call center room and badge access is modified to permit entry only to pharmacists.
37.00	Is the pharmacy clean and sanitary, and is there appropriate space for the prescription volume? *Look for clutter, or crowded counters or stacks of prescriptions to be checked. If no, document with photo.*	Yes	
37.01	Is the working area well lit and free of tripping hazards? *If no, document with photo.*	Yes	
37.02	Is there a sink with hot and cold running water?	Yes	
37.03	If the pharmacy destroys prescription products on site (such as expired, damaged, recalled, etc), do they appropriately document the destruction? *View destruction logs. Mark NA if no destruction on site.*	N/A	no destruction onsite
37.04	Does the pharmacy return prescription products to the manufacturer, distributor, or send to a reverse distributor for destruction? *If yes, indicate name of reverse distributor used.*	Yes	Stericycle
37.05	Does the pharmacy have a hazardous waste handling and collection system? For example, empty bottles that contained chemotherapy medications or warfarin, or hazardous drug compounding waste. *If yes, indicate how often the bin is emptied/collected and the vendor used.*	Yes	Stericycle; prn pick-up
38.00	Does the pharmacy have a private area for patient counseling and providing patient services? *Describe.*	N/A	Closed door pharmacy

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General Pharmacy Inspection

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Facility Name: Trinity Health Pharmacy Services, LLC
e-Profile ID: 1489471
Inspection Date: 7/14/2021

		Finding	Notes
39.00	Is temperature in the drug storage area maintained to provide controlled room temperature of 20° to 25°C (68° to 77 °F), or more restrictive if warranted by specific drug product storage requirements? *Describe. Record the temperature at the time of inspection.*	Yes	Monitored to alarm before 68 degrees F and above 77 degrees F.
39.01	Is temperature monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max? Temperature records are maintained. *If yes, describe the process*	Yes	Pharmacy uses Senso Scientific for continuous temperature monitoring. The system sends text messages to the on-call phone if it senses out-of-range. System perpetually maintains records. The staff performs a daily audit of the min/max reported.
39.02	Are excursion action plans in place including evaluating excursion effects on drug product integrity?	Yes	Placed in quarantine and call the manufacturer. After reviewing the excursion with the manufacturer, pharmacist would make a disposition decision.
40.00	Are the refrigerator and freezer restricted to drug products only (no food)?	Yes	
41.00	Does the pharmacy have a process for how the refrigerator temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?*	Yes	Pharmacy uses Senso Scientific for continuous temperature monitoring. The system sends text messages to the on-call phone if it senses out-of-range. System perpetually maintains records. The staff performs a daily audit of the min/max reported. Alarm sounds when the temperature is below 38 degrees F and above 44 degrees F to allow the staff to respond before an excursion occurs.
41.01	Is the temperature in the refrigerator within the USP range (2°-8°C or 36°-46 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the refrigerator at the time of inspection.*	Yes	Four refrigerators between 40.0 and 41.0 degrees F at time of survey.
42.00	Does the pharmacy have a process for how the freezer temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?*	N/A	Ice packs only
42.01	Is the temperature in the freezer within the USP range (between –25° to –10°C or –13° to 14 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the freezer at the time of inspection.*	N/A	Ice packs only
43.00	Are there contingency plans in the event of power outage or refrigerator/freezer failure? *Describe process.*	Yes	There is a full building natural gas generator. Pharmacy has redundant (#4) refrigerators.
44.00	Are there contingency plans in the event of heating or air conditioning failure? *Describe processes.*	Yes	Pharmacy would notify XPO quality manager and monitor pharmacy temps. If approach out of range temperature in the pharmacy, drug products would be moved to the small call center, because it is serviced by a different HVAC unit and badge access would be changed to only permit entry by pharmacists. The building has multiple HVAC units.
45.00	Is there a plan of action if there are any temperature or humidity excursions to determine if the integrity of the products has been compromised?	Yes	

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46.00	Does the pharmacy utilize any automated apparatuses for prescription processing/counting (such as robotics, Baker cells, etc)? *List numbers and types.*	No	
46.01	If yes, do they have and follow policies and procedures addressing cross-contamination and identification of drug products?	N/A	
	Product Receipt and Inventory If any part of a question is no, enter "No" and explain the observation.		
47.00	Does the pharmacy have a documented process for establishing sources (vendors) of prescription drugs? *Describe.*	Yes	Each warehouse that ships to the pharmacy is checked for licensing, FDA, OIG list.
47.01	Does the pharmacy purchase all prescription drugs directly from the manufacturer?	No	
47.02	Does the pharmacy purchase (obtain) prescription drugs from other pharmacies? *If yes, list pharmacy source information, and circumstances leading to the purchase.*	No	
47.03	Does the pharmacy purchase (obtain) prescription drugs from wholesale distributors (non-manufacturer sources)? *List non-manufacturer sources.*	Yes	ABC, Cardinal, McKesson
47.04	Does the pharmacy require wholesale distributor sources to purchase prescription drugs directly from the manufacturer? *If yes, how is this verified?*	Yes	Verified by running the Track & Trace reports
47.05	Does the pharmacy purchase drugs from wholesale distributors that purchased the drug from other wholesale distributors? *If yes, Describe the due diligence steps to determine the source's legitimacy and legitimacy of the drugs sold by the vendor. (For instance, does the pharmacy examine transaction histories and limit the number of movements of drugs between wholesale distributors, and look for pharmacies in the supply chain?)*	No	
47.06	Does the pharmacy determine that all sources listed on transaction histories have requisite state licensing? *If yes, describe the process.*	Yes	Primary Source Verification at onboarding and annual.
47.07	Does the pharmacy determine that all sources listed on transaction histories have reported to FDA's Wholesale Distributor database? *If yes, describe the process.*	Yes	Primary Source Verification at onboarding and annual.
47.08	Does the pharmacy have a process to handle suspect and illegitimate product investigations? *If yes, describe the process.*	Yes	Pharmacy has created a receiving checklist. With every delivery, a copy of the checklist is completed and attached to the PO with the 3T data.

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47.09	Has the pharmacy conducted any suspect or illegitimate product investigations? *If yes, describe the details, including the drug, circumstances, outcome, and identification of agencies to whom reported.*	No	
47.10	Does the pharmacy ensure transaction data (transaction history, transaction information, transaction statement, also known as 3T data) is received at the same time or before the product is received? *Examine recent purchases to determine if the pharmacy is receiving and maintaining 3T data for a minimum of 6 years.*	Yes	Ten year retention
47.11	Does the pharmacy have a procedure to verify product (suspect or illegitimate) including quarantine of product and reporting?	Yes	
48.00	Does the pharmacy utilize paper DEA-222 forms to procure Schedule II substances? *If yes, how are they secured? Who has the authority (Power of Attorney) to sign the DEA-222 forms?*	N/A	Pharmacy does not have any CS
49.00	Does the pharmacy utilize CSOS (electronic Schedule II ordering) to procure Schedule II substances? *If yes, who can place orders in CSOS?*	N/A	
50.00	Is the receipt of Schedule II orders documented appropriately? *DEA-222 has the quantity and date on each line of product received, the CSOS record (electronic or paper printout) indicates verification of receipt and staff performing verification.*	N/A	
51.00	Are invoices for controlled substances (Schedules I-V) that are received filed separately and are the invoices signed/initialed and dated upon receipt and every item checked in?	N/A	
52.00	Are all orders received when the pharmacy is open? *Verify the orders are brought directly to the pharmacy still sealed and not delivered before the pharmacy is open.*	Yes	
53.00	Does the pharmacy purchase any compounded products from other entities for dispensing to patients? *If so, describe which products and from where they are purchase (collect name and license of other entity).*	No	
54.00	Does the pharmacy have a system in place to track prescription drug products in order to detect diversion or theft? *Describe (for example, inventory or shrink report tools used, perpetual inventory in computer, etc).*	Yes	Monthly inventory
54.01	Are incidents of diversion or resignation/termination of personnel for cause reported? *Indicate agencies/law enforcement to whom reports are made.*	Yes	Board of Pharmacy

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55.00	Does the pharmacy keep a perpetual inventory log of all Schedule II controlled substances (including APIs, if applicable)?	N/A	
56.00	Is the Schedule II perpetual inventory log reconciled regularly? *Indicate how often the Schedule II controlled substances are counted. View the perpetual log and verify that reconciliation is taking place.*	N/A	
57.00	Is the most recent complete controlled substances inventory available for review? *Indicate the date of the last inventory and frequency taken (minimum every two years).*	N/A	1-Jul-21
57.01	Does the pharmacy maintain other required inventories (such as change in PIC, theft/loss, etc)?	Yes	
58.00	Does the pharmacy stock and sell OTC pseudoephedrine (and/or ephedrine) products? If yes, indicate if the sale is recorded electronically or manually in a logbook.	No	
58.01	Are these products mailed, sent, or delivered into other states? *View logs. If yes, list the other states.*	N/A	
59.00	Does the pharmacy stock and sell other OTC restricted products for which ID is required and a log kept of the sale? *If yes, indicate product types.*	No	
59.01	Are these products mailed, sent, or delivered into other states? *View logs. If yes, list the other states.*	N/A	
60.00	Are outdated, damaged, or recalled products segregated? *If yes, how often does the pharmacy check for out-of-date products? Does it include OTC products?*	Yes	Monthly
60.01	Are all drugs within active-stock within expiration date? *Examine shelves, refrigerator and freezer.*	Yes	
60.02	How often is active-stock examined for drugs past the expiration date?		Monthly
61.00	Does the pharmacy **prepackage** bulk containers of prescription medications into smaller containers for ease of use? *What BUD is used on the prepackaged container?*	No	
62.00	Does the pharmacy **prepack** multiple drugs into a single container for compliance packaging? *What BUD is used on the prepacked containers?*	No	
63.00	Does the pharmacy return to stock prescription drugs that were filled but never picked up?	No	
63.01	If yes, are they maintained in the appropriate container, with PHI removed and BUD adjusted?	N/A	

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		Finding	Notes
	Prescription Processing If any part of a question is no, enter "No" and explain the observation.		
64.00	**Patient Profile:** Is patient profile data organized and readily accessible to facilitate consultation with the prescriber, patient, or caregiver? *Indicate who enters patient profile data into the computer system and how often it is updated?*	Yes	Pharmacists and technicians enter profile data and it is updated with every refill.
64.01	If the pharmacy dispenses veterinary prescriptions, does the information gathered and recorded include the species, and name of the animal/owner as required by resident state law? *Describe how it is indicated in the computer system that the patient is an animal? And how is it indicated in the system the prescription is a veterinary prescription?*	N/A	
65.00	**Prescription:** Are adequate processes in place to assure the integrity, legitimacy, and authenticity of prescription orders? *Staff is familiar with detecting fraud in hard copy, faxed, verbal, and electronic prescriptions.*	Yes	The pharmacy only fills prescriptions written by Trinity providers and receives prescriptions through e-rx. Or, if the pharmacy is filling for a Trinity employee who is using a non-Trinity provider and a fax is received, employees call the provider to verify the prescription and obtain medical notes and lab data.
65.01	Is there a procedure to follow when a prescription is suspected of (or actually is) fraudulent? *Describe the steps and reporting process.*	Yes	Verify with the NPI database if a new prescriber; pharmacists clarify by contacting the prescriber until he/she obtains a satisfactory resolution. Documented via notes on original prescription.
65.02	Are adequate processes in place for assuring that prescription medications are not prescribed or dispensed based on online medical consultations without there being a pre-existing prescriber-patient/client relationship? *Describe. Do the processes include comparing the physical addresses of the patient and prescriber?*	Yes	Working through eMR system from Trinity Health and the pharmacy does not dispense lifestyle medications.
65.03	Does the pharmacy have electronic prescription capability? *Indicate whether it is for non-controlled substances, controlled substances, or both.*	Yes	Both
65.04	If the pharmacy accepts electronic prescriptions for controlled substances, are they in compliance with federal regulations?	Yes	
66.00	**Accuracy:** Is the accuracy of the information entered into the computer system verified (patient information and prescription information)? *Indicate how and by whom.*	Yes	Technician will enter a new prescription and verified by pharmacist before filling. If can not adjudicated, transfer out to appropriate pharmacy with doctor's notes, recent labs, etc.
67.00	**DUR:** Does staff conduct prospective DUR prior to the dispensing of a medication or product? *Describe at what point in the process does the DUR take place?*	Yes	After paid claim, pharmacist completes clinical review, including DUR

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67.01	Does the DUR include: • drug-drug interaction (Prescription and OTC), • drug-allergy interaction, • therapeutic duplication, • under- or over-utilization (including clinical abuse/misuse), • disease state or condition contraindication, • Incorrect dosage or duration of therapy, and • gender or age related contraindications. *Indicate if there are other parameters routinely included in the DUR.*	Yes	Pregnancy
67.02	In addition to the pharmacy DUR software, does the pharmacy staff obtain other information to use in the DUR process? *Describe.*	Yes	height/weight, recent labs, all information included in eMR
67.03	Does the pharmacy have adequate resources/references related to the type of pharmacy practice it operates?	Yes	Lexicomp, NCCN guidelines, PubMed, UpToDate
67.04	Does the pharmacy report required data to the state PMP (in this state and the other states in which the pharmacy is licensed)? *Describe.*	Yes	Automatically reporting, except Wisconsin - PIC completes a monthly zero report
67.05	Does the pharmacy access state PMP/PDMP data for specific patients? *Verify there is a policy regarding access and follow-up or reporting and that pharmacist can access the PMP data.*	No	
67.06	Are DUR overrides/bypasses documented? *Indicate how the override is documented and who has override capability.*	Yes	software records pharmacist; only pharmacist has permissions; require each original fill, or if a medication change, pharmacists are required to run a DUR in Lexicomp and upload the findings to the patient profile
67.07	Is the DUR process performed electronically by the computer system? ***Identify integrated drug database used.***	Yes	Medispan
67.08	If the DUR is manual, is there a system to document: • How manual DUR is performed • Specific issues that were identified • Pharmacist that considered the identified issues and gave the okay to proceed	N/A	
67.09	If the pharmacy dispenses veterinary prescriptions, does it have a veterinary drug database integrated into the computer system for electronic DUR? *List veterinary product electronic database used. If not, list compendia used for performing manual DUR.*	N/A	

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68.00	Are filled prescriptions verified for accuracy prior to dispensing? *Indicate process, by whom, and how documented.*	Yes	At this time, pharmacists are completing all filling and packaging for shipment. Pharmacists scan bar code and label.
69.00	Are filled prescriptions appropriately labeled? *Describe.*	Yes	Label includes all expected information, including patient name and identifiers, prescriber information, drug name, strength and appropriate directions for use.
70.00	**Confidentiality:** Does the system have adequate safeguards to prevent a user from performing functions under a different user account or beyond what they are authorized to perform? *Password protected, access limited by job type, access revoked as appropriate such as upon termination. Record name/brand of pharmacy computer system used.*	Yes	New Leaf; Therigy
70.01	Does the pharmacy destroy PHI including labeled prescription vials?	Yes	
71.00	**Mail/Delivery:** If applicable, are packing materials designed to maintain the physical integrity, stability, and purity of prescription medications and compounded preparations in transport?	Yes	Pharmacy has tested the packaging for extreme weather conditions (cold and hot) and verified the pack-out will maintain temperatures for 36 hours. All packages are shipped overnight, next day air.
72.00	**Off-Site Processes:** Are any portions of the prescription processing (in the questions below) performed at a different location? ***Note: Please ask each question below to verify.***	No	
72.01	If yes, is the other location under common ownership? *If not commonly owned, explain if there is a central fill/shared services or other agreement in place. Record the name and license number for the other location.*	N/A	
72.02	If yes, is that location in a different state than this facility? *If so, explain.*	N/A	
72.03	If yes, are there policies and procedures for identifying who is responsible for each step of prescription processing?	N/A	
73.00	**Off-Site Inventory:** Does the pharmacy maintain any emergency kits in nursing homes, long-term care facilities, or other entities (such as hospice, EMTs, ambulances)? *Note name(s) of facilities or entities.*	No	
73.01	Do the emergency kits contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored, non-patient specific?*	N/A	
74.00	**Off-Site Inventory:** Does the pharmacy maintain any automated prescription dispensing devices outside the pharmacy such as Pyxis in a nursing home, or a secure mailbox device that patients access after hours, etc? *Note types and locations.*	No	

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74.01	If yes, are the automated devices appropriately licensed, registered, or approved by the board of pharmacy? *Provide details.*	N/A	
74.02	Do the automated dispensing devices contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored, non-patient specific?*	N/A	
	Patient Counseling and Communication **If any part of a question is no, enter "No" and explain the observation.**		
75.00	Does the pharmacist provide counseling for all <u>new</u> prescriptions picked up at the pharmacy (proactively, no "offer")?	N/A	No prescriptions are picked-up at the pharmacy.
75.01	Is an "offer" to counsel made for all <u>new</u> prescriptions picked up at the pharmacy? *Indicate who makes the "offer".*	N/A	
76.00	Does the pharmacist provide counseling for all <u>refilled</u> prescriptions picked up at the pharmacy (proactively, no "offer")?	N/A	No prescriptions are picked-up at the pharmacy.
76.01	Is an "offer" to counsel made for all <u>refilled</u> prescriptions picked up at the pharmacy? *Indicate who makes the "offer".*	N/A	
77.00	Does the pharmacist provide counseling for <u>refilled</u> prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist (proactively, no "offer")?	N/A	No prescriptions are picked-up at the pharmacy.
77.01	Is an "offer" to counsel made for all <u>refilled</u> prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist? *Indicate who makes the "offer".*	N/A	
78.00	Is patient counseling provided for <u>delivered</u> prescriptions? *Printed information sent to patient, toll-free number for patients to call, pharmacist calls patients directly, etc? Describe how.*	N/A	
79.00	Is patient counseling provided for <u>mailed</u> prescriptions? *Printed information sent to patient, toll-free number for patients to call, pharmacist calls patients directly, etc? Describe how.*	Yes	Printed information and toll-free number. Pharmacists call every patient before the pharmacy completes the first fill, every 3 months or as needed if therapy changes. Technician initiates every refill by speaking with the patient and will forward to a pharmacist if any clinical questions arise.
80.00	Are patient package inserts (PPIs) provided with every fill and refill of medications for which they are required (such as hormone products, inhalers, etc)? *Describe how.*	Yes	Automatically prints
81.00	Are MedGuides provided with every fill and refill of medications for which they are required (such as NSAIDS, antidepressants, etc)? *Describe how.*	Yes	Automatically prints
82.00	Are REMS (Risk Evaluation Mitigation Strategy) implementation programs performed? Confirm that procedures are in place. *List programs (such as iPledge for isotretinoin, or Tikosyn).*	N/A	no REM drugs
83.00	Is patient counseling, the offer to counsel, or the refusal of patient counseling documented? *Describe how.*	Yes	Patient notes

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84.00	Do patients have 24-hour access to a pharmacist? *Note: may not be required by the resident state. Describe how (such as posted contact information and hours of operation).*	Yes	Toll-free number and leave an urgent voice mail to page the on-call pharmacist.
85.00	Are processes in place to handle a drug recall?	Yes	
86.00	Does the pharmacy accept prescription drugs back for destruction as part of a drug take-back program?	No	
86.01	Does the take-back program include controlled substances?	N/A	
86.02	Does the pharmacy have a modified DEA registration for controlled substance take-back? *If yes, list.*	N/A	
	Quality Assurance/Quality Improvement Program **If any part of a question is no, enter "No" and explain the observation.**		
87.00	Is there a documented continuous quality improvement (CQI) Program for the purpose of detecting, documenting, assessing, and preventing quality related events (QREs)? *If yes, list who oversees the program.*	Yes	PIC
87.01	Policies and procedures for the program are maintained in the pharmacy in an immediately retrievable form. *Indicate if hard copy, electronic, or both.*	Yes	Electronic
87.02	"Quality-Related Event" (QRE) is defined to mean any departure from the appropriate dispensing of a prescribed medication that is or is not corrected prior to the delivery and/or administration of the medication including (but not limited to): 1. a variation from the prescriber's prescription drug order such as incorrect drug, strength, form, or patient; or inadequate or incorrect packaging, labeling, or directions; 2. a failure to identify and manage over-utilization or under-utilization; therapeutic duplication; drug-disease contraindications; drug-drug interactions incorrect drug dosage or duration of drug treatment; drug-allergy interactions; or clinical abuse/misuse. 3. packaging or warnings that fail to meet recognized standards, the delivery of a medication to the wrong patient, or the failure to detect and appropriately manage a significant actual or potential problem with a patient's drug therapy.	Yes	
87.03	There is documentation of initial/ongoing (at least yearly) review and training of all pharmacy employees on the CQI program and processes. *For example, may be formal training or reviewed at a yearly meeting.*	Yes	Training on the program occurs at onboarding and the quarterly CQI meeting minutes are reviewed with the staff. The annual quality meeting minutes are distributed to the staff for discussion.

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88.00	**Documentation of QREs** starts as soon as possible, but no more than three days, after determining their occurrence. *Indicate if documentation/forms are hard copy or electronic.*	Yes	Electronic
88.01	Documentation includes all the pertinent data about the prescription involved including personnel involved at each step.	Yes	
88.02	Documentation includes documenting the type of QRE details and how/who discovered the QRE.	Yes	
88.03	Documentation includes possible contributing factors such as day and time the QRE occurred, number of pharmacists and technicians on duty, prescription volume that day, equipment failure, or other factors affecting work-flow at the time.	Yes	
88.04	Documentation includes steps taken to remediate including communications with the patient and the provider, and if the medication was ingested, disposition of the patient.	Yes	
89.00	**QRE data** collected is analyzed to assess causes and any contributing factors (root cause). *Indicate who performs the analysis and frequency (with each event, weekly, monthly, quarterly, etc).*	Yes	Per event and trended quarterly and annually
89.01	The pharmacy uses the findings of the analysis to formulate an appropriate response and develop pharmacy systems and workflow processes designed to prevent QREs and increase good outcomes for patients.	Yes	
89.02	For pharmacies utilizing a drug formulary, a periodic review of such formulary is undertaken to ensure that appropriate medications are being offered/selected in the best interest of patients.	N/A	
90.00	**Quality meetings** are held at least annually by staff members of the pharmacy to consider the effects on quality of the pharmacy system due to staffing levels, workflow, and technological support.	Yes	
90.01	The meeting reviews data showing evidence of the quality of care for patients and develops plans for improvements to increase good outcomes for patients.	Yes	
90.02	Improvements or changes made are evaluated for performance to measure the effectiveness of the CQI program.	Yes	

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Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Trinity Health Pharmacy Services, LLC
e-Profile ID: 1489471
Inspection Date: 7/14/2021

		Finding	Notes
91.00	**Reporting:** Incidents of QREs are reported to a nationally recognized error reporting program, an outside peer review committee, or a patient safety organization. *Indicate which organizations are reported including if the pharmacy reports QREs to the board of pharmacy.*	No	
91.01	Adverse events are reported to the appropriate entities such as the board of pharmacy, MedWatch, FDA, VAERS, etc?	Yes	
91.02	Incidents involving malfunctioning or defective medical equipment or devices (blood glucose meters, DME, injection devices, etc) are documented and reported to the manufacturer or distributor.	Yes	
92.00	**Quality Self-Audits** are performed by the pharmacy at least quarterly (and upon change in PIC) to determine whether the occurrence of QREs has decreased and whether there has been compliance with preventative procedures, and to develop a plan for improved adherence with the CQI program in the future.	Yes	
93.00	**Consumer Surveys** are conducted at least yearly of patients who receive pharmaceutical products and services at the pharmacy. A statistically valid sampling technique may be used in lieu of surveying every patient. Each pharmacy should use the results of its consumer survey to evaluate its own performance at a particular time and over a period of time.	Yes	
94.00	**Patient Complaints** are documented, tracked, and investigated as appropriate and the information is used as part of the CQI program.	Yes	

Acronym	Definition
ACD	Automated Compounding Device
ACOEM	American College of Occupational and Environmental Medicine
ACPH	Air Changes Per Hour
ADA	Americans with Disabilities Act
ADR	Adverse Drug Reaction
ALARA	As Low As Reasonably Achievable
API	Active Pharmaceutical Ingredient
ASHP	American Society of Health-System Pharmacists
ASTM	American Society for Testing and Materials
AU	Authorized User
BOP	Board of Pharmacy
BSC	Biological Safety Cabinet
BUD	Beyond Use Date
CACI	Compounding Aseptic Containment Isolator
CAI	Compounding Aseptic Isolator
CDC	Center for Disease Control and Prevention
CETA	Controlled Environment Testing Association
CFR	Code of Federal Regulations
CFU	Colony-forming unit
CLIA	Clinical Laboratory Improvement Amendment
COA	Certificate of Analysis
C-PEC	Containment Primary Engineering Control
CQI	Continuous Quality Improvement
CS	Controlled substance
C-SCA	Containment Segregated Compounding Area
C-SEC	Containment Secondary Engineering Control
CSOS	Controlled Substance Ordering System
CSP	Compounded Sterile Preparation
CSTD	Closed-System drug-Transfer Device
CVE	Containment Ventilated Enclosure
DBA	Doing business as
DCA	Direct Compounding Area
DEA	Drug Enforcement Administration
DME	Durable medical equipment
DOT	Department of Transportation
DUR	Drug Utilization Review

EMT	Emergency medical technician
EPA	Environmental Protection Agency
FCC	Food Chemicals Codex
FDA	Food and Drug Administration
GHS	Globally Harmonized System (of classification and labeling of chemicals)
HazMat	Hazardous Materials
HCS	Hazardous Communication Standard
HD	Hazardous Drug
HEPA	High Efficiency Particulate Air (filter)
HIPAA	Health Insurance Portability and Accountability Act
HMO	Health maintenance organization
IPA	Isopropyl Alcohol
IV	Intravenous
LAFW	Laminar Air Flow Workbench
LOD	Line of Demarcation
MSDS	Material Safety Data Sheet
MTM	Medication Therapy Management
NF	National Formulary
NIOSH	National Institute for Occupational Safety and Health
NRC	Nuclear Regulatory Commission
NSAID	Non-steroidal anti-inflammatory drug
NVLAP	National Voluntary Laboratory Accreditation Program
OIG	Office of the Inspector General
ONS	Oncology Nursing Society
OSHA	Occupational Safety and Health Administration
OTC	Over-the-Counter
P&P	Policies and Procedures
PBM	Pharmacy benefits manager
PDMP	Prescription drug monitoring program
PEC	Primary Engineering Control
PHI	Protected Health Information
PIC	Pharmacist-in-charge
PMP	Prescription Monitoring Program
PPE	Personal Protective Equipment
PPI	Patient Package Insert
QA	Quality Assurance
QI	Quality Improvement

QRE	Quality Related Event
RAM	Radioactive Material
RCRA	Resource Conservation and Recovery Act
REMS	Risk evaluation mitigation strategy
RSO	Radiation Safety Officer
Rx	Prescription
SDS	Safety Data Sheet (formerly MSDS – Material Safety Data Sheet)
SOP	Standard Operating Procedure
ULPA	Ultra Low Particulate Air (filter)
USP	United States Pharmacopeia
VAERS	Vaccine Adverse Event Reporting System
VFC	Vaccines for Children Program
WD	Wholesale distributor

Term	Definition
Dispense/dispensing	Pursuant to a patient specific prescription, labeled with patient name at the pharmacy
Distribute/distributing	Delivered/sent to a practitioner or health care facility for office use or further dispensing, no prescription, not labeled with a patient name at the pharmacy.
Type of Practice: Central Fill/Processing/ Shared Services	Where part of the prescription processing and dispensing process occurs at another location
Type of Practice: Closed Door	Such as a mail order facility, prescriptions cannot be picked up at the facility, all are sent
Type of Practice: HMO/PBM only	Limited to only the beneficiaries of the specific insurance program - no cash patients
Type of Practice: Institutional	Such as a hospital or jail
Type of Practice: Internet Pharmacy	Pharmacy advertises on the Internet, patients fill/refill prescriptions and revise patient profile information on-line.
Type of Practice: Investigational Drugs, Clinical Trials or Research	Approved to handle investigational drugs
Type of Practice: Long Term Care	Nursing Home pharmacy
Type of Practice: Manufacturer	Registered with the FDA as a manufacturer
Type of Practice: Open to the Public	Patients are able to come into the pharmacy to pick up filled prescriptions and interact with a pharmacist
Type of Practice: Outsourcing Facility	Registered with the FDA as an Outsourcing Facility
Type of Practice: Provides Office Use	Distributes prescription and/or compounded preparations to providers for administration or resale. No prescription, not labeled with a patient name by the pharmacy.
Type of Practice: Specialty Pharmacy	Business is primarily with specialty drugs and works with specific disease states
Type of Practice: Telepharmacy	Pharmacy oversees a remote location staffed by a technician supervised via audio/visual system by a pharmacist at this facility.
Type of Practice: Traditional retail	Also known as Community Pharmacy.
Type of Practice: Veterinary Pharmacy	Pharmacy business is primarily or exclusively for animals.
Type of Practice: Wholesale Distributor	Pharmacy is licensed or registered as a wholesale distributor

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0:1
20/50

TRINITY HEALTH PHARMACY SERVICES, LLC
12279 BLUFFTON RD
FORT WAYNE, IN 46809-3208

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FT8931823	11-30-2022	$731
SCHEDULES	**BUSINESS ACTIVITY**	**ISSUE DATE**
2,2N, 3,3N,4,5	RETAIL PHARMACY	12-02-2019

TRINITY HEALTH PHARMACY SERVICES, LLC
12279 BLUFFTON RD
FORT WAYNE, IN 46809-3208

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

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TRINITY HEALTH PHARMACY SERVICES, LLC
12279 BLUFFTON RD
FORT WAYNE, IN 46809-3208

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Form DEA-223 (9/2016)

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Trinity Health Pharmacy Services

Physical Address: 12279 Bluffton Road

City: Fort Wayne State: IN Zip: 46809

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 734-343-7600 Website:

Licensing Company Email: PharmacyServices@trinity-health.org

Section 2: Personal Information

First: Zachary Middle: Lynn Last: Roberts

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Fenton Cove

City: Roanoke State: IN Zip: 46783

Telephone: [redacted] Email: zachary.roberts001@trinity-health.org

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty:

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's Initials: ZLR

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Indiana Academy for Science, Mathematics, and Humanities		08/97 - 05/99	
Address	**City**	**State**	**Zip**
301 N Talley Ave	Muncie	IN	47306
Diploma/Degree obtained, if any			
Honors Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Butler University		08/99 - 05/06	
Address	**City**	**State**	**Zip**
4600 Sunset Ave	Indianapolis	IN	46208
Diploma/Degree obtained, if any			
Doctor of Pharmacy			
School Name		**From - To (MM/YY – MM/YY)**	
Ball State University		08/15 - 07/18	
Address	**City**	**State**	**Zip**
2000 W University Ave	Muncie	IN	47306
Diploma/Degree obtained, if any			
Master of Business Administration			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/06 - 11/17	[redacted] N Dearborn Street	Indianapolis	IN	46220
11/17 - 01/20	[redacted] Alexandra Drive	Carmel	IN	46074
01/20 - Current	[redacted] Fenton Cove	Roanoke	IN	46783
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials ZLR

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Community Health Network Specialty Pharmacy			10/18 - 11/19
Business Address	**City**	**State**	**Zip**
7250 Clearvista Drive, Suite 140	Indianapolis	IN	46256
Phone	**Title**	**Number of Employed Hours**	
317-621-3100	Director	2400	
Description of Duties			
Oversaw operations of the system specialty and mail order pharmacy.			

Business Name			From - To (MM/YY – MM/YY)
Trinity Health Pharmacy Services, LLC			11/19 - Current
Business Address	**City**	**State**	**Zip**
12279 Bluffton Road	Fort Wayne	IN	46809
Phone	**Title**	**Number of Employed Hours**	
734-343-7600	Director	4800	
Description of Duties			
Oversaw operations of the system specialty pharmacy.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials ZLR

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials ZLR

I, Zachary Lynn Roberts, **certify that as the designated representative for**

Trinity Health Pharmacy Services, LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Zachary Roberts

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03/22/2022

Date

Applicant's initials ZLR

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Zachary Roberts

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/24/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Indiana, ss. County of Allen

I, ZACHARY ROBERTS, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3/28/22

Date

Subscribed and Sworn to before me this 28th day of March.

Notary Public Signature

NOTARY PUBLIC
Expires 1/24/2030
Michael J Reining
Allen COUNTY
My Commission # NP0738892
STATE OF INDIANA

(Seal)

Applicant's initials ZLR

Nevada State Board Of Pharmacy

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 05/11/2022
Amount:
License #: 22797

Zachary L. Roberts

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Effective Date:05/11/2022
Expires:11/11/2022

Zachary L. Roberts

License #
22797
Temporary

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 22797
Effective Date:05/11/2022

Expires: 11/11/2022
STATUS: Temporary

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Zachary L. Roberts

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

4GGG

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF- STATEPHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **not transferable money order or cashier's check only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ *New Pharmacy* **or** ☒ ***Ownership Change*** *(Provide current license number if making changes:* ***PH*** 02961
Check box below for type of ownership and complete all required forms.

☐ *Publicly Traded Corporation – Pages 1,2,3,8*
☐ *Partnership - Pages 1,2,6,8*
☒ *Non Publicly Traded Corporation – Pages 1,2,4,8*
☐ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Curexa - East, LLC d/b/a Curexa

Physical Address: 3007 Ocean Heights Ave., Egg Harbor Township, NJ 08234

Mailing Address: 3007 Ocean Heights Ave.

City: Egg Harbor Township State: NJ Zip Code: 08234

Telephone: 855-927-0390 Fax: 855-927-0392

Toll Free Number: 855-927-0390 (Required per NAC 639.708)

E-mail: mtaylor@curexa.com Website: www.curexa.com

Managing Pharmacist: Mark Kelso Taylor License Number: 21290

TYPE OF PHARMACY AND SERVICES PROVIDED Pharmacy)

Yes/No		Yes/No	
☒	Retail	☐	Off-site Cognitive Services
☐	☐Hospital (# beds ____)	☐	☐Parenteral **
☐	☐Internet	☐	☐Parenteral (outpatient)
☐	☐ Nuclear	☐	☐Outpatient/Discharge
☐	☐ Ambulatory Surgery Center	☒	☐ Mail Service
☒	Community	☐	☐ Long Term Care
☐	☐Other: _____	☐	Sterile Compounding **
		☒	☐ Non Sterile Compounding
	All boxes must be checked	☐	Mail Service Sterile Compounding** ☐
	For the application to be complete	☐	Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Mark Kelso Taylor
Print Name of Authorized Person

7/19/2021
Date

Board Use Only Date Processed:_____ Amount: 500 CHK # 02136156

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Curexa, LLC

Mailing Address: 3007 Ocean Heights Ave.

City: Egg Harbor Township State: NJ Zip: 08234

Telephone: 855-927-0390 Fax: 855-927-0392

Contact Person: Mark Kelso Taylor, President and CEO

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) N/A See attached Officer Information and Structure Chart.
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. N/A see attached Structure Chart.

3) What was the price paid per share? N/A

4) What date did the corporation actually receive the cash assets? N/A

5) Provide a copy of the corporation's stock register evidencing the above information N/A

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: N/A %: _____

Hours of Operation for the pharmacy:

Monday thru Friday	9:00	am	6:00	pm	Saturday	9:00 am	4:00 pm
Sunday	N/A	am	N/A	pm	24 Hours	N/A	

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF NEW JERSEY)
) ss.
ATLANTIC COUNTY)

I, Mark Kelso Taylor, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the CEO, President, and PIC for Curexa - East, LLC d/b/a Curexa (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Mark Kelso Taylor, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
29TH day of JULY, 2021.

NOTARY PUBLIC

"OFFICIAL SEAL"
NATALIA JO LIPSCOMB
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 2/15/2022

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Mark Kelso Taylor

Responsible Person of Curexa - East, LLC d/b/a Curexa

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Mark Kelso Taylor, CEO and President
Print Name of Authorized Person

7/29/2021
Date

Nevada State Board Of Pharmacy

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 03/22/2022
Amount:
License #: 21290

Mark K. Taylor

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Effective Date:03/22/2022
Expires:10/31/2023

Mark K. Taylor

License #
21290
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 21290
Effective Date:03/22/2022

Expires: 10/31/2023
STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Mark K. Taylor

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

NEW JERSEY DIVISION OF
CONSUMER AFFAIRS

Sean P. Ne
Acting Dir
Rea

License Information

Accurate as of April 04, 2022 2:53 PM

Return to Search Results

Name: CUREXA - EAST, LLC D/B/A CUREXA

Address: Egg Harbor Township,NJ

Profession/License Type: Pharmacy,Pharmacy

License No: 28RS00785600

License Status: Active

Status Change Reason: License Issuance

Issue Date: 11/10/2021

Expiration Date: 6/30/2022

NO Board Actions. For more information contact New Jersey State Board of Pharmacy (973)504-6450.

Documents

No Public Documents

Copyright © 2017 State of New Jersey.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CUREXA - EAST, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CUREXA - EAST, LLC" WAS FORMED ON THE TENTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Jeffrey W. Bullock, Secretary of State

5892061 8300

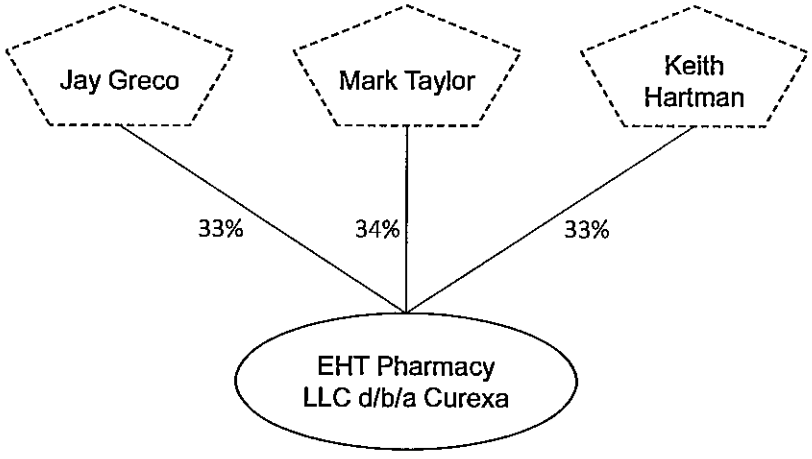
SR# 20212105143

Authentication: 203296003

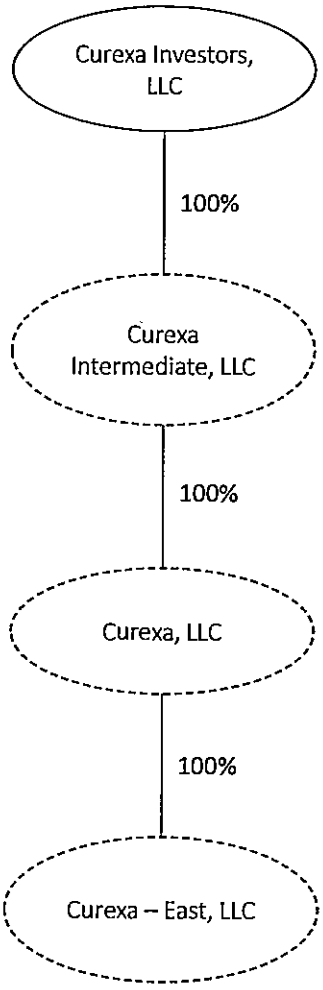
Date: 05-26-21

You may verify this certificate online at corp.delaware.gov/authver.shtml

PRE-CLOSING STRUCTURE



POST-CLOSING STRUCTURE



Officer Information for Curexa – East, LLC

Curexa – East, LLC
3007 Ocean Heights Ave.
Egg Harbor Township, NJ 08234
FEIN: 86-3993987

Curexa – East, LLC will have the following officers. The CEO and President, Mark Taylor, is a pharmacist licensed in New Jersey:

1. Mark Kelso Taylor

   CEO and President
   Home Address: [redacted] S. 4th Avenue., Galloway, NJ 08205
   DOB: [redacted]
   Telephone: [redacted]
   Email: [redacted]@curexa.com
   SSN: [redacted]
   New Jersey Pharmacist License Number/Expiration Date: 28RI02157700 / 04-30-2023

2. Robert L. Jenkins

   Treasurer and Secretary
   Home Address: [redacted]Stacie Court, Summit, NJ 07901
   DOB: [redacted]
   Telephone: [redacted]
   Email: [redacted]@pouschinecook.com
   SSN: 030-60-7693

3. Brian Mason Harrison

   Assistant Treasurer and Assistant Secretary
   Home Address: [redacted] Desbrosses Street, #[redacted], New York, NY 10013
   DOB: [redacted]
   Telephone: [redacted]
   Email: [redacted]@pouschinecook.com
   SSN: [redacted]

232/656 1:2

CUREXA
3007 OCEAN HEIGHTS AVE
EGG HARBOR TOWNSHIP, NJ 08234-7749

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BJ8384214	08-31-2023	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	07-27-2020

CUREXA
CUREXA
3007 OCEAN HEIGHTS AVE
EGG HARBOR TOWNSHIP, NJ 08234-7749

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BJ8384214	08-31-2023	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	07-27-2020

CUREXA
CUREXA
3007 OCEAN HEIGHTS AVE
EGG HARBOR TOWNSHIP, NJ 08234-7749

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

Routine

New Jersey Office of the Attorney General
Division of Consumer Affairs
Board of Pharmacy (973) 504-6450 • Enforcement Bureau (973) 504-6300

Date: 05/11/2021
File number: 5-2028-20-1047

Board of Pharmacy Inspection Report

Aurexa
Pharmacy trade name

Corporation name (if not the same)

Owner (as identified on the occasion of this inspection)

3007 Ocean Heights Avenue
Street address

Egg Harbor Township NJ 08234
City State ZIP code

(Paste pharmacy label here)

I. Required pharmacy permits and licenses

A. Board of Pharmacy Permit [N.J.A.C. 13:39-4.3]

Name of permit holder	Certificate number	Expiration date
	3PR50062640	01/31/2021

B. New Jersey Controlled Dangerous Substance (C.D.S.) Certificate [N.J.A.C. 13:45H-1.2(c)]

Certificate number	Expiration date
D05379500	01/31/2021

C. Drug Enforcement Administration (D.E.A.) Certificate [C.F.R. 1301.12]

Certificate number	Expiration date
BJ8384214	08/31/2023

II. Personnel [Presence and display of required credentials, placards and/or name-tag adornments.] [N.J.A.C. 13:39-3.1(b), 13:39-5.3(b), 13:39-6.3 and 13:39-5.3(c)]

A. Pharmacist-in-charge's name (please print): Mark Taylor
(Does the pharmacist-in-charge's name appear at the establishment's entranceway? ☑ Yes ☐ No)

Permit number	Expiration date	Hours worked per week
3SRT08157700	01/31/2021	40+

1. Is the registered pharmacist-in-charge's current renewal on display? ☑ Yes ☐ No

B. Personnel present for duty [N.J.S.A. 45:14-69d, 45:14-70c and 45:14-71] [N.J.A.C. 13:39-3.1(b) and 13:39-6.3]
[Identify all of the personnel who do any type of work behind the pharmacy's (or pharmacy department's) prescription filling area. For any person who holds a professional license, certificate, permit or registration, be sure to record his or her license, certificate, permit or registration number.]

1. Are all current renewals for the employed full-time pharmacists and technicians posted on display? ☑ Yes ☐ No

Name	Position (Registered pharmacist, technician, support staff, extern, etc.)	License, certificate, permit or registration number	Name tag	Hours worked per week
Julie Cannon	Pharmacist	3RI03063500	☑ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	

III. Mandatory equipment [N.J.A.C. 13:39-5.8(a)8 and 13:39-5.6]

1. Is there a sink with hot and cold running water? ☑ Yes ☐ No
2. Is there a satisfactory counting tray or device? ☑ Yes ☐ No

IV. Miscellaneous requirements

1. [16 C.F.R.-1700.14/15] Is a representative inventory of safety closures present? ☑ Yes ☐ No
2. Are prescriptions being dispensed in containers with an appropriate safety closure? ☑ Yes ☐ No
3. [N.J.A.C. 13:39-5.8(c)] Is the dispensing area in a clean, orderly and sanitary condition? ☐ Yes ☐ No
4. [N.J.S.A. 45:14-48a(10)] [N.J.A.C. 13:39-5.8(a)1] Is the pharmacy library satisfactory? ☑ Yes ☐ No
5. [N.J.A.C. 13:45H-5.7] Has the required biennial C.D.S. inventory been conducted? ☑ Yes ☐ No
6. [N.J.A.C. 13:45H-5.5] Has the C.D.S. inventory been properly documented? ☑ Yes ☐ No

Julie Cannon
Print the name of the registered pharmacist who was present for the survey

Julie Cannon
Signature of the registered pharmacist who was present for the survey

T. Talbert
Signature of the Enforcement Bureau representative

Form EB-02 (10/12)

New Jersey Office of the Attorney General
Division of Consumer Affairs
BOARD OF PHARMACY (973) 504-6450 • ENFORCEMENT BUREAU (973) 504-6300

Date:
File number:

Board of Pharmacy Inspection Report

Pharmacy trade name

Corporation name (if not the same)

Owner (as identified on the occasion of this inspection)

Street address

City State ZIP code

(Paste pharmacy label here)

I. Required pharmacy permits and licenses

A. Board of Pharmacy Permit [N.J.A.C. 13:39-4.3]

Name of permit holder Certificate number Expiration date

B. New Jersey Controlled Dangerous Substance (C.D.S.) Certificate [N.J.A.C. 13:45H-1.2(c)]

Certificate number Expiration date

C. Drug Enforcement Administration (D.E.A.) Certificate [C.F.R. 1301.12]

Certificate number Expiration date

II. Personnel [Presence and display of required credentials, placards and/or name-tag adornments.] [N.J.A.C. 13:39-3.1(b), 13:39-5.3(b), 13:39-6.3 and 13:39-5.3(c)]

A. Pharmacist-in-charge's name (please print):
(Does the pharmacist-in-charge's name appear at the establishment's entranceway? ☐ Yes ☐ No)

Permit number Expiration date Hours worked per week

1. Is the registered pharmacist-in-charge's current renewal on display? ☐ Yes ☐ No

B. Personnel present for duty [N.J.S.A. 45:14-69d, 45:14-70c and 45:14-71] [N.J.A.C. 13:39-3.1(b) and 13:39-6.3]
[Identify all of the personnel who do any type of work behind the pharmacy's (or pharmacy department's) prescription filling area. For any person who holds a professional license, certificate, permit or registration, be sure to record his or her license, certificate, permit or registration number.]

1. Are all current renewals for the employed full-time pharmacists and technicians posted on display? ☐ Yes ☐ No

Name	Position (Registered pharmacist, technician, support staff, extern, etc.)	License, certificate, permit or registration number	Name tag	Hours worked per week
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	

III. Mandatory equipment [N.J.A.C. 13:39-5.8(a)8 and 13:39-5.6]

1. Is there a sink with hot and cold running water? ☐ Yes ☐ No
2. Is there a satisfactory counting tray or device? ☐ Yes ☐ No

IV. Miscellaneous requirements

1. [16 C.F.R.-1700.14/15] Is a representative inventory of safety closures present? ☐ Yes ☐ No
2. Are prescriptions being dispensed in containers with an appropriate safety closure? ☐ Yes ☐ No
3. [N.J.A.C. 13:39-5.8(c)] Is the dispensing area in a clean, orderly and sanitary condition? ☐ Yes ☐ No
4. [N.J.S.A. 45:14-48a(10)] [N.J.A.C. 13:39-5.8(a)1] Is the pharmacy library satisfactory? ☐ Yes ☐ No
5. [N.J.A.C. 13:45H-5.7] Has the required biennial C.D.S. inventory been conducted? ☐ Yes ☐ No
6. [N.J.A.C. 13:45H-5.5] Has the C.D.S. inventory been properly documented? ☐ Yes ☐ No

Print the name of the registered pharmacist who was present for the survey

Signature of the registered pharmacist who was present for the survey

Signature of the Enforcement Bureau representative

Form EB-02 (10/12)

Not readable

Date: 05/11/2021
Time entered: 9:30am
Time departed: 10:30am

Remodeling

New Jersey Office of the Attorney General
DIVISION OF CONSUMER AFFAIRS
BOARD OF PHARMACY

Report of Inspection

Name of Pharmacy: Nuvija
Address: 3107 Absecon Heights Ave, Egg Harbor Township, NJ 08234
Name and registration number of pharmacist-in-charge:
Julie Campion 28XI03062500
(If the Pharmacist-In-Charge is not present, give the name and registration number of the Registered Pharmacist (R.P.) on duty.)

The following deficiencies have been noted: * Remodeling - additional unit - Contiguous Divided Pharmacy space.

No deficiencies noted during the in-person inspection.

Deficiencies may be noted subsequent to the inspection upon further examination of documents + records provided.

This is to acknowledge that I have been present during this inspection and concur with the findings, as so noted, with the following exceptions; if any.

COMMENTS:

Julie M. Campion
(Signature of the Pharmacist identified above)

New Jersey Office of the Attorney General
Division of Consumer Affairs
Board of Pharmacy
Inventory Quality Assurance Examination

Pharmacy: Cumuka
Street Address: 3107 Route 9 North Suite C
City, State, ZIP: Egg Harbor Twp, NJ 08234

Date: 05-11-2021
Fields / Geisler
Inspector

Initials of Registered Pharmacist	Quantity or Commercial Package Size	The medications that were present for the filling of prescriptions have been examined for their compliance to the regulatory standards for quality assurance. The medications that were selected to be examined could potentially have been dispensed, and did not include any segments of the inventory that may already have been separated for future return to their respective manufacturers, or had been placed aside for proper disposal. The medications that were found to be in violation of the regulatory disciplines were segregated by the inspector, and then recorded below. The line entries are categorized by the deficiency for which the medication had been set apart, along with the appropriate regulatory cite. It is requested that you accept your option to compare each package of medication that has been separated as deficient against its collateral entry and, if you concur, place your initials in the left-hand column. The inspector will delete any deficiencies for which there are plausible explanations.				Deficiencies [13:39–7.18] [13:39-6.2(f)7]						
		Name and Potency of Item	Manufacturer / Distributor	Lot Number	Expiration Date	Expired (1 day - 4 months)	Expired (4 months - 1 year)	Expired (more than 1 year)	Misbranded	"Sample" Medications (13:39-7.18)	Improperly Stored (13:39-6.2(f)7 and 8)	Other (See comments)
1.												
2.												
3.												
4.												
5.												
6.												
7.												
8.												
9.												
10.												
11.												
12.												
13.												
14.												
15.												
16.												
17.												
18.												
19.												
20.												
		Totals from above										
		Collective Totals from other pages										
		Composite Total on this page										

COMMENTS: No discrepancies noted

I hereby acknowledge and attest to the accuracy of the inventory deficiencies reported above.

Julie Cannizzaro
PRINTED NAME OF PHARMACIST

SIGNATURE OF PHARMACIST

EB-23A (1/05)

New Jersey Office of the Attorney General
Division of Consumer Affairs
Board of Pharmacy

Date: 05/11/2021
Time entered: 10:30am
Time departed: 3:15pm

Report of Inspection

Name of Pharmacy Cuevas

Address 3057 Brian Nichols Avenue, Egg Harbor Twp, NJ 08234

Name and registration number of the Pharmacist-in-Charge
Julie Cuevas 28KT03662500
(If the Pharmacist-in-Charge is not present, give the name and registration number of the Registered Pharmacist (R.P.) on duty.)

Inspection revealed the following deficiencies as denoted by a check-mark (✔) in the corresponding boxes (☐):

Inventory

The medications that were present for the filling of prescriptions were examined for their compliance to the regulatory standards for quality assurance. The medications that were selected to be examined could have potentially been dispensed, and did not include any segments of the inventory that may have been already separated for future return to their respective manufacturers, or had been placed aside for proper disposal. The medications that were found to be in violation of the regulatory disciplines were segregated by the Inspector, and then recorded on the attached EB Form 23A. The line entries on the EB Form 23A are categorized by the deficiency for which the medication had been set apart, along with the appropriate regulatory cite.

✔	Cite	Description	Comment
☐	N.J.A.C. 13:39-7.18/13:39-6.2(f)7	Expired Medication from 1 day to 4 months	For specifics see attached Exhibit No.:
☐		Expired Medication from 4 months to 1 year	
☐		Expired Medication over 1 year	
☐		Misbranded Medications	
☐	N.J.A.C. 13:39-7.18/13:39-6.2(f)7	Sample Medications	
☐	N.J.A.C. 13:39-6.2(f)7, 8	Improperly Stored Medications	
☐	N.J.A.C. 13:39-7.16(c)2,3	Over-filled Medications	

Compliance surveying activity was conducted utilizing standardized Enforcement Bureau Forms which address various requirements. This portion of the Inspection revealed the following deficiencies as denoted by check-marks (✔) in the corresponding boxes (☐):

✔	Cite	Description	Comment
☐	[N.J.A.C. 13:39-4.3]	Board of Pharmacy (B.O.P.) Store Permit	
☐	[21C.F.R.1301.11-1301.12]	D.E.A. (Drug Enforcement Administration) Certificate	
☐	[N.J.S.A.24:21-10] [13:45H-1.2(c) and 13:45H-1.5(e)]	N.J. C.D.S. (Controlled Dangerous Substance) Registration	
☐	[13:39-3.1(b)]	Display of R.P. Current Renewal for full-time Pharmacists	
☐	[13:39-5.3(b)] [13:39-5.3(c)]	Public display of name of present-day designated R.P.-in-Charge (R.P.I.C.) and hours Pharmacy is open.	
☐	[13:39-6.3]	Name Tag worn by R.P.(s) and Supportive Personnel	
☐	[16C.F.R.1700.14/15]	The presence of safety closure containers	
☐	[13:39-5.8(c)]	Cleanliness, orderliness, sanitary condition (see comments if checked)	
☐	[13:39-7.12(a)12]	Prescription label "use by" deficiency	
☐	[13:45H-5.5 and 5.7]	C.D.S. Biennial Inventory requirement not satisfactorily met.	
☐	[13:39-5.8(a)7]	Pharmacy refrigerator not being utilized exclusively for pharmaceuticals.	
☐	[13:39-5.9]	Pharmacy balances/scales not currently inspected/sealed by Office of Weights and Measures personnel.	
☐	[13:39-10 et seq.]	Notification to B.O.P. of Automated RX Med. Dispensing System (A.D.S.) presence	
☐	[13:39-10.4(c)]	A.D.S. "Policies & Procedures Manual" unavailable.	
☐	[13:39-10.3(b)2]	A.D.S. bi-monthly inspection documentation not present regarding "use by" dating, misbranding, etc.	
☐	[13:39-10.6(a)2]	A.D.S. inspection for accuracy checking (every 6 months) documentation not present.	
☐	[13:39-5.9] [13:39-10 et seq.]	A.D.S. not currently inspected/sealed by Weights and Measures personnel.	
☐	[13:39-4.15(c)4]	Pharmacy Dept. requirement not met regarding the telephone number of the Pharmacist-in-Charge being present in the store manager's office.	
☐	[13:39-4.15]	Miscellaneous "Pharmacy Department" requirement deficiency, specifically:	
☐	[13:39-5.8(a)1]	Comprehensive Pharmaceutical Reference Text	
☐	The Pharmacy's library was deficient in the following reference text categories.	Drug Interactions	
☐		Drug Product Composition	
☐		Patient Counseling	
☐		Specialized Compounding Preparations (As applicable)	

This is to acknowledge that I have been present during this inspection and concur with the findings, as so noted, with the following comments, if any.

Comments: Refer to form EB 33 for specific details

(Signature of the Pharmacist identified above)

(Signature of Investigator)

Form: EB-33A (12/13 version)

Date: 05/11/2021
Time entered: 10:30 am
Time departed: 3:15pm

New Jersey Office of the Attorney General
DIVISION OF CONSUMER AFFAIRS
BOARD OF PHARMACY

Report of Inspection

Name of Pharmacy: Cureja

Address: 3057 Nelson Rd to Avenue, Egg Harbor, N.J. NJ 08234

Name and registration number of pharmacist-in-charge:
Julie Campion 28RI03062500
(If the Pharmacist-in-Charge is not present, give the name and registration number of the Registered Pharmacist (R.P.) on duty.)

The following deficiencies have been noted: Routine Inspection

- Does not dispensing items in the dispensary (Mixed Cases + Cardboard

Deficiencies may be noted subsequent to the in-person inspection upon further examination of records + documents

This is to acknowledge that I have been present during this inspection and provided concur with the findings, as so noted, with the following exceptions; if any.

COMMENTS: _____

Julie A. Campion
(Signature of the Pharmacist Identified above)

EB-33

3/07

Curexa – East, LLC
Nevada Disclosure

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry?

As an initial matter, we want to note that the answer is "no" on behalf of the pharmacy applicant, Curexa – East, LLC d/b/a Curexa ("Curexa East").

However, the pharmacy was previously owned by EHT, LLC ("EHT"). Thus, out of an abundance of caution and in the interest of full disclosure, we disclose the following disciplinary history for the pharmacy under EHT ownership. Please see all corresponding documents enclosed herein.

- **9-30-2008 Colorado State Board of Pharmacy** discipline and fine for failing to comply with PDMP reporting requirements. Please note, Curexa no longer has these records. Curexa's license in Colorado remains active and in good standing.

- **9-30-2009 Colorado State Board of Pharmacy** discipline and fine for failing to comply with PDMP registration requirements. Please note, Curexa no longer has these records. Curexa's license in Colorado remains active and in good standing.

- **11-25-2015 New Jersey Board of Pharmacy** discipline and fine for violation assessed during a routine state inspection. Curexa's license in New Jersey remains active and in good standing.

- **9-6-2016 Alabama State Board of Pharmacy** Consent Order and administrative fine (the "*2016 Alabama Discipline*"). Subsequent to paying this fine, the state boards set out below issued sister-state and/or failure to report disciplines based on this 2016 Alabama Discipline. Please note that Curexa's license remains active and in good standing in Alabama and in all of the states listed below:
  - 8-17-2017 Hawaii Board of Pharmacy
    - On 11-13-2019, the Louisiana Board of Pharmacy disciplined Curexa for failing to disclose the above-referenced Hawaii discipline.
  - 7-14-2017 Colorado State Board of Pharmacy
    - On 11-13-2019, the Louisiana Board of Pharmacy disciplined Curexa for failing to disclose the above-referenced Colorado discipline.
    - On 12-11-2019, the Alabama State Board of Pharmacy issued a sister-state discipline based on the above-referenced Colorado discipline.
  - 8-1-2017 Texas Board of Pharmacy. This discipline was also based on New Jersey inspection violations.
    - On 12-11-2019, the Alabama State Board of Pharmacy issued a sister-state discipline based on the above-referenced Texas discipline.
  - 8-24-2017 Utah Division of Occupational and Professional Licensing
  - 4-10-2018 Pennsylvania State Board of Pharmacy
    - On 12-11-2019, the Alabama State Board of Pharmacy issued a sister-state discipline based on the above-referenced Pennsylvania discipline.

  - 9-22-2018 Illinois Department of Financial and Professional Regulation
    - On 12-11-2019, the Alabama State Board of Pharmacy issued a sister-state discipline based on the above-referenced Illinois discipline.
  - 3-30-2021 New York Board of Pharmacy

- **3-19-2018 Colorado State Board of Pharmacy** sister state reprimand and failure to timely report disciplinary action in another state.

- **12-7-2018 New Jersey Board of Pharmacy** fine based on inspection violations.

- **6-4-2021 California Board of Pharmacy** Modified Citation and fine for alleged violations of California law. Please note, a citation issued by the California Board of Pharmacy is not a discipline and Curexa's payment of the fine is not an admission of wrongdoing.

Finally, Mark Taylor is the Pharmacist-In-Charge, CEO, and President of Curexa – East, LLC and was previously an owner of EHT Pharmacy, LLC. Please see all corresponding documents enclosed herein.

- **09/06/2016 Alabama Board of Pharmacy** Consent Order and fine ("*2016 Alabama Discipline*"). Subsequent to paying this fine, the state boards set out below issued sister-state and/or failure to report disciplines based on this 2016 Alabama Discipline. Please note that Mr. Taylor's pharmacist license remains active and in good standing in Alabama and in all of the states listed below:
  - 08/01/2017 Texas Board of Pharmacy
    - On 5/23/2018, the Louisiana Board of Pharmacy issued a sister-state discipline based on the above-referenced Texas discipline.
      - On 12/11/2019, the Alabama Board of Pharmacy issued a sister-state discipline based on the above-referenced Louisiana discipline.
    - On 6/10/2020, the Michigan Board of Pharmacy issued a sister-state discipline based on the above-referenced Texas discipline.
  - 1/8/2020 New York Board of Pharmacy
  - 6/10/2020 Michigan Board of Pharmacy

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

MODIFIED CITATION AND FINE

Citation Number	Name, License No
CI 2019 86520	CUREXA, NRP 1363

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
CCR, Title 16, § 1735.2 subd. (d)	A drug product shall not be compounded until the pharmacy has first prepared a written master formula...	Citation without a fine
CCR, Title 16, § 1761 subd. (a)	No pharmacist shall compound or dispense any prescription, which contains any significant error or omission...	Citation without a fine
CCR, Title 16, § 1735.2 subd. (i)	The pharmacist performing or supervising compounding is responsible for the proper preparation, labeling, storage, and delivery of the compounded drug product	$1,250.00
Bus. & Prof. Code § 4301 subd. (q)	Unprofessional Conduct - Engaging in any conduct that subverts or attempts to subvert an investigation of the board	Citation without a fine

CONDUCT:

Compounding an essentially a copy of one or more commercially available drug products:

21 U.S.C. §§ 301-392 (section 503A) (b) Compounded Drug.- (1) Licensed pharmacist and licensed physician.--A drug product may be compounded under subsection (a) if the licensed pharmacist or licensed physician--(D) does not compound regularly or in inordinate amounts (as defined by the Secretary) any drug products that are essentially copies of a commercially available drug product.(2) Definition.--For purposes of paragraph (1)(D), the term 'essentially a copy of a commercially available drug product' does not include a drug product in which there is a change, made for an identified individual patient, which produces for that patient a significant difference, as determined by the prescribing practitioner, between the compounded drug and the comparable commercially available drug product. As related to California Code of regulations section 1735.2(d) which states no pharmacy or pharmacist shall compound a drug preparation that: (3) Is a copy or essentially a copy of one or more commercially available drug products, unless that drug product appears on an ASHP (American Society of Health-System Pharmacists) or FDA list of drugs that are in short supply at the time of compounding and at the time of dispense, and the compounding of that drug preparation is justified by a specific, documented medical need made known to the pharmacist prior to compounding. The pharmacy shall retain a copy of the documentation of the shortage and the specific medical need in the pharmacy records for three years from the date of receipt of the documentation. Curexa, NRP 1363, located at 3007 Ocean Heights Avenue, Egg Harbor Township, NJ 08234 was not compliant. Specifically, from at least 6/2/19 to 12/2/19, Curexa compounded and shipped at least the following copy of one or more commercially available drug products. This investigation found this to be true for at least the following preparations sold into California.

Drug dispensed	Number of prescriptions	Grams sold
Clindamycin 1%/Niacinamide 4%	63	741
Tretinoin 0.0125%/Clindamycin 1%/Niacinamide 4%	24	273
Tretinoin 0.0125%/Niacinamide 4%	13	132
Tretinoin 0.04%/Clindamycin 1%/Niacinamide 4%	39	468
Grand Total	139	1,614

This was a violation of pharmacy law.

Erroneous or Uncertain Prescriptions.

California Code of regulations section 1761. (a) states no pharmacist shall compound or dispense any prescription which contains any significant error, omission, irregularity, uncertainty, ambiguity or alteration. Upon receipt of any such prescription, the pharmacist shall contact the prescriber to obtain the information needed to validate the prescription. Curexa NRP 1363, located at 3007 Ocean Heights Avenue, Egg Harbor Township, NJ 08234 was not compliant. Specifically, from at least 6/2/19 to 12/2/19, Curexa dispensed at least 139 prescriptions into California without obtaining information needed to validate the prescription. These prescriptions lack information on a valid prescriber patient relationship, if the prescriber conducted a good faith examination prior to prescribing, and the strength of niacinamide. Curexa allowed Pharmacy Technicians, Rossana Belfore, Sarah Fuller (Rosier), Sarah Lewkowitz, Laurie Myers, John Kolbasowski to validate the strength of the niacinamide and on several occasions the directions for use. This investigation found this to be true for at least the following 139 prescriptions.

Rx Number	Patient	Date Filled
2083081	TB	6/2/2019
2083081	TB	7/2/2019
2083081	TB	8/1/2019
2083081	TB	8/31/2019
2083081	TB	9/30/2019
2083081	TB	10/30/2019
2083081	TB	12/2/2019
2083083	TB	6/2/2019
2083083	TB	7/2/2019
2083083	TB	8/1/2019
2083083	TB	8/31/2019
2083083	TB	9/30/2019
2083083	TB	10/30/2019
2083083	TB	11/29/2019
2237404	TB	10/17/2019
2237404	TB	11/9/2019
2237404	TB	11/29/2019
2100673	CA	9/29/2019
2100673	CA	10/29/2019
2100673	CA	7/1/2019
2100673	CA	6/1/2019
2100673	CA	8/30/2019
2100673	CA	11/28/2019
2100673	CA	7/31/2019
2100674	CA	9/29/2019
2100674	CA	6/1/2019
2100674	CA	7/1/2019
2100674	CA	11/28/2019
2100674	CA	8/30/2019
2100674	CA	10/29/2019
2100674	CA	7/31/2019
2122307	MM	11/30/2019
2122307	MM	10/31/2019
2122307	MM	7/3/2019
2122307	MM	9/1/2019
2122307	MM	10/1/2019
2122307	MM	6/10/2019
2122307	MM	8/2/2019
2122309	MM	7/3/2019
2122309	MM	9/1/2019
2122309	MM	10/31/2019
2122309	MM	10/1/2019
2122309	MM	11/30/2019
2122309	MM	6/10/2019
2122309	MM	8/2/2019
2125523	CY	9/4/2019
2125523	CY	8/5/2019
2125523	CY	11/3/2019
2125523	CY	12/3/2019
2125523	CY	10/4/2019

2125523	CY	6/14/2019
2125523	CY	7/6/2019
2125524	CY	7/6/2019
2125524	CY	11/3/2019
2125524	CY	8/5/2019
2125524	CY	12/3/2019
2125524	CY	6/14/2019
2125524	CY	10/4/2019
2125524	CY	9/4/2019
2143127	VL	7/9/2019
2143127	VL	10/4/2019
2143127	VL	8/1/2019
2143127	VL	8/31/2019
2143127	VL	11/8/2019
2142469	VL	10/4/2019
2142469	VL	11/5/2019
2142469	VL	7/31/2019
2142469	VL	7/8/2019
2142469	VL	8/30/2019
2143128	VL	8/31/2019
2143128	VL	10/4/2019
2143128	VL	8/1/2019
2143128	VL	7/9/2019
2143128	VL	11/8/2019
2174009	KR	11/4/2019
2174009	KR	10/5/2019
2174009	KR	8/13/2019
2174009	KR	12/4/2019
2174009	KR	9/5/2019
2173991	KR	11/4/2019
2173991	KR	12/4/2019
2174000	KR	9/5/2019
2173991	KR	8/13/2019
2173991	KR	9/5/2019
2173991	KR	10/5/2019
2174000	KR	10/5/2019
2174000	KR	12/4/2019
2174000	KR	11/4/2019
2174000	KR	8/13/2019
2084187	DH	8/3/2019
2084187	DH	9/2/2019
2084187	DH	10/2/2019
2084187	DH	11/1/2019
2084187	DH	6/4/2019
2084187	DH	12/1/2019
2084187	DH	7/4/2019
2084188	DH	8/3/2019
2084188	DH	6/4/2019
2084188	DH	7/4/2019
2084188	DH	9/2/2019
2084188	DH	12/1/2019
2084188	DH	11/1/2019
2084188	DH	10/2/2019
2080022	AS	8/26/2019
2080022	AS	9/25/2019
2080022	AS	7/27/2019
2080022	AS	6/27/2019
2080022	AS	10/25/2019
2080022	AS	11/24/2019
2080021	AS	8/26/2019
2080021	AS	6/27/2019
2080021	AS	9/25/2019

2080021	AS	7/27/2019
2080021	AS	11/24/2019
2080021	AS	10/25/2019
2145510	CV	11/3/2019
2145510	CV	8/4/2019
2145510	CV	9/4/2019
2145510	CV	7/12/2019
2145510	CV	12/3/2019
2145510	CV	10/4/2019
2145509	CV	7/12/2019
2145509	CV	12/3/2019
2145509	CV	11/3/2019
2145509	CV	9/4/2019
2145509	CV	10/4/2019
2145509	CV	8/4/2019
2088126	LS	7/11/2019
2088126	LS	9/9/2019
2088126	LS	6/11/2019
2088126	LS	10/9/2019
2088126	LS	11/10/2019
2088126	LS	8/10/2019
2088123	LS	10/9/2019
2088123	LS	11/10/2019
2088123	LS	9/9/2019
2088123	LS	8/10/2019
2088123	LS	6/11/2019
2088123	LS	7/11/2019

This was a violation of pharmacy law.

Assigning an unsupported beyond use date (BUD):

California Code of regulations section 1735.2(i) states every compounded drug preparation shall be given beyond use date representing the date or date and time beyond which the compounded drug preparation should not be used, stored, transported or administered, and determined based on the professional judgment of the pharmacist performing or supervising the compounding. (1) For non-sterile compounded drug preparation(s), the beyond use date shall not exceed any of the following: (A) the shortest expiration date or beyond use date of any ingredient in the compounded drug preparation, (B) the chemical stability of any one ingredient in the compounded drug preparation; (C) the chemical stability of the combination of all ingredients in the compounded drug preparation, (D) for non-aqueous formulations, 180 days or an extended date established by the pharmacist's research, analysis, and documentation, (E) for water-containing oral formulations, 14 days or an extended date established by the pharmacist's research, analysis, and documentation, and (F) for water-containing topical/dermal and mucosal liquid and semisolid formulations, 30 days or an extended date established by the pharmacist's research, analysis, and documentation. (G) A pharmacist, using his or her professional judgment may establish an extended date as provided in (D), (E), and (F), if the pharmacist researches by consulting and applying drug-specific and general stability documentation and literature; analyzes such documentation and literature as well as the other factors set forth in this subdivision, and maintains documentation of the research, analysis and conclusion. The factors the pharmacist must analyze include: (i) the nature of the drug and its degradation mechanism, (ii) the dosage form and its components, (iii)the potential for microbial proliferation in the preparation, (iv) the container in which it is packaged, (v) the expected storage conditions, and (vi) the intended duration of therapy. Documentation of the pharmacist's research and analysis supporting an extension must be maintained in a readily retrievable format as part of the master formula. Curexa NRP 1363, located at 3007 Ocean Heights Avenue, Egg Harbor Township, NJ 08234 was not compliant. Specifically, from at least 2/2/19 to 12/2/19, Curexa assigned an extended a beyond use date (BUD) of 90 days without appropriate scientific support. This investigation found this to be true for at least the following 21 lots and 49 prescriptions.

Date compounded	Lot number	Drug	BUD assigned	RX Number
5/29/19	052920192	Hers acne AM Niacinamide 4%/ Clindamycin 1%	8/27/19 (90 days)	2083083
6/19/19	061920192	Hers acne AM Niacinamide 4%/ Clindamycin 1%	9/19/19 (90 days)	2143128 2083083
7/11/19	071120192	Hers acne AM Niacinamide 4%/ Clindamycin 1%	10/9/12 (90 days)	2143128 2083083
8/9/19	080920192	Hers acne AM Niacinamide 4%/ Clindamycin 1%	11/7/19 (90 days)	2174000
8/15/19	081520191	Hers acne AM Niacinamide 4%/ Clindamycin 1%	11/13/19 (90 days)	2143128 2083083

9/12/19	0912201925	Hers acne AM Niacinamide 4%/ Clindamycin 1%	12/11/19 (90 days)	2143128 2083083 2174000
10/9/19	100920193	Hers acne AM Niacinamide 4%/ Clindamycin 1%	1/7/20 (90 days)	2143128 2083083 2174000
11/6/19	110620199	Hers acne AM Niacinamide 4%/ Clindamycin 1%	5/4/20 (90 days)	2083083 2174000
5/23/19	052320191	Hers Acne PM low Tretinoin 0.0125%/ Niacinamide 4%/ Clindamycin 1%	8/21/19 (90 days)	2100673 2083081
5/31/19	053120192	Hers Acne PM low Tretinoin 0.0125%/ Niacinamide 4%/ Clindamycin 1%	8/29/19 (90 days)	2100673
6/27/19	062720191	Hers Acne PM low Tretinoin 0.0125%/ Niacinamide 4%/ Clindamycin 1%	9/25/19 (90 days)	2143127 2100673 2083081 2174009
8/16/19	081620191	Hers Acne PM low Tretinoin 0.0125%/ Niacinamide 4%/ Clindamycin 1%	11/14/19 (90 days)	2143127 2100673 2083081 2174009
9/24/19	092420191	Hers Acne PM low Tretinoin 0.0125%/ Niacinamide 4%/ Clindamycin 1%	12/23/19 (90 days)	2143127 2100673 2083081 2174009
11/6/19	110620193	Hers Acne PM low Tretinoin 0.0125%/ Niacinamide 4%/ Clindamycin 1%	2/4/20 (90 days)	2143127 2100673 2083081 2174009
7/25/19	072520192	Hers anti aging Tretinoin 0.0125%/ Niacinamide 4%	10/23/19 (90 days)	2142469
7/1/19	070120194	Hers anti aging low Tretinoin 0.0125%/ Niacinamide 4%	9/29/19 (90 days)	2142469
8/6/19	080620199	Hers anti aging low Tretinoin 0.0125%/ Niacinamide 4%	11/4/19 (90 days)	2173991
8/27/19	082720194	Hers anti aging low Tretinoin 0.0125%/ Niacinamide 4%	11/25/19 (90 days)	2142469 2174000 2173991
9/20/19	092020193	Hers anti aging low Tretinoin 0.0125%/ Niacinamide 4%	12/19/19 (90 days)	2142469 2237404 2173991
10/21/19	102120193	Hers anti aging low Tretinoin 0.0125%/ Niacinamide 4%	1/19/20 (90 days)	2142469 2237404 2173991
11/20/19	112020195	Hers anti aging low Tretinoin 0.0125%/ Niacinamide 4%	2/18/20 (90 days)	2237404 2173991

This was a violation of Pharmacy Law.

Unprofessional Conduct: subverting and investigations: Business and Professions Code section 4301. The board shall take action against any holder of a license who is guilty of unprofessional conduct or whose license has been issued by mistake. Unprofessional conduct shall include, but is not limited to, any of the following: (q) Engaging in any conduct that subverts or attempts to subvert an investigation of the board. Curexa NRP 1363, located at 3007 Ocean Heights Avenue, Egg Harbor Township, NJ 08234 was not compliant. Specifically, from at least 3/3/20 to 7/19/20, Curexa failed to supply requested compounding records. These records were requested on at least the following dates; 3/3/20, 4/17/20, 5/19/20, 6/3/20, and 6/22/20. Records were fully provided on 7/19/20, over four months after the original request. When received the records were disorganized and misleading. This was a violation of Pharmacy Law.

CITATION ISSUED ON: May 12, 2021 | **TOTAL AMOUNT OF FINE(S): $1,250.00**

PAYMENT OF FINE(S) DUE BY: June 11, 2021

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Board of Pharmacy
124 Halsey Street, 6th Floor, Newark NJ 07102

JOHN J. HOFFMAN
Acting Attorney General

STEVE C. LEE
Acting Director

Mailing Address:
P.O. Box 45013
Newark, NJ 07101
(973) 504-6450

November 24, 2015

Mark K. Taylor, RPIC
Curexa Pharmacy
3007 Ocean Heights Avenue
Egg Harbor Township, New Jersey, 08234

Re: Compounding of Domperidone

Dear Mr. Taylor:

As you are aware, the New Jersey Board of Pharmacy (the "Board") conducted an inspection of Curexa Pharmacy on 05/28/2015. In reviewing the subsequently produced Inspection Report (#8-5028-15-X), the inspector noted that Curexa Pharmacy was found to be engaged in the compounding of domperidone 10 mg capsules for human use. Curexa appears to have filled 101 prescriptions for this compound between 01/01/2015 and 05/28/2015, resulting in 11,038 capsules being dispensed.

According to the Food and Drug Administration (the "FDA"), domperidone is currently not approved for human use in the United States. Although there are restrictions on domperidone, the FDA recognizes that there are patients with severe GI motility disorders refractory to standard treatment who might benefit from domperidone and in whom the benefits of the drug may outweigh its risks. Domperidone is currently available to these patients through the FDA's Expanded Access to Investigational New Drug (IND) program. This Expanded Access IND program ensures that the appropriate safeguards are in place to protect patients treated with domperidone from the drug's serious adverse effects, including QT prolongation and cardiac arrhythmias. Information on this Expanded Access IND program can be found at:

http://www.fda.gov/drugs/developmentapprovalprocess/howdrugsaredevelopedandapproved/approvalapplications/investigationalnewdrugindapplication/ucm368736.htm

The compounding of domperidone without utilizing the FDA's Expanded Access IND program is a direct violation of Board of Pharmacy Regulations N.J.A.C. 13:39-7.5, N.J.A.C 13:39-6.2(f)(9) and N.J.A.C. 13:39-4.18(a). The Board is requiring that you submit proof of compliance (by following the guidelines set forth by the FDA in order to compound and dispense domperidone) within 45 days of receipt of this letter. Failure to demonstrate that compliance will result in the Board imposing disciplinary action.

Sincerely,

Anthony Rubinaccio, RPh
Executive Director
New Jersey Board of Pharmacy

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Board of Pharmacy
124 Halsey Street, 6th Floor, Newark, NJ 07102

JOHN J. HOFFMAN
Acting Attorney General

STEVE C. LEE
Acting Director

Mailing Address:
P.O. Box 45013
Newark, NJ 07101
(973) 504-6450

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

November 25, 2015

Mark K. Taylor, RPIC
Curexa Pharmacy
3007 Ocean Heights Avenue
Egg Harbor Township, NJ 08234

Re: Inspection Report #8-5028-15-X
Date of Inspection: May 28, 2015

Dear Mr. Taylor:

This letter is to advise you that the New Jersey State Board of Pharmacy has had an opportunity to review information concerning the above inspection report.

Upon review of all available information, the Board has preliminarily found that you have violated those items listed on **Attachment A.**

The Board has determined that it will offer you an opportunity to settle this matter and thereby avoid the initiation for disciplinary proceedings. Should you wish to avail yourself of this opportunity, you **MUST SIGN THE ATTACHED CERTIFICATION** and agree to the following:

> **PAY A PENALTY IN THE AMOUNT OF $100.00** and **PROVIDE TO THE BOARD A LETTER OF CORRECTIVE ACTION.** (To be paid immediately upon your signing of the attached acknowledgment.)

Alternatively you may waive your right to a hearing and submit a written statement or explanation to the Board. The Board will then consider your submission and render a final decision, which may include any of the terms set forth above. This disposition will be a public record.

If you do not wish to settle this matter, you may request a hearing. In that event, this letter will serve as notice of the charges against you and a hearing will be scheduled before the Board. At that hearing you may, either personally or with the assistance of an attorney, submit determination concerning the charges of unlawful activity. You should be aware that in making its final decision, the Board may, if unlawful activity has been proven, assess civil penalties in an

amount greater than that herein offered in this letter. Additionally, the Board may, if the facts are found to so warrant, enter an order, requiring you to reimburse certain monies, direction you to cease and desist from engaging in unlawful acts and/or requiring you to pay costs incurred by the Board. Should you have any questions concerning this letter or the settlement offer herein, I suggest that you contact the Board at (973) 504-6450.

The enclosed Certification MUST be completed and returned to the Board within fifteen (15) days following your receipt of this letter. In the event that the Board receives no response from you within this time, the Board's settlement offer will be withdrawn, and the allegations contained herein shall be deemed admitted, and the Board will proceed to finally review that matter and enter an appropriate order.

NEW JERSEY STATE BOARD OF PHARMACY

Anthony Rubinaccio, RPh

By:_____
Anthony Rubinaccio, RPh
Executive Director

AR/rh
(10/15)

CERTIFICATION

I, Mark Taylor, hereby acknowledge that I have read and reviewed the Board's letter dated November 25, 2015 regarding allegations of violations of the Board's enabling act and/or regulations.

Please Check One:

☑ I acknowledge the conduct which has been charged and agree to:

1. **Cease and desist in engaging in the conduct alleged and pay a penalty in the amount of $100.00** (to be paid upon signing of this certification).
2. **Send a Letter of Corrective Action,** as requested by the Board, with this certification.

I am also aware that the action taken against me by the Board herein is a matter of public record, and that the Board's letter and this certification are public documents.

☐ I hereby waive any rights I may have to a hearing in this matter and defend myself against any charges, but ask the Board to consider my explanation before rendering its final decisions. I understand that the Board may order any of the terms specified in its letter and that the Certification are public documents.

☐ I request a formal administrative hearing to contest the charges specified by the Board. I understand that I will be advised of the time, date and place for that hearing at another time. I am aware that I may be represented by an attorney and that at the time of the hearing I may submit to the Board, testimony and documentation relevant to the charges. I understand that in making its final decision, the Board may, if unlawful activity has been proven, assess civil penalties in an amount greater than that herein offered in its letter and may order such other remedies as it may deem appropriate. I am also aware that this proceeding is a matter of public record and that the Board's letter and this certification are public documents.

(Signature)

Dated: 12/23/15

Mark Taylor
(Print Name)

Ref: Mark K. Taylor, RPIC
Curexa Pharmacy
3007 Ocean Heights Avenue
Egg Harbor Township, NJ 08234
(28RS00626400)
Inspection Report #8-5028-15-X

AR/rh
(10/15)

ATTACHMENT A

9. **Curexa Pharmacy (formerly Jersey Shore Pharmacy)** - 3007 Ocean Heights Avenue, Egg Harbor Township, N
Pharmacist-In-Charge: Mark Taylor
Bureau File #8-5028-15-X, **Period:** 5/28/15
Reference: Board of Pharmacy inspection activity conducted pursuant to N.J.S.A.45:1-18 and N.J.S.A.45:14-48(a
from the Board to inspect all pharmacies that engage in compounding sterile preparations.

Details

CITE	DESCRIPTION
N.J.A.C.13:39-7.18 **N.J.A.C.13:39-6.2(f)7**	Nine (9) medications outdated from 1 day - 4 months were found in the active drug stock inventory.
N.J.A.C.13:39-7.5 **N.J.A.C.13:39-6.2(f)9** **N.J.A.C.13:39-4.18(a)**	The subject pharmacy was found to be engaged in compounding for human use, an unapproved drug product, Domperidone 10mg capsules. Mr. Taylor provided a listing of all Domperidone 10mg capsules dispensed between January 1, 2015 and May 28, 2015. A total of one hundred and one (101) prescriptions were dispensed that time frame for eleven thousand and thirty-eight (11,038) capsules.
N.J.A.C.13:39-7.12(a)1	"Jersey Shore Pharmacy" remains on label.
TOTAL: $100.00	

IN THE MATTER OF:	)	**BEFORE THE ALABAMA STATE**
	)	
EHT PHARMACY LLC d/b/a CUREXA f/k/a EHT PHARMACY LLC d/b/a JERSEY SHORE PHARMACY	)	**BOARD OF PHARMACY**
	)	
Non-Resident Pharmacy Permit Number: 114076/202111	)	**CASE NO: 16-L-0037**
	)	
and	)	
	)	
MARK TAYLOR	)	
	)	
License Number: 19108	)	

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against EHT Pharmacy LLC d/b/a Curexa f/k/a EHT Pharmacy LLC d/b/a Jersey Shore Pharmacy (EHT) and Mark Taylor (Taylor) which resulted in the filing of a Statement of Charges and Notice of Hearing, as amended (Statement), alleging violations of the Alabama Pharmacy Practice Act as are more particularly set out in the Statement which is attached hereto as **Exhibit "A."**

Prior to a hearing in this cause, and pursuant to Code of Alabama (1975) §41-22-12(f), the Board through its counsel and EHT and Taylor through their counsel engaged in negotiations and as a result the matters at issue were resolved informally by the parties and the parties negotiated a Consent Order, the terms of which are as follows:

1. Counsel for the Board and counsel for EHT and Taylor stipulate that EHT and Taylor deny for all legal purposes other than this proceeding the allegations set forth in the Statement but stipulate that for the purposes of this proceeding the Board would introduce sufficient evidence to meet its required burden of proof. Accordingly, the Board finds EHT and Taylor have violated the provisions of the Alabama Pharmacy

AUG 24 2016

Practice Act based upon the conduct set forth in all Counts of the Statement.

2. EHT and Taylor shall pay an administrative fine in the amount of Ten Thousand Dollars ($10,000.00) within thirty (30) days of the effective date of this Consent Order that being the day the same is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall EHT and/or Taylor attempt to discharge the same.

3. EHT and Taylor expressly waive their rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedure Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. EHT and Taylor further waive any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

4. By execution of this Consent Order, EHT and Taylor hereby release the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

5. EHT and Taylor acknowledge and agree that any future violation of the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rules and regulations of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state or any other applicable laws may, upon proof and hearing

thereof, result in further disciplinary sanctions against EHT's permit and/or Taylor's license, including, but not limited to revocation.

6. EHT and Taylor acknowledge and agree that they have read this Consent Order and that it fully understand the terms, conditions and contents of the same. EHT and Taylor acknowledge and agree that they voluntarily and of their own free will accept the terms and conditions set out in this Consent Order and are signing this Consent Order on the advice of their attorney.

DONE this the 22 of July, 2016.

EHT PHARMACY LLC D/B/A CUREXA F/K/A EHT PHARMACY LLC D/B/A JERSEY SHORE PHARMACY

BY: Mark Taylor

ITS: Curexa

Mark Taylor

Jonathan E. Beiling, attorney for EHT Pharmacy LLC d/b/a Curexa f/k/a EHT Pharmacy LLC d/b/a Jersey Shore Pharmacy and Mark Taylor

DONE this the 6th of September, 2016.

ALABAMA STATE BOARD OF PHARMACY

By: _____
Timothy A. Martin, Pharm.D., President

By: _____
James S. Ward,
Attorney for the Alabama State
Board of Pharmacy

OF COUNSEL:
WARD & WILSON, LLC
2100A Southbridge Parkway
Suite 580
Birmingham, AL 35209
(205) 871-5404

IN THE MATTER OF:	)	
	)	BEFORE THE ALABAMA STATE
EHT PHARMACY LLC d/b/a CUREXA	)	BOARD OF PHARMACY
f/k/a EHT PHARMACY LLC d/b/a	)	
JERSEY SHORE PHARMACY	)	
	)	
Non-Resident Pharmacy	)	CASE NO: 16-L-0037
Permit Number: 114076/202111	)	
	)	

MOTION TO AMEND

COMES NOW, the Alabama State Board of Pharmacy (Board) and moves the Hearing Officer for an Order amending the previously filed Statement of Charges and Notice of Hearing (SOC) based upon the following:

1. The Board inadvertently failed to name the supervising pharmacist, Mark Taylor, in the original SOC.
2. The original SOC should have named Taylor in all the counts and further included a Count involving his role as supervising pharmacist.
3. Based on the above, the Board seeks an Order allowing the amendment attached hereto as Exhibit "A", which will name Taylor as a respondent and add a Count involving allegations relating to his acts or omissions as the supervising pharmacist.

   The Counts against the pharmacy remain unchanged.
4. Respondent will not be prejudiced by the requested amendment.

WHEREFORE, PREMISES CONSIDERED, the Board respectfully prays that the Hearing Officer enter an Order allowing the amendment to the SOC set forth on Exhibit "A" hereto.

Respectfully submitted,

/s James S. Ward
Attorney for the Alabama State

Board of Pharmacy

OF COUNSEL:
Ward & Wilson, L.L.C.
2100 Southbridge Parkway
Suite 580
Birmingham, Alabama 35209
Tel: 205-871-5404
jward@wardwilsonlaw.com

CERTIFICATE OF SERVICE

I hereby certify a copy of the foregoing has been served upon the parties listed below via E-mail transmittal and/or U.S. Mail this the 11th day of May, 2016.

Vance Alexander
P.O. Box [redacted]
Birmingham, Alabama 35238-0864
[redacted]@bellsouth.net

EHT Pharmacy LLC d/b/a
Curexa f/k/a EHT Pharmacy
LLC d/b/a Jersey Shore Pharmacy
3007 Ocean Heights Avenue
Egg Harbor Township, New Jersey 08234

Mark Taylor
EHT Pharmacy LLC d/b/a
Curexa f/k/a EHT Pharmacy
LLC d/b/a Jersey Shore Pharmacy
3007 Ocean Heights Avenue
Egg Harbor Township, New Jersey 08234

James S. Ward
OF COUNSEL

EXHIBIT "A"

IN THE MATTER OF:	)	
	)	BEFORE THE ALABAMA STATE
EHT PHARMACY LLC d/b/a CUREXA	)	BOARD OF PHARMACY
f/k/a EHT PHARMACY LLC d/b/a	)	
JERSEY SHORE PHARMACY	)	
	)	
Non-Resident Pharmacy	)	CASE NO: 16-L-0037
Permit Number: 114076/202111	)	
	)	
and	)	
	)	
MARK TAYLOR	)	
	)	
License Number: 19108	)	

STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: EHT Pharmacy LLC d/b/a
Curexa f/k/a EHT Pharmacy
LLC d/b/a Jersey Shore Pharmacy
Mark Taylor
3007 Ocean Heights Avenue
Egg Harbor Township, New Jersey 08234

Pursuant to the provisions of Code of Alabama (1975), § 34-23-34 and § 34-23-92 (12) and Code of Alabama (1975), § 41-22-12, you are hereby notified and requested to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on_____, 2016 at _____ ___.m., at the State Board of Pharmacy Conference Room, 111 Village Street, Birmingham, Alabama 35242, and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine why your license to practice pharmacy in this State should not be revoked, suspended or placed on probation or a monetary penalty imposed and/or why the permit to operate EHY Pharmacy LLC d/b/a Curexa f/k/a EHT Pharmacy LLC d/b/a Jersey Shore Pharmacy (Curexa) should not be revoked,

suspended or placed on probation or a monetary penalty imposed in that it is alleged that you and Curexa have been guilty of the following, to wit:

COUNT ONE

Violating Code of Alabama (1975), § 34-23-33(2) in that you violated the FD&C by compounding and dispensing 10mg capsules of Domperidone for human use when the same is not approved by the FDA. During this time you dispensed Domperidone pursuant to one hundred one (101) prescriptions resulting in eleven thousand thirty-eight (11,038) capsules dispensed.

The Board alleges that the filling of each prescription is a separate and distinct violation.

COUNT TWO

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(b) based upon any or all of the allegations of Count One above.

COUNT THREE

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of Count One above.

COUNT FOUR

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(f) based upon any or all of the allegations of Count One above.

COUNT FIVE

Violating Code of Alabama (1975), § 34-23-33(6) based upon any or all fo the allegations in the above Counts.

COUNT SIX

Violating Code of Alabama (1975), § 34-23-33(2) prior to November 25, 2015, by

having nine (9) medications outdated from one (1) day to four (4) months in the active drug stock inventory.

The Board alleges that each possession of outdated medication is a separate and distinct violation.

COUNT SEVEN

Violating Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of Count Six above.

COUNT EIGHT

As to Taylor, violating Code of Alabama (1975), § 34-23-33(12) in that you violated Board Rule 680-X-2.12(4)(h) and/or (i) based upon any or all of the allegations of Counts One and/or Six above.

Further, pursuant to the provisions of Code of Alabama, (1975), §20-2-53 and §41-22-12, you are hereby notified and requested to appear before the Board at the aforesaid time and place and from time to time thereafter as may be requested by the Board for the purpose of a hearing to determine why your registration to manufacture, dispense or distribute controlled substances enumerated in Schedules II, III, IV and V of the Alabama Uniform Controlled Substances Act, Code of Alabama (1975), §20-2-1, et. seq., issued pursuant to Code of Alabama (1975), §20-2-52, should not be suspended or revoked in that it is alleged that you have been guilty of the following:

COUNT NINE

Violating Code of Alabama (1975), §20-2-54(a)(4) by violating the provisions of Code of Alabama (1975), §34-23-1 et seq., said violation being based upon any or all of the allegations contained in the preceding Counts of this Statement of Charges and Notice of Hearing.

At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
EHT PHARMACY LLC d/b/a CUREXA f/k/a EHT PHARMACY LLC d/b/a JERSEY SHORE PHARMACY	)	BOARD OF PHARMACY
	)	
Non-Resident Pharmacy Permit Numbers 114076/202111	)	Case Number 16-L-0037

ORDER AMENDING STATEMENT OF CHARGES

The Alabama State Board of Pharmacy, by and through its attorney of record, moved to amend the Statement of Charges and Notice of Hearing for the Respondent EHT Pharmacy LLC d/b/a Curexa f/k/a EHT Pharmacy LLC d/b/a Jersey Shore Pharmacy in the above captioned cause which is scheduled before the Alabama State Board of Pharmacy on June 21, 2016 at 1:00 P. M. Having considered the Motion, the Administrative Hearing Officer is of the opinion that the Motion is due to be GRANTED.

IT IS ORDERED that the Statement of Charges and Notice of Hearing dated April 14, 2016 naming EHT Pharmacy LLC d/b/a Curexa f/k/a EHT Pharmacy LLC d/b/a Jersey Shore Pharmacy as Respondent is hereby Amended by adding Mark Taylor, License Number 19108 as an additional Respondent and Count Nine as follows:

"COUNT NINE

Violating Code of Alabama (1975), §20-2-54(a)(4) by violating the provisions of Code of Alabama (1975), §34-23-1 et seq., said violation being based upon any or all of the allegations contained in the preceding Counts of this Statement of Charges and Notice of Hearing."

DONE and ORDERED this the 12th day of May 2016.

VANCE L. ALEXANDER
ADMINISTRATIVE HEARING OFFICER

c: Mr. W. Scott Simpson, Esq. (via electronic mail wssimpson@smgblawyers.com)
Mr, Mark Taylor (via U.S. Mail)
Ms. Mitzi Ellenburg, Director of Operations (via electronic mail mellenburg@albop.com)
Dr. Susan Alverson, Executive Secretary (via electronic mail salverson@albop.com)
Mr. James S. Ward, Esq. (via electronic mail jward@wardwilsonlaw.com)

COUNT SEVEN

Violating Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of Count Six above.

Further, pursuant to the provisions of Code of Alabama, (1975), §20-2-53 and §41-22-12, you are hereby notified and requested to appear before the Board at the aforesaid time and place and from time to time thereafter as may be requested by the Board for the purpose of a hearing to determine why your registration to manufacture, dispense or distribute controlled substances enumerated in Schedules II, III, IV and V of the Alabama Uniform Controlled Substances Act, Code of Alabama (1975), §20-2-1, et. seq., issued pursuant to Code of Alabama (1975), §20-2-52, should not be suspended or revoked in that it is alleged that you have been guilty of the following:

COUNT EIGHT

Violating Code of Alabama (1975), §20-2-54(a)(4) by violating the provisions of Code of Alabama (1975), §34-23-1 et seq., said violation being based upon any or all of the allegations contained in the preceding Counts of this Statement of Charges and Notice of Hearing.

At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

Dated this the 14th day of April, 2016.

ALABAMA STATE BOARD OF PHARMACY

Susan Alverson

By: Susan Alverson
Secretary

DEPT. OF COMMERCE AND CONSUMER AFFAIRS
2017 AUG 17 P 2:49
HEARINGS OFFICE
RECEIVED
PROFESSIONAL LICENSING DIVISION
2017 JUN 16 P 1:47
DEPT. OF COMMERCE & CONSUMER AFFAIRS STATE OF HAWAII

DARIA A. LOY-GOTO 6175
JOHN T. HASSLER 5311
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

Attorneys for Department of Commerce
and Consumer Affairs

BOARD OF PHARMACY
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Miscellaneous Permit of)	PHA 2017-53-L
)	
CUREXA doing business as EHT)	SETTLEMENT AGREEMENT PRIOR TO
PHARMACY, LLC,)	FILING OF PETITION FOR DISCIPLINARY
)	ACTION AND BOARD'S FINAL ORDER;
Respondent.)	EXHIBIT "1"
)	

241042211

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS' REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"), through its undersigned attorney(s) and Respondent CUREXA doing business as EHT PHARMACY, LLC (hereinafter "Respondent"), enter into this Settlement Agreement on the terms and conditions set forth below.

A. UNCONTESTED FACTS:

1. At all relevant times herein, Respondent was permitted as a miscellaneous permit holder by the Board of Pharmacy (hereinafter the "Board") under permit number PMP 1183. The permit was issued on or about August 13, 2015. The permit will expire or forfeit on or about December 31, 2017.

2. Respondent's mailing address for purposes of this action is 3007 Ocean Heights Avenue, Egg Harbor Township, New Jersey 08234.

3. RICO received a request for investigation from the Board based on disciplinary action by the Alabama State Board of Pharmacy.

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN THE DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS.

4. RICO obtained a copy of a Consent Order issued to Respondent by the Alabama State Board of Pharmacy in CASE NO: 16-L-0037 (hereinafter the "Alabama Order") (Exhibit "1"). The Alabama Order was based on allegations Respondent compounded and dispensed prescriptions for Domperidone for human use when the same is not approved by the FDA. Respondent was ordered to pay a $10,000.00 fine.

5. RICO alleges Respondent was disciplined by the State of Alabama and that Respondent failed to report the disciplinary action to the Board as required by Hawaii law.

6. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state or federal agency) and § 436B-19(15) (failure to report disciplinary decision in writing within thirty days).

7. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing, and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent, being at all times relevant herein permitted as a miscellaneous permit holder by the Board, acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the permit and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent further understands that RICO enters into this Settlement Agreement, and agrees to the specific terms contained in this Settlement Agreement, based upon Respondent's representations made herein.

6. Respondent represents Exhibit "1" is a true and correct copy of the Consent Order issued to Respondent by the Alabama State Board of Pharmacy in CASE NO: 16-L-0037.

7. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this settlement agreement may be grounds for further disciplinary action under HRS Chapters 436B and 461.

8. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's permit.

9. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

10. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2017-53-L.

11. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

12. Respondent understands this Settlement Agreement is public record pursuant to Hawaii Revised Statutes Chapter 92F.

C. TERMS OF SETTLEMENT:

1. Administrative Fine. Respondent agrees to pay a fine in the amount of ONE THOUSAND FIVE HUNDRED AND NO/100 DOLLARS ($1,500.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: John T. Hassler, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment shall be due at the time this Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C.1 above, Respondent's permit shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of licensure to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new permit until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become permitted again, Respondent must apply to the Board for a new permit pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible Further Sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of miscellaneous permit holders in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

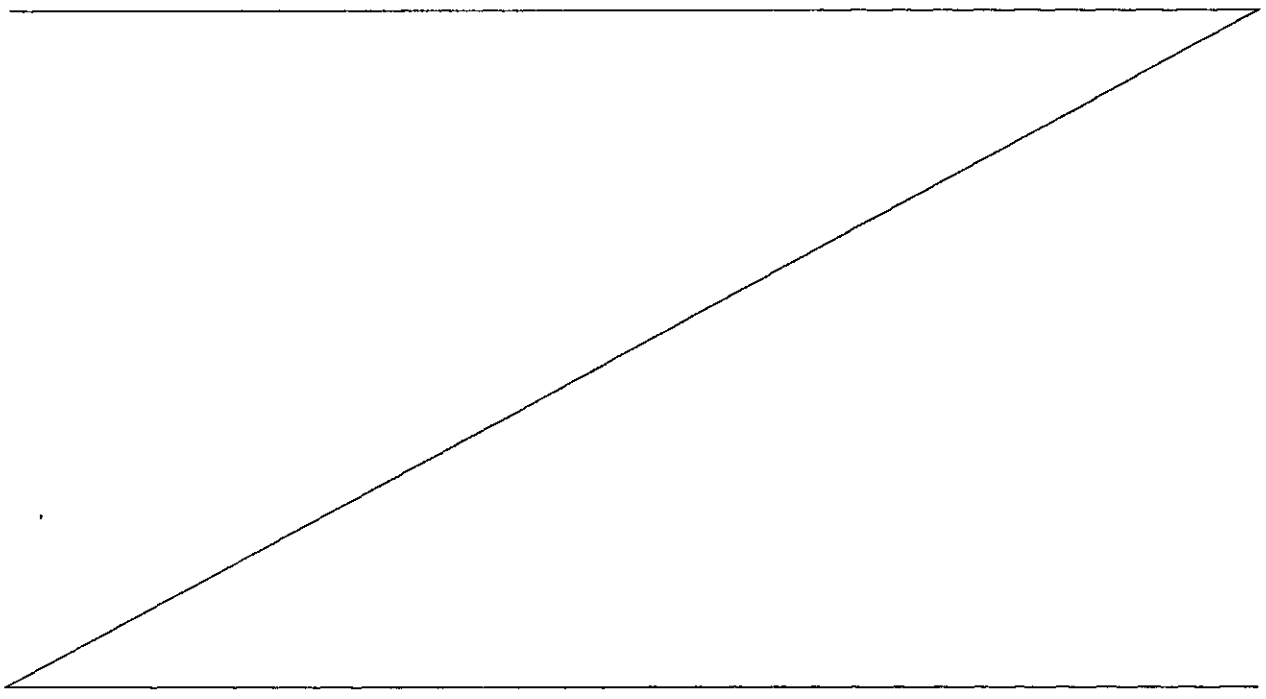
4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.5., C.6., C.7., and C.8. below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent, nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion, or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion, or promise made by RICO or any of its agents, employees, representatives, or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.



IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: Egg Harbor Township, NJ, 6/8/2017.
(City) (State) (Date)

CUREXA doing business as EHT PHARMACY, LLC
Respondent

By: _____
(Signature)

Mark Taylor
(Print Name)

Its Member

DATED: Honolulu, Hawaii, JUN 14 2017.

_____
DARIA A. LOY-GOTO
JOHN T. HASSLER
Attorneys for Department of Commerce
and Consumer Affairs

IN THE MATTER OF THE MISCELLANEOUS PERMIT OF CUREXA DOING BUSINESS AS EHT PHARMACY, LLC; SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBIT "1"; RICO CASE NO. PHA 2017-53-L

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

KERRI OKAMURA
Chairperson

8/17/17
DATE

KENNETH VANDENBUSSCHE

MARY JO KEEFE

CAROLYN S. J. MA

MARCELLA CHOCK

RONALD WEINBERG

JULIE YURIE TAKISHIMA-LACASA

PVL 7/1/17

STATE OF NJ)
) SS.
COUNTY OF Ocean)

On this 8 day of June, 2017, before me personally appeared Mark Taylor, to me known to be the person described, and who executed the foregoing instrument on behalf of CUREXA doing business as EHT PHARMACY, LLC as its Member, and acknowledged that he/she executed the same as his/her free act and deed.

This 7 -page SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER document dated June 8, 2017 was acknowledged before me by
[Date Document Signed by Respondent]
Mark Taylor this 8th day of June, 2017,
[Name of Person Signing Document]
in the City of Galloway, in the County of Atlantic, in the State of NJ.

Thomas Maguire
Name: Thomas Maguire
Notary Public, State of NJ
My Commission expires: 10/9/17

THOMAS B. MAGUIRE
NOTARY PUBLIC OF NEW JERSEY
ID # 50004298
My Commission Expires 10/9/2019

EXHIBIT C

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2017-1242

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION IN THE STATE OF COLORADO OF CUREXA, REGISTRATION NO. OSP 5698,

Respondent Pharmacy.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Curexa ("Respondent Pharmacy") to resolve all matters pertaining to Board Case Number 2017-1242, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Pharmacy, its registration as a non-resident prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 42.5, C.R.S. (2016).

2. Respondent Pharmacy was originally registered in the State of Colorado on or about May 18, 2017, being issued registration number OSP 5698, and has been so registered at all times relevant to this disciplinary action.

3. Respondent Pharmacy's address of record with the Board and current location is 3007 Ocean Heights Ave., Egg Harbor Township, NJ 08234.

4. Respondent Pharmacy admits these findings and hereby waives any further proof in this or any other proceeding before the Board regarding the following facts.

5. On September 6, 2016, Respondent entered into a Consent Order with the Alabama Board of Pharmacy for compounding and dispensing 11,038 Domperidone 10 mg capsules for human use, which is not approved for such use by the Federal Food and Drug Administration.

6. Respondent Pharmacy failed to notify the Colorado Board of the Alabama disciplinary action.

7. Respondent Pharmacy admits that its conduct, as set forth above, constitutes a violation of §12-42.5-123(1)(c)(I)-(III), (g), (k), and (q), C.R.S., and Rule 9.00.10(b),

and provides grounds for disciplinary action against Respondent Pharmacy's Colorado registration as a prescription drug outlet.

DISPOSITION

8. **Letter of Admonition.** This Final Agency Order shall constitute a Letter of Admonition as set forth in §12-42.5-124(6)(b) and (c), C.R.S. The Board hereby admonishes Respondent Pharmacy for the acts and omissions described in paragraphs 5-7 above.

9. **Waiver of Right to Contest.** By entering into this Final Agency Order, Respondent Pharmacy agrees to waive the right provided by §12-42.5-124(6)(b) and (c), C.R.S., to contest this Letter of Admonition.

10. **Other Requirements.** Through its undersigned Authorized Representative, Respondent Pharmacy acknowledges and agrees that, as a condition of this Final Agency Order, Respondent Pharmacy shall:

    a. promptly pay all its own fees and costs associated with this Final Agency Order;

    b. comply fully with this Final Agency Order; and

    c. comply fully with the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmaceuticals and pharmacists in the State of Colorado.

11. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under §12-42.5-124(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

12. **Advisements and Waivers.** Through its undersigned Authorized Representative, Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;

    b. To respond to said formal notice of charges;

c. To have a formal disciplinary hearing pursuant to §§12-42.5-123 and 12-42.5-124, C.R.S.; and

d. To appeal this Board order.

Respondent Pharmacy freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

13. **Acknowledgments.** The undersigned Authorized Representative of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

14. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

15. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

16. **Board Order.** This Final Agency Order shall become an order of the Board when it is accepted and signed by the Program Director or authorized Board representative.

17. **Effective Date.** This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Pharmacy at Respondent Pharmacy's address of record with the Board, or (b) service by electronic means on Respondent Pharmacy at Respondent Pharmacy's electronic address of record. Respondent Pharmacy hereby consents to service by electronic means if Respondent Pharmacy has an electronic address on file with the Board.

ACCEPTED AND AGREED BY

Respondent Pharmacy

Mark Taylor RPIC Dated: 7/5/17

Authorized Representative / Title

Subscribed and sworn to before me in the County of Ocean, State of New Jersey, this 5th day of July, 2017, by Mark Taylor, in his/her capacity as an authorized agent of Curexa.

THOMAS B. MAGUIRE
NOTARY PUBLIC OF NEW JERSEY
ID # 50004298
My Commission Expires 10/8/2019

Notary Public

My commission expires:

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 14th day of July, 2017.

State Board of Pharmacy

BY:

Wendy Anderson
Program Director

EXHIBIT B

AGREED BOARD ORDER #F-17-011

RE: IN THE MATTER OF
CUREXA
(PHARMACY LICENSE #25553)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacy license number 25553 issued to Curexa (Respondent), 3007 Ocean Heights Avenue, Egg Harbor Township, New Jersey 08234.

By letter dated March 31, 2017, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

Sections 565.002(a)(3), (10) and (13); and 565.002(c) of the Texas Pharmacy Act, TEX OCC. CODE ANN. Title 3, Subtitle J (2015); and

Section 281.8(c)(3) of the Texas Pharmacy Board Rules, 22 TEX ADMIN. CODE (2016), as alleged in the Counts below.

The conduct described in the disciplinary actions by the New Jersey State Board of Pharmacy and the Alabama State Board of Pharmacy is substantially similar to the conduct described in:

Section 565.002(a)(3) of the Texas Pharmacy Act, TEX OCC. CODE ANN. Title 3, Subtitle J (2013);

Sections 291.32(a)(2)(H); 291.32(c)(1)(E) and (F); 291.33(f)(2); and 295.3 of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2015);

Sections 431.002(25); and 431.114 of the Texas Food, Drug, and Cosmetic Act, TEX. HEALTH & SAFETY CODE ANN. (2013); and

Sections 321(p)(1) and (2); 331(d); and 355(a) of the Federal Food, Drug, and Cosmetic Act (Title 21 U.S.C.) (2013).

COUNTS

(1) On or about October 24, 2007, the New Jersey State Board of Pharmacy issued a Settlement Letter against the New Jersey pharmacy license number 28RS00626400 held by Curexa (previously licensed in New Jersey as Jersey Shore Pharmacy). The Settlement was based on a deficiency identified during an inspection; specifically that potential drug allergies or chronic conditions were not recorded in the patient medication record. The Settlement imposed a $200 penalty and required that the pharmacy submit a letter of correction.

On or about August 3, 2009, Curexa (previously licensed as Jersey Shore Pharmacy) submitted an application for change of pharmacy name/location to the Texas State Board of Pharmacy. On the application, it was falsely indicated that the pharmacy had not been subject to professional disciplinary action within the last 36 months, when the pharmacy was subject to the disciplinary action by the New Jersey State Board of Pharmacy described above.

(2) On or about April 6, 2010, the New Jersey State Board of Pharmacy issued a Settlement Letter against the New Jersey pharmacy license number 28RS00626400 held by Curexa (previously licensed in New Jersey as Jersey Shore Pharmacy). The Settlement was based on a deficiency identified during an inspection; specifically that equipment was not inspected or sealed by the Department of Weights and Measures. The Settlement required that the pharmacy submit a letter of correction.

On or about April 27, 2011, Curexa (previously licensed as Jersey Shore Pharmacy) submitted an application for licensure renewal as a non-resident pharmacy to the Texas State Board of Pharmacy. On the application, it was falsely indicated that the pharmacy had not been subject to professional disciplinary action within the last 36 months, when the pharmacy was subject to the disciplinary action by the New Jersey State Board of Pharmacy described above.

(3) On or about November 25, 2015, the New Jersey State Board of Pharmacy issued a Settlement Letter against the New Jersey pharmacy license number 28RS00626400 held by Curexa. The Settlement was based on deficiencies identified during an inspection; specifically that drug stock inventory contained expired drugs, and that between January 21, 2015, and May 28, 2015, the pharmacy compounded and dispensed 101 prescriptions for a drug product not approved by the federal Food and Drug Administration for human use, namely domperidone 10 mg. The Settlement imposed a $100 penalty and required that the pharmacy submit a letter of correction.

(4) On or about September 6, 2016, the Alabama State Board of Pharmacy entered a Consent Order against the Alabama non-resident pharmacy permit number 114076/202111 held by Curexa (licensed in Alabama as EHT Pharmacy LLC d/b/a Curexa). The Order was based on allegations contained in a Statement of Charges and Notice of Hearing that the pharmacy compounded and dispensed 101 prescriptions for a drug product not approved by the federal Food and Drug Administration for human use, namely domperidone 10 mg. The Order imposed a $10,000 fine.

An informal conference was held in the Board's office on July 13, 2017, with Mark Taylor, R.Ph., Corporate Manager, EHJ Pharmacy, LLC, on behalf of Respondent; and Daniel Scott Distefano, R.Ph., Staff Pharmacist, in attendance. The informal conference was heard by a Board panel comprised of: Jeanne D. Waggener, R.Ph., Board Member; and Carol Fisher, R.Ph.,

M.P.A., Director of Enforcement; with Kerstin Arnold, General Counsel. Megan Holloway, Staff Attorney, was also in attendance.

By appearing at the informal conference and by signing this Order, Mark Taylor neither admits nor denies the truth of the matters previously set out in this Order, and agrees that the Board has jurisdiction in this matter and waives the right to notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that:

(1) Respondent's license is reprimanded.

(2) Respondent shall pay an administrative penalty of two thousand dollars ($2,000) due one hundred twenty (120) days after the entry of this Order.

(3) Failure to comply with any of the requirements in this Order constitutes a violation and shall be grounds for further disciplinary action. The requirements of this Order are subject to the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2015), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2017).

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 1st day of August, 2017.

Suzette Oquinn R.Ph.
MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

Gay Dodson, R.Ph., Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

Mark Taylor, R.Ph., Corporate Manager, EHJ Pharmacy, LLC
For and on behalf of Curexa

APPROVED AS TO FORM:

Kerstin Arnold, General Counsel
Texas State Board of Pharmacy

L. MITCHELL JONES (U.S.B. 5979)
Assistant Attorney General
SEAN D. REYES (U.S.B. 7969)
Utah Attorney General
Commercial Enforcement Division
Heber M. Wells Building
Box 140872
Salt Lake City, UT 84114-6741
Telephone: (801) 366-0310

BEFORE THE DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING

OF THE DEPARTMENT OF COMMERCE

OF THE STATE OF UTAH

IN THE MATTER OF THE LICENSES OF **EHT PHARMACY, LLC** UTAH LICENSE #9381873-1708 & 8913 TO OPERATE AS A PHARMACY AND TO DISPENSE CONTROLLED SUBSTANCES IN THE STATE OF UTAH	))))))))	STIPULATION AND ORDER CASE NO. DOPL 2017-- 495

EHT PHARMACY, LLC ("Respondent") and the **DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING** of the Department of Commerce of the State of Utah ("Division") stipulate and agree as follows:

1. Respondent admits the jurisdiction of the Division over Respondent and over the subject matter of this action. Mark Taylor is an officer of Respondent pharmacy and is authorized to act as agent for and enter into binding agreements on behalf of Respondent pharmacy.

2. Respondent acknowledges that Respondent enters into this Stipulation knowingly and voluntarily.

3. Respondent understands that Respondent has the right to be represented by counsel in this matter and Respondent's signature below signifies that Respondent has either consulted with an attorney or Respondent waives Respondent's right to counsel in this matter.

4. Respondent understands that Respondent is entitled to a hearing before the State of Utah's Board of Pharmacy ("Board"), or other Division Presiding Officer, at which time Respondent may present evidence on Respondent's own behalf, call witnesses, and confront adverse witnesses. Respondent understands that by signing this document Respondent hereby knowingly and intelligently waives the right to a hearing, the right to call witnesses on Respondent's own behalf, the right to call witnesses, the right to confront adverse witnesses, and any other rights to which Respondent may be entitled in connection with said hearing. Respondent understands that by signing this document Respondent hereby knowingly and intelligently waives the right to all administrative and judicial review as set forth in Utah Code Ann. §§ 63G-4-301 through 63G-4-405, and Utah Administrative Code R151-4-901 through R151-4-907. Respondent and the Division hereby express their intent that this matter be resolved expeditiously through stipulation as contemplated in Utah Code Ann. § 63G-4-102(4).

5. Respondent waives the right to the issuance of a Petition and a Notice of Agency Action in this matter.

6. Respondent understands that this Stipulation and Order, if adopted by the Director of the Division, will be classified as a public document. The Division may release this Stipulation

and Order, and will release other information about this disciplinary action against Respondent's license, to other persons and entities.

7. Respondent admits the following facts are true:

a. Respondent was first licensed to operate as a pharmacy and to dispense controlled substances in the State of Utah on April 22, 2015.

b. On or about July 22, 2016, Respondent entered into a "Consent Order" with the Board of Pharmacy of the State of Alabama, a copy of which is incorporated by reference to this Stipulation and Order and attached as Exhibit A, sanctioning Respondent's Alabama pharmacy license. Exhibit A also contains a "Motion to Amend" and an "Order Amending Statement of Charges" which describe the allegations of misconduct against Respondent.

c. The allegations contained in Exhibit A would constitute misconduct in the State of Utah.

8. Respondent admits that Respondent's conduct described above is unprofessional conduct as defined in Utah Code Ann. § 58-1-501(2)(a) and (d); and that said conduct justifies disciplinary action against Respondent's license pursuant to Utah Code Ann. § 58-1-401(2)(a). Respondent agrees that an Order, which constitutes disciplinary action against Respondent's licenses by the Division pursuant to Utah Administrative Code R156-1-102(7) and Utah Code Ann. § 58-1-401(2), shall be entered in this matter as follows:

(a) Respondent shall pay a fine to the Division in the amount of $500.00 (five hundred dollars), pursuant to Utah Code Ann. § 58-17b-401(6), § 58-17b-504(5), and Utah Administrative Code R156-17b-402, within 90 days of the effective date of this Stipulation and Order.

500 Fine Paid in Full 6/22/2017

(b) Respondent's license shall be publicly reprimanded for the conduct described above.

(c) Respondent shall successfully complete all the requirements of Exhibit A.

9. Upon approval by the Director of the Division this Stipulation and Order shall be the

final compromise and settlement of this non-criminal administrative matter. Respondent acknowledges that the Director is not required to accept the terms of this Stipulation and Order and that if the Director does not do so, this Stipulation and the representations contained therein shall be null and void, except that the Division and the Respondent waive any claim of bias or prejudgment they might otherwise have with regard to the Director by virtue of her having reviewed this Stipulation, and this waiver shall survive such nullification.

10. Respondent shall abide by and comply with all applicable federal and state laws, regulations, rules and orders related to the Respondent's licensed practice.

11. This document constitutes the entire agreement between the parties and supersedes and cancels any and all prior negotiations, representations, understandings or agreements between the parties regarding the subject of this Stipulation and Order. There are no verbal agreements that modify, interpret, construe or affect this Stipulation. Respondent agrees not to take any action or make any public statement, that creates, or tends to create, the impression that any of the matters set forth in this Stipulation and Order are without factual basis. A public statement includes statements to one or more Board members during a meeting of the Board. Any such action or statement shall be considered a violation of this Stipulation and Order.

12. The accompanying Order becomes effective immediately upon the approval of this Stipulation and signing of the Order by the Division Director. Respondent shall comply with all the terms and conditions of this Stipulation immediately following the Division Director's signing of the Order page of this Stipulation and Order. Failure to comply with and timely complete a term or condition shall constitute a violation of the Stipulation and Order and may subject Respondent to revocation or other sanctions.

13. If Respondent violates any term or condition of this Stipulation and Order, the Division may take action against Respondent, including imposing appropriate sanction, in the manner provided by law. Such sanction may include revocation or suspension of Respondent's license, or other appropriate sanction.

14. Respondent understands that the disciplinary action taken by the Division in this Stipulation and Order may adversely affect any license that Respondent may possess in another state or any application for licensure Respondent may submit in another state.

15. Respondent has read each and every paragraph contained in this Stipulation and Order. Respondent understands each and every paragraph contained in this Stipulation and Order. Respondent has no questions about any paragraph or provision contained in this Stipulation and Order.

DIVISION OF OCCUPATIONAL &
PROFESSIONAL LICENSING

BY: _____
DANE ISHIHARA
Bureau Manager

DATE: 8-21-2017

RESPONDENT

BY: _____
MARK TAYLOR

DATE: 7/19/17

SEAN D. REYES
UTAH ATTORNEY GENERAL

BY: _____
L. MITCHELL JONES
Counsel for the Division

DATE: 21 Aug 17

ORDER

THE ABOVE STIPULATION, in the matter of **EHT PHARMACY, LLC,** is hereby approved by the Division of Occupational and Professional Licensing, and constitutes my Findings of Fact and Conclusions of Law in this matter. The issuance of this Order is disciplinary action pursuant to Utah Administrative Code R156-1-102(7) and Utah Code Ann. § 58-1-401(2). The terms and conditions of the Stipulation are incorporated herein and constitute my final Order in this case.

DATED this 24 day of August, 2017.

DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING

MARK B. STEINAGEL
Director

Investigator: Sharilee McIntyre

COLORADO
Department of
Regulatory Agencies
Division of Professions and Occupations

March 19, 2018

Curexa
Attn: Pharmacist Manager
3007 Ocean Heights Ave
Egg Harbor Township, NJ 08234-7749
renewals@licenselogix.com

CERTIFIED AND FIRST CLASS MAIL

RE: Case 2017-6730 against Curexa

Dear Pharmacist Manager:

At its March 15, 2018 meeting, the Colorado State Board of Pharmacy ("Board") reviewed the above-referenced complaint. After careful consideration of all the evidence before the Board, the Board determined that the aforementioned nonresident pharmacy failed to timely report disciplinary action in another state and committed acts that would subject it to disciplinary action in this state.

The Board hereby admonishes the nonresident pharmacy for violation of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act and Board Rules.

This admonishment shall be made a part of the permanent records of the Board and is reportable as a disciplinary action. It may also be considered as an aggravating factor if you incur future violations. You may request that a hearing be initiated by the Board if you wish to dispute the information in this letter. The purpose of such a proceeding would be to adjudicate the propriety of the conduct upon which this letter is based. The Board must receive such a request from you within 20 days after you receive this letter.

If you make a timely request, the letter of admonition shall be deemed vacated pending resolution of formal disciplinary proceedings. Those proceedings involve a hearing conducted in accordance with the State Administrative Procedures Act.

Sincerely,

FOR THE COLORADO STATE BOARD OF PHARMACY

Wendy Anderson
Program Director

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **LETTER OF ADMONITION** upon all parties herein by depositing copies of same in the United States mail, certified, postage prepaid, at Denver, Colorado this 19th day of March 2018, addressed as follows:

Curexa
Attn: Pharmacist Manager
3007 Ocean Heights Ave
Egg Harbor Township, NJ 08234-7749
renewals@licenselogix.com

EXHIBIT D

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BEFORE THE STATE BOARD OF PHARMACY

Commonwealth of Pennsylvania Bureau of Professional and Occupational Affairs	File No.: 17-54-06285
vs.	
Curexa, Respondent	Docket No: 2024 -54-19

ORDER

AND NOW, this 10th day of April 2018, the STATE BOARD OF PHARMACY ("Board") approves and adopts the foregoing Consent Agreement and incorporates the terms of paragraph 5, which shall constitute the Board's Order and is now issued in resolution of this matter.

This Order shall take effect immediately.

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

Ian J. Harlow
Commissioner

BY ORDER:
STATE BOARD OF PHARMACY

Janet Getzey Hart, R.Ph.
Chairperson

For the Commonwealth:

Julia A. Caralle, Esquire
2601 North Third Street
P. O. Box 69521
Harrisburg, PA 17106-9521

For the Respondent:

Rachael G. Pontikes, Esq.
Reed Smith
10 South Wacker Dr.
Chicago, Ill 60606-7507

Date of mailing: April 16, 2018

PROTHONOTARY
2018 APR 16 AM 10: 51
Department of State

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BEFORE THE STATE BOARD OF PHARMACY

Commonwealth of Pennsylvania Bureau of Professional and Occupational Affairs	**File No.:** 17-54-06285
vs.	
Curexa, **Respondent**	**Docket No:** 2024-54-17

CONSENT AGREEMENT AND ORDER

PARTIES

The Commonwealth of Pennsylvania, Department of State, Bureau of Professional and Occupational Affairs ("Commonwealth") and Curexa ("Respondent") stipulate as follows in settlement of the above-captioned case.

APPLICABLE LAW

1. This matter is before the State Board of Pharmacy ("Board") pursuant to the Pharmacy Act, Act of September 27, 1961, P.L. 1700, ("Act"), *as amended*, 63 P.S. §§ 390-1 to 390-13; and/or the Act of July 2, 1993, P.L. 345, No. 48 ("ACT 48"), *as amended*, 63 P.S. §§ 2201-2207.

LICENSURE STATUS

2. At all relevant and material times, Respondent held the following registration to practice as a non-resident pharmacy in the Commonwealth of Pennsylvania: registration no. NP000560, which was originally issued on August 4, 2016, and is current through August 31, 2019.

STIPULATED FACTS

3. The Respondent admits that the following facts are true:

a. Absent additional Board action, Respondent's registration may be continually reactivated, renewed, or reinstated upon the filing of the required documentation and payment of fees.

b. Respondent's last known office address, as on file with the Board is: 3007 Ocean Heights Ave, Egg Harbor Township, NJ 08234

c. At all relevant and material times, Respondent was authorized to practice as a nonresident pharmacy in the State of Alabama, permit number 114076/202111.

d. On or about August 24, 2016, the Alabama Board of Pharmacy ("Alabama Board"), by way of Consent Order at Alabama Board File Number 16-L-0037, found Respondent to be in violation of the laws, rules, code and/or regulations of the State of Alabama because Respondent violated the FD&C by compounding and dispensing 10 mg capsules of Domperidone for human use when the same is not approved by the FDA. During this time, Respondent dispensed Domperidone pursuant to one hundred one (101) prescriptions resulting in eleven thousand thirty-eight (11,038) capsules dispensed.

e. A true and correct copy of the Alabama Board's August 24, 2016 Consent Order, Alabama Board Case Number 16-L-0037 is attached as Exhibit A.

f. Pursuant to the August 24, 2016 Consent Order, Respondent was ordered, along with the pharmacist, to pay an administrative fine in the amount of $10,000.00 dollars

g. Respondent did not report the Alabama action against their license within the required thirty (30) days after final disposition.

ALLEGED VIOLATIONS

4. The Commonwealth alleges that Board is authorized to suspend, revoke, or otherwise restrict Respondent's permit under Sections 4.1(g), 5(a), (8) and of the Act, 63 P.S. §§ 390-4.1(g), 390-5(a) & 390-8; and/or impose a civil penalty upon Respondent under Sections 5(a) & (8) of the Act, 63 P.S. §§ 390-5(a) & 390-8, and/or Section 5(b)(4) of ACT 48, 63 P.S. § 2205(b)(4); and/or impose the costs of investigation upon Respondent under Section 5(b)(5) of ACT 48, 63 P.S. § 2205(b)(5), because Respondent violated the Act at:

a. Section 4.1(g), 63 P.S. § 390-4.1(g), by having a permit to conduct a pharmacy suspended or revoked or the nonresident pharmacy was otherwise disciplined by the proper licensing authority of another state and further violated Section 390-5(b)(2), and/or

b. Section 390-4(k) and/or 390-4.1(c), 63 P.S. §§ 390-4(k) and/or 490-4.1(c), by failing to report to the Board within thirty (30) days of final disposition any disciplinary action taken by the regulatory or licensing agency of the state.

PROPOSED ORDER

5. The parties, intending to be legally bound, consent to the issuance of the following Order in settlement of this matter:

a. Respondent violated Section 4.1(g) of the Act, 63 P.S. § 390-4.1(g), by having a permit to conduct a pharmacy suspended or revoked or the nonresident pharmacy was otherwise disciplined by the proper licensing authority of another state and/or Section 4.1(k) of the Act, 63 P.S. § 390-4.1(k), by failing to report to the Board within thirty (30) days of final disposition any disciplinary action taken

by the regulatory or licensing agency of the state in which the nonresident pharmacy is located.

CIVIL PENALTY

b. Respondent shall pay a **CIVIL PENALTY** of two thousand five hundred dollars ($2,500.00) Respondent. Respondent shall tender the full sum of one thousand five hundred dollars ($2,500.00) with this executed Consent Agreement. The civil penalty shall be paid by certified check, cashier's check, attorney's check, or money order issued by a usual, customary, and reputable issuer (e.g. U.S. Postal Money Order, Western Union Money Order, etc.). Payment shall be made payable to the "Commonwealth of Pennsylvania," and shall be valid for a period of at least one hundred eighty (180) days. Respondent agrees that payment shall only be made by one of the methods indicated above and shall not be made by uncertified personal or corporate check.

c. This Order constitutes disciplinary action by the Board and shall be reported to other licensing authorities and any applicable national licensing databank as a disciplinary action by the Board.

d. This case shall be deemed settled and discontinued upon the Board issuing an Order adopting this Consent Agreement.

ADMISSIBILITY OF CONSENT AGREEMENT IN FUTURE PROCEEDINGS

6. Respondent agrees that if Respondent is charged with a violation of an Act enforced by this Board in the future, this Consent Agreement and Order shall be admitted into evidence without objection in that proceeding.

ACKNOWLEDGMENT OF NOTICE AND WAIVER OF HEARING

7. Respondent acknowledges the filing of an Order to Show Cause in this matter. Respondent knowingly and voluntarily waives the right to an administrative hearing in this matter, and knowingly and voluntarily waives the following rights related to that hearing: to be represented by counsel at the hearing; to present witnesses and testimony in defense or in mitigation of any sanction that may be imposed for a violation; to cross-examine witnesses and to challenge evidence presented by the Commonwealth; to present legal arguments by means of a brief; and to take an appeal from any final adverse decision.

ACKNOWLEDGMENT OF RIGHT TO ATTORNEY

8. Respondent acknowledges that it is aware that it has the right to consult with, and/or be represented by, private legal counsel of Respondent's choosing and at Respondent's expense when reviewing, considering and accepting the terms of this Consent Agreement. Respondent had an opportunity to consult with and has been advised by Attorney Rachael G. Pontikes, Esq. regarding this Consent Agreement.

WAIVER OF CLAIM OF COMMINGLING AND OTHER CONSTITUTIONAL CLAIMS

9. Respondent expressly waives any constitutional rights and issues, such as commingling of prosecutorial and adjudicative functions by the Board or its counsel, which may arise or have arisen during the negotiation, preparation and/or presentation of this Consent Agreement. If a hearing is subsequently held, neither this Consent Agreement nor the proposed terms of settlement may be admitted into evidence and any facts, averments, and allegations contained in the Consent Agreement must be proven at hearing unless otherwise separately stipulated. This paragraph is binding on the participants even if the Board does not approve this Consent Agreement.

NO MODIFICATION OF ORDER

10. Respondent agrees, as a condition of entering into this Consent Agreement, not to seek modification at a later date of the Stipulated Order adopting and implementing this Consent Agreement without first obtaining the express written concurrence of the Prosecution Division.

AGREEMENT NOT BINDING ON OTHER PARTIES

11. The Office of General Counsel has approved this Consent Agreement as to form and legality; however, this Consent Agreement shall have no legal effect unless and until the Board issues an Order approving and adopting this Consent Agreement.

EFFECT OF BOARD'S REJECTION OF CONSENT AGREEMENT

12. Should the Board not approve this Consent Agreement, presentation to and consideration of this Consent Agreement and other documents and matters by the Board shall not prejudice the Board or any of its members from further participation in the adjudication of this matter. This paragraph is binding on the participants even if the Board does not approve this Consent Agreement.

AGREEMENT DOES NOT PREVENT ADDITIONAL DISCIPLINE BASED ON OTHER COMPLAINTS

13. Nothing in this Order shall preclude the Prosecution Division for the Commonwealth from filing charges or the Board from imposing disciplinary or corrective measures for violations or facts not contained in this Consent Agreement;

ENTIRE AGREEMENT

14. This agreement contains the whole agreement between the participants; provided however, that the captions printed in the various provisions of this agreement are for ease of reading only and are not to be interpreted as forming any part of this agreement. There are no other terms, obligations, covenants, representations, statements or conditions, or otherwise, of any kind whatsoever concerning this agreement.

VERIFICATION OF FACTS AND STATEMENTS

15. Respondent verifies that the facts and statements set forth in this Consent Agreement are true and correct to the best of Respondent's knowledge, information and belief. Respondent understands that statements in this Consent Agreement are made subject to the criminal penalties of 18 Pa.C.S.A. § 4904 relating to unsworn falsification to authorities.

Julia A. Caralle
Prosecuting Attorney
DATED: 3/5/2018

For Respondent Curexa
Respondent
DATED: 2/21/18

Rachael G. Pontikes, Esq.
REED SMITH
Counsel for Respondent

EXHIBIT E

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION, DIVISION OF PROFESSIONAL REGULATION of the State of Illinois,	Complainant,	)	No. 2017-04086
v.		)	
EHT PHARMACY LLC DBA CUREXA, License No. 054.018557,	Respondent.	)	

CONSENT ORDER

The Department of Financial and Professional Regulation of the State of Illinois, Division of Professional Regulation, by and through Brandon R. Thom, Enforcement Attorney of Health-Related Prosecutions, and EHT Pharmacy LLC, DBA Curexa, Respondent, by and through its attorney, Rachael G. Pontikes, hereby agree to the following:

STIPULATIONS

EHT Pharmacy LLC, DBA Curexa Infusion (hereinafter "Respondent") is the holder of a pharmacy license in the State of Illinois, License No. 054.018557. Said license is currently in active status. At all times material to the matter set forth in this Consent Order, the Department of Financial and Professional Regulation of the State of Illinois, Division of Professional Regulation (hereinafter the "Department") has had jurisdiction over the subject matter and parties herein.

On or about September 6, 2016, Respondent entered into a consent agreement with the Alabama State Board of Pharmacy, Alabama case number 16-L-0037. Respondent's Alabama pharmacy license was disciplined due to Respondent compounding and dispensing 10mg capsules of Domperidone for human use which is not approved by the FDA and having expired medications in active stock. Respondent was assessed a fine of ten thousand dollars ($10,000.00)

by the Alabama State Board of Pharmacy. Respondent failed to disclose its Alabama discipline to the Department within sixty (60) days.

The aforementioned conduct, if proven to be true, would constitute grounds for disciplinary action against Respondent's pharmacy license on the authority of 68 Ill. Admin. Code 1330.30, 68 Ill. Admin. Code 1330.40, and 225 ILCS 85/30(a)(2), (8), and (24).

Respondent has been advised of the right to have the pending allegations reduced to written charges, the right to counsel, the right to a hearing, the right to contest any charges brought, and the right to administrative review of any Order resulting from a hearing. Respondent knowingly waives each of these rights, as well as any right to administrative review of this Consent Order. Such waiver ceases if this Consent Order is rejected by either the Illinois State Board of Pharmacy or the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation. Respondent acknowledges that Respondent has entered into this Consent Order freely and of Respondent's own will without threat or coercion by the Department or any person. Respondent acknowledges that the Department attorney may be requested to communicate with the Illinois State Board of Pharmacy or the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation in furtherance of the approval of this Consent Order

Respondent and the Department have agreed that Respondent be permitted to enter into this Consent Order with the Department, providing for the imposition of disciplinary measures which are fair and equitable in these circumstances and which are consistent with the best interest of the people of the State of Illinois.

CONDITIONS

WHEREFORE, the Illinois Department of Financial and Professional Regulation, Division of Professional Regulation through Brandon R. Thom, Enforcement Attorney of Health-Related Prosecutions, and EHT Pharmacy LLC, DBA Curexa, Respondent, by and through its attorney, Rachael G. Pontikes, agree:

A. The pharmacy license of EHT Pharmacy LLC, DBA Curexa, license No. 054.018557, is REPRIMANDED.

B. Respondent shall pay a FINE of two thousand dollars ($2,000.00) within thirty (30) days of the effective date of this Order. Said fine shall be paid by personal check, cashier's check, or personal money order. In the notation portion of the check, this Case No. 2017-04086 shall be noted. Said check shall be made payable to:

> Illinois Department of Financial and Professional
> SSC-Accounts Receivable Section- Fines
> P.O. Box 7086
> Springfield, Illinois 62791-7086

C. Failure by Respondent to comply fully with the terms and conditions of this Consent Order shall be grounds for the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation to issue an Order mandating the immediate and automatic indefinite suspension of Respondent's Pharmacy license for a minimum period of one (1) year. Respondent may file an appropriate Petition within thirty (30) days from date the order was entered to contest the underlying factual basis of the indefinite suspension Respondent shall be afforded a hearing on the merits following the filing of the Petition.

D. This Consent Order is a public disciplinary action and will be reported to all applicable

public indexes, including the National Association of Boards of Pharmacy. This Consent Order will be available to the general public;

E. This Consent Order shall become effective upon signing and approval by the Director of the Division of Professional Regulation of the Department of Financial and Professional Regulation.

F. The above-named Respondent consents to electronic service of the Final Director's Order in lieu of service by certified mail. Service shall be made upon Respondent and Respondent's Attorney's email addresses of record with the Department.

G. A copy of any original signature(s) affixed to this Consent Order shall be given the full force and effect of an original signature(s) affixed to this Consent Order.

Signatures on the following page.

DIVISION OF PROFESSIONAL REGULATION
of the State of Illinois

8/7/18
DATE

Brandon R. Thom
Enforcement Attorney, Health-Related Prosecutions

7/17/18
DATE

EHT Pharmacy LLC
Respondent

7/12/18
DATE

Rachael G. Pontikes
Attorney for Respondent

9/11/2018
DATE

Member-
Illinois State Board of Pharmacy

This Consent Order is approved in full.

DATED THIS 22 DAY OF September, 2018.

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
SECRETARY BRYAN A. SCHNEIDER

Director Jessika Baer
Division of Professional Regulation

Case No. 2017-04086
License Nos. 054.018557

curexa
Formerly Jersey Shore Compounding Pharmacy

Curexa™ Specialty and Compounding Rx Services
3007 Ocean Heights Ave
Egg Harbor Township, NJ 08234
p. 855.927.0390 | f. 855.927.0392
www.curexa.com

December 18, 2018

RE: Report of Discipline

During a survey of our pharmacy located at the address stated above a NJ Board of Pharmacy noted two items during her review on 03/05/2018. These items were explained to the inspector prior to her departure and in subsequent correspondence. The Board has seen it fit to issue reprimand and penalty for these items which I will state and provide explanation.

The Inspector stated that a photocopy of a pharmacist license was displayed, and this violated NJAC 13:39-3.6 prohibiting reproduction of a license by any means. This pharmacist had her official, state-issued license in the display case as well. This was noted in the comments of the inspection document. Henceforth, Curexa will only post primary-source verification of any approved licenses prior to receiving a state-issued certificate.

The inspector noted that there were documents posted on www.curexa.com with the pharmacy name and contact information in the document heading. There was, at that time, indication on the form that the heading was to be removed prior to completing and submitting the form. Additionally, the following statement is, and has been, on Curexa's website;

> *The following forms are intended for informational purposes only and do not always constitute a complete prescription to Curexa Pharmacy. Forms are for licensed prescriber use only to assist in the Curexa Pharmacy enrollment process. Faxed prescriptions may only be accepted by licensed prescribing practitioners as required by state prescribing laws. If you have any further questions, please contact us at 855.927.0390.*

This was stated as a violation of NJSA 45:14-65(b) "providing or causing to be provided to a physician, dentist, veterinarian or other person authorized to prescribe, prescription blanks or forms bearing the pharmacist's or pharmacy's name, address or other means of identification". These forms have been amended to remove all mentions of the pharmacy.

The attached documents have been provided for your review of the matter.

Kindest regards,

Kevin Judeich, PHR, CPhT.

Quality, Regulatory, and Compliance Analyst

kjudeich@curexa.com

phone: 855.927.0390 ext. 311

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Board of Pharmacy
124 Halsey Street, 6th Floor, Newark NJ 07102

GURBIR S. GREWAL
Attorney General

PAUL R. RODRÍGUEZ
Acting Director

Mailing Address:
P.O. Box 45013
Newark, NJ 07101
(973) 504-6450

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

November 6, 2018

Mark Taylor, RPIC
Curexa
3007 Ocean Heights Avenue
Egg Harbor Twp., NJ 08234

Re: Inspection #8-5028-18-412
Date of Inspection: 3/5/18

Dear Mr. Taylor:

This letter is to advise you that the New Jersey State Board of Pharmacy has had an opportunity to review information concerning the above inspection report.

Upon review of all available information, the Board has preliminarily found that you have violated those items listed on Attachment A.

The Board has determined that it will offer you an opportunity to settle this matter and thereby avoid the initiation of further disciplinary proceedings. Should you wish to avail yourself of this opportunity, you **MUST SIGN THE ATTACHED CERTIFICATION** and agree to the following:

> **PAY A PENALTY IN THE AMOUNT OF $1,050.00** and **PROVIDE TO THE BOARD A LETTER OF CORRECTIVE ACTION.** (To be paid immediately upon your signing of the attached acknowledgment.)

Alternatively you may waive your right to a hearing and submit a written statement or explanation to the Board. The Board will then consider your submission and render a final decision, which may include any of the terms set forth above. This disposition will be a public record. Please take notice that if the Board determines that the initial inspection findings require a reinspection to ensure that cited deficiencies have been properly addressed, you may be subject to any costs associated with the reinspection.

If you do not wish to settle this matter, you may request a hearing. In that event, this letter will serve as notice of the charges against you and a hearing will be scheduled before the

Board. At that hearing you may, either personally or with the assistance of an attorney, submit determination concerning the charges of unlawful activity. You should be aware that in making its final decision, the Board may, if unlawful activity has been proven, assess civil penalties in an amount greater than that herein offered in this letter. Additionally, the Board may, if the facts are found to so warrant, enter an order, requiring you to reimburse certain monies, direction you to cease and desist from engaging in unlawful acts and/or requiring you to pay costs incurred by the Board. Should you have any questions concerning this letter or the settlement offer herein, I suggest that you contact the Board at (973) 504-6450.

The enclosed Certification **MUST** be completed and returned to the Board within fifteen (15) days following your receipt of this letter. In the event that the Board receives no response from you within this time, the Board's settlement offer will be withdrawn, and the allegations contained herein shall be deemed admitted, and the Board will proceed to finally review that matter and enter an appropriate order.

NEW JERSEY STATE BOARD OF PHARMACY

By: _____
Anthony Rubinaccio, RPh
Executive Director

AR/rh
(9/18)

CERTIFICATION

I, Mark Taylor, hereby acknowledge that I have read and reviewed the Board's letter dated November 6, 2018 regarding allegations of violations of the Board's enabling act and/or regulations.

Please Check One:

[✓] I acknowledge the conduct which has been charged and agree to:

1. **Cease and desist from engaging in the conduct alleged and pay a penalty in the amount of $1,050.00** (to be paid upon signing of this Certification).

2. **Send a Letter of Corrective Action**, as requested by the Board, with this Certification.

I am also aware that the action taken against me by the Board herein is a matter of public record, and that the Board's letter and this Certification are public documents.

[✓] I hereby waive any rights I may have to a hearing in this matter and defend myself against any charges, but ask the Board to consider my explanation before rendering its final decisions. I understand that the Board may order any of the terms specified in its letter and that the Certification are public documents.

[ ] I request a formal administrative hearing to contest the charges specified by the Board. I understand that I will be advised of the time, date and place for that hearing at another time. I am aware that I may be represented by an attorney and that at the time of the hearing I may submit to the Board testimony and documentation relevant to the charges. I understand that in making its final decision, the Board may, if unlawful activity has been proven, assess civil penalties in an amount greater than that herein offered in its letter and may order such other remedies as it may deem appropriate. I am also aware that this proceeding is a matter of public record and that the Board's letter and this Certification are public documents.

Dated: 12/7/18

(Signature)

Mark Taylor

(Print Name)

Ref: Mark Taylor, RPIC
Curexa
(28RS00626400)
3007 Ocean Heights Avenue
Egg Harbor Twp., NJ 07512
Inspection #8-5028-18-412
AR/rh
(9/18)

ATTACHMENT A

Curexa – 3007 Ocean Heights Avenue, Egg Harbor Township, New Jersey 08234
Pharmacist-In-Charge: Mark Taylor
Bureau File #8-5028-18-412, **Period:** 3/5/18
Reference: Board of Pharmacy inspection activity conducted pursuant to N.J.S.A.45:1-18 and N.J.S.A.45:14-48(a)1

Details

CITE	DESCRIPTION
N.J.A.C.13:39-3.6	Kerri Hartman had a photocopy of her biennial renewal license displayed in the pharmacy.
N.J.S.A.45:14-65(b)	The pharmacy provides medication order forms to prescribers which bear the pharmacy's name, telephone number, and fax number. Examination of the pharmacy's website revealed that medication order forms bearing the name, telephone number, and fax number of the pharmacy are availabl for prescribers to download.
TOTAL: $1,050.00	

curexa

12/7/2018

New Jersey State Board of Pharmacy

Mr. Anthony Rubinaccio,

We are in receipt of your letter regarding Curexa's March 5, 2018 inspection and follow up discipline. As described in our original letter to the State Board, the "Prescription Forms" bearing our name on them found on our website were for informational purposes only. We will replace these with forms that do not have any reference to Curexa.

We will also contact any prescribers currently sending prescriptions to us and instruct them to destroy any printed or copied prescription forms with any reference to Curexa in their possession. Curexa will not provide any forms moving forward that have any reference to Curexa.

The photocopied license was removed the day of our inspection.

Please contact us with any questions.

Sincerely,

Mark Taylor, RPIC

855.927.0390 855.927.0392 3007 Ocean Heights Ave. Egg Harbor Township, NJ 08234

LOUISIANA BOARD OF PHARMACY

BATON ROUGE, LOUISIANA

IN THE MATTER OF: **CONSENT ORDER**

EHT PHARMACY D/B/A CUREXA

LOUISIANA PHARMACY PERMIT NO. 7700 **Case No. 19-0252**

****

CONSENT AGREEMENT

WHEREAS, EHT PHARMACY D/B/A CUREXA (hereinafter referred to as "Respondent"), holding Louisiana Pharmacy Permit No. 7700, 3007 Ocean Heights Ave Egg Harbor Township, NJ 08234-7749, was disciplined by Board Order issued by the Hawaii Board of Pharmacy on August 17, 2017 and by Board Order issued by the Colorado Board of Pharmacy on August 24, 2017.

WHEREAS, Respondent failed to report the Hawaii Board's and the Colorado Board's disciplinary actions to the Louisiana Board of Pharmacy (hereinafter 'Board') as part of its Application for Renewal of Pharmacy Permit for Year 2018.

WHEREAS, such action constitutes a violation of the following:

La. R.S. 37:1241(A)(1): Practiced or assisted in the practice of pharmacy, or knowingly permitted or has permitted anyone in his employ or under his supervision to practice or assist in the practice of pharmacy, in violation of the provisions of this Chapter and any rules and regulations promulgated thereto in accordance with the Administrative Procedure Act.

La. R.S. 37:1241(A)(2): Has attempted to or obtained a license by misrepresentation.

LA. R.S. 37:1241(A)(6) Has had his license, permit, certification, registration or any other designations deemed necessary to engage in the practice of pharmacy revoked or suspended, or has had other disciplinary action taken, or has had his application for licensure refused, revoked, or suspended by the proper authorities of another state, territory, or country based upon conduct by the licensee similar to conduct that would constitute grounds for action as defined in this Section.

La. R.S. 37:1241(A)(7): Has failed to report to the board any adverse action taken by another government agency, law enforcement agency, or court that would constitute grounds for action as defined in this Section.

La. R.S. 37:1241(A)(22): Has failed to furnish to the board or representatives any information legally requested by the board.

To facilitate the submission of this Consent Agreement, Respondent agrees that there is sufficient evidence upon which to predicate a finding of those violations.

Respondent further understands that this Consent Agreement shall constitute a Public Record, pursuant to La. R.S. 44:1 et seq., and is considered disciplinary action by the Board.

In order to avoid further administrative and judicial proceedings, Respondent hereby consents to accept and abide by the following order of the Board:

1. **Louisiana Pharmacy Permit No. 7700 belonging to EHT PHARMACY D/B/A CUREXA is issued a LETTER OF REPRIMAND.**

2. **EHT PHARMACY D/B/A CUREXA is ordered to pay a fine of $10,000.00 and to reimburse the Board $250.00 for administrative costs, with total payment due the Board of $10,250.00, due by *certified check or money order* to be paid simultaneously with the execution of this Consent Agreement by Respondent.**

By signing this Consent Agreement, Respondent agrees that the Board has jurisdiction in this matter and waives all rights to informal conference, to Notice of Hearing, to a formal Administrative Hearing, and to judicial review of this Consent Agreement.

By signing this Consent Agreement, Respondent agrees that any failure to comply with the terms of this Agreement is a basis for discipline by the Board.

Both Respondent and the Board stipulate that this Consent Order shall not become effective and shall not become binding on the Board unless and until approved by the Board at formal meeting. However, Respondent agrees that this Consent Order shall be effective and binding upon Respondent without recourse upon its authorized representative signing said Order.

Respondent agrees to authorize the Board to report this action to the National Practitioner Data Bank – Healthcare Integrity and Protection Data Bank (NPDB-HIPDB) as required by law.

I, Mark Tayon, authorized to act on behalf of and acting on behalf of EHT PHARMACY D/B/A CUREXA, understand that this Consent Agreement is effective as a Board Order upon affirmative vote by the Board at formal hearing. It is also understood that, should the Board not approve this Consent Agreement, the agreement therein does not preclude the Louisiana Board of Pharmacy from requiring a formal hearing of this case.

It is further understood that, should this Consent Agreement not be accepted by the Board, the presentation to and consideration by the Board of this Agreement, including presented documentary evidence and information, shall not unfairly or illegally prejudice or preclude the Board or any of its members from further participation in hearings or resolution of these proceedings.

SIGNED, AGREED TO AND ENTERED ON THIS 1st DAY OF December, 2019.

EHT PHARMACY D/B/A CUREXA
Louisiana Pharmacy Permit No. 7700

BY: ~~Authorized~~ Representative

APPROVED FOR SUBMISSION TO THE LOUISIANA BOARD OF PHARMACY:

CARLOS M. FINALET, III
General Counsel, Louisiana Board of Pharmacy

ACCEPTANCE OF THE CONSENT AGREEMENT BY THE LOUISIANA BOARD OF PHARMACY:

By a majority vote of the Board members voting in favor of the foregoing Consent Agreement at the Board meeting on November 13, **2019**, the Board hereby adopts said Agreement as a Final Order of the Board.

FOR THE BOARD:

Carl W. Aron
President and Hearing Officer for the Board

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IN THE MATTER OF:	)	
	)	**BEFORE THE ALABAMA STATE**
EHT PHARMACY LLC d/b/a CUREXA	)	
	)	**BOARD OF PHARMACY**
Permit No.: 114076	)	
	)	
and	)	**CASE NO: 19-L-0008**
	)	
MARK KELSO TAYLOR	)	
	)	
License No.: 19108	)	

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against EHT Pharmacy LLC d/b/a Curexa (hereinafter referred to as "EHT") and Mark Kelso Taylor (hereinafter referred to as "Taylor") which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement") alleging violations of the Alabama Pharmacy Practice Act. These allegations with particularity are set out in the Statement, as amended, which is attached hereto as **Exhibit "A."**

Prior to a hearing in this cause, and pursuant to Code of Alabama (1975) §41-22-12(f), the Board through its counsel and EHT and Taylor, through their counsel, engaged in negotiations and as a result, the matters at issue were resolved informally by the parties who agreed to the entry of this Consent Order which includes the following terms:

1. The Board finds EHT has violated the provisions of the Alabama Pharmacy Practice Act based upon the conduct set forth in all applicable Counts of the

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Statement.

2. The Board finds Taylor has violated the provisions of the Alabama Pharmacy Practice Act based upon the conduct set forth in all applicable Counts of the Statement.

3. EHT shall pay an administrative fine in the amount of Three Thousand Dollars ($3,000.00) and Taylor shall pay an administrative fine in the amount of One Thousand Five Hundred Dollars ($1,500.00) within thirty (30) days of the effective date of this consent order that being the day the same is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall EHT or Taylor attempt to discharge the same.

4. EHT and Taylor expressly waive their rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedures Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. EHT and Taylor further waive any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

5. By execution of this Consent Order, EHT and Taylor hereby release the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with

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the matters relating to this Consent Order and Statement.

6. EHT and Taylor acknowledge and agree that they have read this Consent Order and that they fully understand the terms, conditions and contents of the same. EHT and Taylor acknowledge and agree that they voluntarily and of their own free will accept the terms and conditions set out in this Consent Order and are signing this Consent Order on the advice of their attorney.

DONE this the 9th day of December, 2019.

EHT PHARMACY, LLC d/b/a CUREXA

BY: _____

ITS: Managing Member

_____

Mark Kelso Taylor

_____

Sarah E. Merkle, Attorney for EHT Pharmacy, LLC d/b/a Curexa and Mark Kelso Taylor

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DONE this the 11th day of December, 2019.

ALABAMA STATE BOARD OF PHARMACY

By: _____
Kenny Sanders, R.Ph., President

_____
James S. Ward,
Attorney for the Alabama State
Board of Pharmacy

OF COUNSEL:
WARD & COOPER, LLC
2100A Southbridge Parkway
Suite 645
Birmingham, AL 35209
(205) 871-5404

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK
OFFICE OF PROFESSIONAL DISCIPLINE
(212) 921-3878/951-6400
1411 BROADWAY – TENTH FLOOR
NEW YORK, NEW YORK 10018-3498

March 25, 2021

EHT Pharmacy, LLC Curexa , Nonresident Pharmacy Establishment)
3007 Ocean Heights Avenue
Egg Harbor Township, NJ 08234

Re: Reg. No. 030596

Dear Mr. Taylor :

Enclosed please find Order No. 31984. This letter will explain when the Order regarding the above respondent goes into effect.

If the penalty imposed by the Order is an annulment, revocation, surrender, or an actual suspension (suspension which is not wholly stayed) of your license, you must deliver your license and registration to this Department within ten (10) days after the date of this letter.

In the event you are personally served with the Order, the Order is effective as of the date of the personal service. In the event you are served by certified mail and are not personally served with the Order, the Order is effective five (5) days after the date of this letter. The Order will take effect as indicated in this letter, even if you fail to timely meet the requirement of delivering your license and registration to this Department.

If the penalty imposed by the Order is a revocation or a surrender of your license, you may, pursuant to Rule 24.7 (b) of the Rules of the Board of Regents, a copy of which is attached, apply for restoration of your license after three years have elapsed from the effective date of the Order and the penalty. Please be advised that said application is not granted automatically.

The record and reports of a disciplinary proceeding or resulting voluntary settlement shall be considered matters of public information unless specifically excepted by law or applicable rule or regulation.

Very truly yours,

MICHAEL KINLEY
Director of Investigations
By:

Ghenaida Slack

GHENAIDA SLACK
Supervisor

MK/GS/ers
Enclosure
CERTIFIED MAIL – RRR
cc:

The University of the State of New York

IN THE MATTER

OF

EHT PHARMACY, LLC CUREXA
(Nonresident Pharmacy Establishment)

DUPLICATE ORIGINAL VOTE AND ORDER NO. 31984

Upon the application of EHT PHARMACY, LLC CUREXA, under Calendar No. 31984, which application is made a part hereof, and in accordance with the provisions of Title VIII of the Education Law, it was

VOTED (March 15, 2021): That the application of EHT PHARMACY, LLC CUREXA, respondent, for a consent order be granted; and that the Deputy Commissioner for the Professions be empowered to execute, for and on behalf of the Board of Regents, all orders necessary to carry out the terms of this vote;

and it is

ORDERED: That, pursuant to the above vote of the Board of Regents, said vote and the provisions thereof are hereby adopted and **SO ORDERED**, and it is further

ORDERED that this order shall take effect as of the date of the personal service of this order upon the respondent or five days after mailing by certified mail.

EHT PHARMACY, LLC CUREXA (31984)

IN WITNESS WHEREOF, I, Sarah S. Benson, Deputy Commissioner for the Professions, for and on behalf of the State Education Department and the Board of Regents, do hereunto set my hand, at the City of Albany, this 15th day of March, 2021.

SARAH S. BENSON
DEPUTY COMMISSIONER
FOR THE PROFESSIONS

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY
----------X

IN THE MATTER

of the

Disciplinary Proceeding

against

EHT PHARMACY, LLC
CUREXA

which is currently registered to operate
a nonresident pharmacy establishment
in the State of New York.
----------X

APPLICATION FOR CONSENT ORDER

CAL. NO. 31984

MARK KELSO TAYLOR states:

That I am a member of **EHT PHARMACY, LLC, CUREXA**, hereinafter referred to as the Respondent, and make this application on Respondent's behalf.

That on or about February 1, 2011, Respondent was registered to operate a nonresident pharmacy establishment in the State of New York, having been issued registration number 030596 by the New York State Education Department.

Respondent is currently registered with the New York State Education Department to operate the aforesaid nonresident pharmacy establishment in the State of New York from an address at 3007 Ocean

Heights Avenue, Egg Harbor Township, New Jersey 08234.

Respondent has been charged with one specification of professional misconduct, a copy of which is annexed hereto, made a part hereof, and marked as Exhibit "A".

Respondent admits guilt to the aforesaid specification of professional misconduct, charging it with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State, to wit: Alabama discipline (failure to comply with federal regulations).

Respondent hereby agrees to the penalty that the registration to operate a nonresident pharmacy establishment in the State of New York be subject to a censure and reprimand and that respondent be fined ten thousand ($10,000.00) dollars, said fine to be paid by certified or bank cashier's check, made payable to the order of the New York State Education Department, to be delivered to the Director, Office of Professional Discipline, New York State Education Department, 1411 Broadway, Tenth Floor, New York, New York

10018-3496 within three (3) months after the effective date of the Order served herein.

Respondent hereby makes this application to the Board of Regents and requests that it be granted.

Respondent understands that in the event that the Board of Regents denies the application, nothing contained herein shall be binding upon it or construed to be an admission of any act of misconduct alleged or charged against it. Such application shall not be used against it in any way and shall be kept in strict confidence during the pendency of the disciplinary proceeding, and such denial by the Board of Regents shall be without prejudice to the continuance of the disciplinary proceeding and the final determination by the Board of Regents pursuant to the provisions of the Education Law.

Respondent agrees that in the event the Board of Regents grants its application, as set forth herein, an Order may be issued in accordance with the same. Respondent understands that if and when the Board of Regents grants this application, the entire application shall become a matter of public record.

EHT PHARMACY, LLC, CUREXA

No promises of any kind were made to Respondent. Respondent is making this application of its own free will and accord and not under duress, compulsion, or restraint of any kind or manner.

EHT PHARMACY, LLC
CUREXA

Respondent

By: MARK KELSO TAYLOR

EXHIBIT "A"

EHT PHARMACY, LLC
CUREXA

SPECIFICATION OF PROFESSIONAL MISCONDUCT

Respondent, by its agents and employees, is charged with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York state, constitute professional misconduct in New York state, to wit: committing unprofessional conduct within the purview and meaning of New York Education law section 6509(9), in specific violation of 8 NYCRR section 29.1(b)(1), in that:

> Respondent, in or about 2016, while practicing pharmacy in the state of Alabama, was disciplined by the Alabama licensing board for grossly negligent failure to comply with substantial provisions of Federal rules governing the practice of the profession in that Respondent compounded and dispensed drugs that were not approved for dispensing to humans by the Federal Drug Administration.

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY

----------X

IN THE MATTER

of the

Disciplinary Proceeding

Against

EHT PHARMACY, LLC
CUREXA

APPLICATION FOR CONSENT ORDER

CAL. NO. 31984

which is currently registered to operate a nonresident pharmacy establishment in the State of New York.

----------X

The undersigned agree to the above statement and to the proposed penalty based on the terms and conditions thereof.

EHT PHARMACY, LLC
CUREXA

Dated: , 2020

Respondent

BY:

MARK TAYLOR KELSO

Dated: , 2020

Member, State Board of Pharmacy

Dated: 11/24, 2020

Dennis K. Spellane
Executive Director
Office of Professional Discipline

The undersigned, a member of the Board of Regents who has been designated by the Chairman of the Regents Committee on Professional Practice to review this Application for a Consent Order, has reviewed said Application and recommends to the Board of Regents that the Application be granted.

Dated: 1-7-, 2021

J Cottrell
Member, Board of Regents

Section 24.7 (b) For individuals served prior to June 20, 1997 with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least one year shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the one-year waiting period. For individuals served on or after June 20, 1997 with an with an order of revocation, acceptance of surrender, or denial of an application for restoration or reinstatement by vote of the Board of Regents, at least three years shall have elapsed from the date of such service for the acceptance by the department of a petition to the Board of Regents for restoration of a license or certificate, except that a period of time during which the license was suspended during the pendency of the discipline proceeding may reduce the three-year waiting period. This section shall not apply to restoration of licenses which have been temporarily surrendered pursuant to Education Law, section 6510-b, or Public Health Law, section 230(13).

IN THE MATTER OF:	**BEFORE THE ALABAMA STATE**
EHT PHARMACY LLC d/b/a CUREXA f/k/a EHT PHARMACY LLC d/b/a JERSEY SHORE PHARMACY	**BOARD OF PHARMACY**
Non-Resident Pharmacy Permit Number: 114076/202111	**CASE NO: 16-L-0037**
and	
MARK TAYLOR	
License Number: 19108	

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against EHT Pharmacy LLC d/b/a Curexa f/k/a EHT Pharmacy LLC d/b/a Jersey Shore Pharmacy (EHT) and Mark Taylor (Taylor) which resulted in the filing of a Statement of Charges and Notice of Hearing, as amended (Statement), alleging violations of the Alabama Pharmacy Practice Act as are more particularly set out in the Statement which is attached hereto as **Exhibit "A."**

Prior to a hearing in this cause, and pursuant to Code of Alabama (1975) §41-22-12(f), the Board through its counsel and EHT and Taylor through their counsel engaged in negotiations and as a result the matters at issue were resolved informally by the parties and the parties negotiated a Consent Order, the terms of which are as follows:

1. Counsel for the Board and counsel for EHT and Taylor stipulate that EHT and Taylor deny for all legal purposes other than this proceeding the allegations set forth in the Statement but stipulate that for the purposes of this proceeding the Board would introduce sufficient evidence to meet its required burden of proof. Accordingly, the Board finds EHT and Taylor have violated the provisions of the Alabama Pharmacy

AUG 24 2016

Practice Act based upon the conduct set forth in all Counts of the Statement.

2. EHT and Taylor shall pay an administrative fine in the amount of Ten Thousand Dollars ($10,000.00) within thirty (30) days of the effective date of this Consent Order that being the day the same is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall EHT and/or Taylor attempt to discharge the same.

3. EHT and Taylor expressly waive their rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedure Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. EHT and Taylor further waive any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

4. By execution of this Consent Order, EHT and Taylor hereby release the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

5. EHT and Taylor acknowledge and agree that any future violation of the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rules and regulations of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state or any other applicable laws may, upon proof and hearing

thereof, result in further disciplinary sanctions against EHT's permit and/or Taylor's license, including, but not limited to revocation.

6. EHT and Taylor acknowledge and agree that they have read this Consent Order and that it fully understand the terms, conditions and contents of the same. EHT and Taylor acknowledge and agree that they voluntarily and of their own free will accept the terms and conditions set out in this Consent Order and are signing this Consent Order on the advice of their attorney.

DONE this the 22 of July, 2016.

EHT PHARMACY LLC D/B/A CUREXA F/K/A EHT PHARMACY LLC D/B/A JERSEY SHORE PHARMACY

BY: Mark Taylor

ITS: Curexa

Mark Taylor

Jonathan E. Beiling, attorney for EHT Pharmacy LLC d/b/a Curexa f/k/a EHT Pharmacy LLC d/b/a Jersey Shore Pharmacy and Mark Taylor

DONE this the 6th of September, 2016.

ALABAMA STATE BOARD OF PHARMACY

By: _____
Timothy A. Martin, Pharm.D., President

By: _____
James S. Ward,
Attorney for the Alabama State
Board of Pharmacy

OF COUNSEL:
WARD & WILSON, LLC
2100A Southbridge Parkway
Suite 580
Birmingham, AL 35209
(205) 871-5404

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
EHT PHARMACY LLC d/b/a CUREXA f/k/a EHT PHARMACY LLC d/b/a JERSEY SHORE PHARMACY	)	BOARD OF PHARMACY
Non-Resident Pharmacy Permit Numbers 114076/202111	)	Case Number 16-L-0037
and	)	
MARK TAYLOR	)	
License Number 19108	)	

ORDER TO CONTINUE HEARING

The Respondents EHT Pharmacy LLC d/b/a Curexa f/k/a EHT Pharmacy LLC d/b/a Jersey Shore Pharmacy and Mr. Mark Taylor, by and through their attorney of record, requested a continuance of the hearing for the above captioned cause, which was scheduled to be heard before the Alabama State Board of Pharmacy on June 21, 2016 at 1:00 P.M. Having considered the request and the Board having no opposition, the Administrative Hearing Officer is of the opinion that for good cause a continuance was due to be GRANTED.

THEREFORE IT IS ORDERED that the hearing for the above captioned cause is continued to July 19, 2016 at 1:00 P.M. at which time the matter will be heard and from time to time thereafter as may be required by the Board for the purpose of the hearing to determine the charges served on the Respondents.

All previously issued subpoenas, if any, remain in full force and effect and are lawful Orders for witnesses to appear on the above date and time.

All other aspects of previous Scheduling Order and Notice of Hearing and Statement of Charges remain unchanged.

DONE and ORDERED this the 12th day of May 2016.

VANCE L. ALEXANDER
ADMINISTRATIVE HEARING OFFICER

c: Mr. W. Scott Simpson, Esq. (via electronic mail wssimpson@smgblawyers.com)
Mr. Mark Taylor (via U.S. Mail)
Ms. Mitzi Ellenburg, Director of Operations (via electronic mail mellenburg@albop.com)
Dr. Susan Alverson, Executive Secretary (via electronic mail salverson@albop.com)
Mr. James S. Ward, Esq. (via electronic mail jward@wardwilsonlaw.com)

IN THE MATTER OF:	)	
	)	**BEFORE THE ALABAMA STATE**
EHT PHARMACY LLC d/b/a CUREXA	)	**BOARD OF PHARMACY**
f/k/a EHT PHARMACY LLC d/b/a	)	
JERSEY SHORE PHARMACY	)	
	)	
Non-Resident Pharmacy	)	**CASE NO: 16-L-0037**
Permit Number: 114076/202111	)	

STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: EHT Pharmacy LLC d/b/a
Curexa f/k/a EHT Pharmacy
LLC d/b/a Jersey Shore Pharmacy
3007 Ocean Heights Avenue
Egg Harbor Township, New Jersey 08234

Pursuant to the provisions of Code of Alabama (1975), § 34-23-34 and § 34-23-92(12), Code of Alabama (1975), §20-2-213(e) and Code of Alabama (1975), § 41-22-12, you are hereby notified and requested to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on June 21, 2016 at 1:00p m., at the State Board of Pharmacy Conference Room, 111 Village Street, Birmingham, Alabama 35242, and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine why the permit to operate EHT Pharmacy LLC d/b/a Curexa f/k/a EHT Pharmacy LLC d/b/a Jersey Shore (Curexa) should not be revoked, suspended or placed on probation or a monetary penalty imposed in that it is alleged that Curexa has been guilty of the following, to-wit:

COUNT ONE

Violating Code of Alabama (1975), § 34-23-33(2) in that you violated the FD&C

by compounding and dispensing 10mg capsules of Domperidone for human use when the same is not approved by the FDA. During this time you dispensed Domperidone pursuant to one hundred one (101) prescriptions resulting in eleven thousand thirty-eight (11,038) capsules dispensed.

The Board alleges that the filling of each prescription is a separate and distinct violation.

COUNT TWO

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(b) based upon any or all of the allegations of Count One above.

COUNT THREE

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of Count One above.

COUNT FOUR

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(f) based upon any or all of the allegations of Count One above.

COUNT FIVE

Violating Code of Alabama (1975), § 34-23-33(6) based upon any or all fo the allegations in the above Counts.

COUNT SIX

Violating Code of Alabama (1975), § 34-23-33(2) prior to November 25, 2015, by having nine (9) medications outdated from one (1) day to four (4) months in the active drug stock inventory.

COUNT SEVEN

Violating Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of Count Six above.

Further, pursuant to the provisions of Code of Alabama, (1975), §20-2-53 and §41-22-12, you are hereby notified and requested to appear before the Board at the aforesaid time and place and from time to time thereafter as may be requested by the Board for the purpose of a hearing to determine why your registration to manufacture, dispense or distribute controlled substances enumerated in Schedules II, III, IV and V of the Alabama Uniform Controlled Substances Act, Code of Alabama (1975), §20-2-1, et. seq., issued pursuant to Code of Alabama (1975), §20-2-52, should not be suspended or revoked in that it is alleged that you have been guilty of the following:

COUNT EIGHT

Violating Code of Alabama (1975), §20-2-54(a)(4) by violating the provisions of Code of Alabama (1975), §34-23-1 et seq., said violation being based upon any or all of the allegations contained in the preceding Counts of this Statement of Charges and Notice of Hearing.

At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

Dated this the 14th day of April, 2016.

ALABAMA STATE BOARD OF PHARMACY

Susan Alverson

By: Susan Alverson
Secretary

IN THE MATTER OF:	)	
	)	**BEFORE THE ALABAMA STATE BOARD OF PHARMACY**
EHT PHARMACY LLC d/b/a CUREXA f/k/a EHT PHARMACY LLC d/b/a JERSEY SHORE PHARMACY	)	
	)	
Non-Resident Pharmacy Permit Number: 114076/202111	)	**CASE NO: 16-L-0037**
	)	

MOTION TO AMEND

COMES NOW, the Alabama State Board of Pharmacy (Board) and moves the Hearing Officer for an Order amending the previously filed Statement of Charges and Notice of Hearing (SOC) based upon the following:

1. The Board inadvertently failed to name the supervising pharmacist, Mark Taylor, in the original SOC.
2. The original SOC should have named Taylor in all the counts and further included a Count involving his role as supervising pharmacist.
3. Based on the above, the Board seeks an Order allowing the amendment attached hereto as Exhibit "A", which will name Taylor as a respondent and add a Count involving allegations relating to his acts or omissions as the supervising pharmacist.

   The Counts against the pharmacy remain unchanged.
4. Respondent will not be prejudiced by the requested amendment.

WHEREFORE, PREMISES CONSIDERED, the Board respectfully prays that the Hearing Officer enter an Order allowing the amendment to the SOC set forth on Exhibit "A" hereto.

Respectfully submitted,

/s James S. Ward
Attorney for the Alabama State

Board of Pharmacy

OF COUNSEL:
Ward & Wilson, L.L.C.
2100 Southbridge Parkway
Suite 580
Birmingham, Alabama 35209
Tel: 205-871-5404
jward@wardwilsonlaw.com

CERTIFICATE OF SERVICE

I hereby certify a copy of the foregoing has been served upon the parties listed below via E-mail transmittal and/or U.S. Mail this the 11th day of May, 2016.

Vance Alexander
P.O. Box [redacted]
Birmingham, Alabama 35238-0864
[redacted]@bellsouth.net

EHT Pharmacy LLC d/b/a
Curexa f/k/a EHT Pharmacy
LLC d/b/a Jersey Shore Pharmacy
3007 Ocean Heights Avenue
Egg Harbor Township, New Jersey 08234

Mark Taylor
EHT Pharmacy LLC d/b/a
Curexa f/k/a EHT Pharmacy
LLC d/b/a Jersey Shore Pharmacy
3007 Ocean Heights Avenue
Egg Harbor Township, New Jersey 08234

James S. Ward
OF COUNSEL

EXHIBIT "A"

IN THE MATTER OF:	)	
	)	**BEFORE THE ALABAMA STATE**
EHT PHARMACY LLC d/b/a CUREXA	)	**BOARD OF PHARMACY**
f/k/a EHT PHARMACY LLC d/b/a	)	
JERSEY SHORE PHARMACY	)	
	)	
Non-Resident Pharmacy	)	**CASE NO: 16-L-0037**
Permit Number: 114076/202111	)	
	)	
and	)	
	)	
MARK TAYLOR	)	
	)	
License Number: 19108	)	

STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: **EHT Pharmacy LLC d/b/a**
Curexa f/k/a EHT Pharmacy
LLC d/b/a Jersey Shore Pharmacy
Mark Taylor
3007 Ocean Heights Avenue
Egg Harbor Township, New Jersey 08234

Pursuant to the provisions of Code of Alabama (1975), § 34-23-34 and § 34-23-92 (12) and Code of Alabama (1975), § 41-22-12, you are hereby notified and requested to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on_____, 2016 at _____ ___.m., at the State Board of Pharmacy Conference Room, 111 Village Street, Birmingham, Alabama 35242, and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine why your license to practice pharmacy in this State should not be revoked, suspended or placed on probation or a monetary penalty imposed and/or why the permit to operate EHY Pharmacy LLC d/b/a Curexa f/k/a EHT Pharmacy LLC d/b/a Jersey Shore Pharmacy (Curexa) should not be revoked,

suspended or placed on probation or a monetary penalty imposed in that it is alleged that you and Curexa have been guilty of the following, to wit:

COUNT ONE

Violating Code of Alabama (1975), § 34-23-33(2) in that you violated the FD&C by compounding and dispensing 10mg capsules of Domperidone for human use when the same is not approved by the FDA. During this time you dispensed Domperidone pursuant to one hundred one (101) prescriptions resulting in eleven thousand thirty-eight (11,038) capsules dispensed.

The Board alleges that the filling of each prescription is a separate and distinct violation.

COUNT TWO

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(b) based upon any or all of the allegations of Count One above.

COUNT THREE

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of Count One above.

COUNT FOUR

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(f) based upon any or all of the allegations of Count One above.

COUNT FIVE

Violating Code of Alabama (1975), § 34-23-33(6) based upon any or all fo the allegations in the above Counts.

COUNT SIX

Violating Code of Alabama (1975), § 34-23-33(2) prior to November 25, 2015, by

having nine (9) medications outdated from one (1) day to four (4) months in the active drug stock inventory.

The Board alleges that each possession of outdated medication is a separate and distinct violation.

COUNT SEVEN

Violating Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of Count Six above.

COUNT EIGHT

As to Taylor, violating Code of Alabama (1975), § 34-23-33(12) in that you violated Board Rule 680-X-2.12(4)(h) and/or (i) based upon any or all of the allegations of Counts One and/or Six above.

Further, pursuant to the provisions of Code of Alabama, (1975), §20-2-53 and §41-22-12, you are hereby notified and requested to appear before the Board at the aforesaid time and place and from time to time thereafter as may be requested by the Board for the purpose of a hearing to determine why your registration to manufacture, dispense or distribute controlled substances enumerated in Schedules II, III, IV and V of the Alabama Uniform Controlled Substances Act, Code of Alabama (1975), §20-2-1, et. seq., issued pursuant to Code of Alabama (1975), §20-2-52, should not be suspended or revoked in that it is alleged that you have been guilty of the following:

COUNT NINE

Violating Code of Alabama (1975), §20-2-54(a)(4) by violating the provisions of Code of Alabama (1975), §34-23-1 et seq., said violation being based upon any or all of the allegations contained in the preceding Counts of this Statement of Charges and Notice of Hearing.

At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
EHT PHARMACY LLC d/b/a CUREXA f/k/a EHT PHARMACY LLC d/b/a JERSEY SHORE PHARMACY	)	BOARD OF PHARMACY
	)	
Non-Resident Pharmacy Permit Numbers 114076/202111	)	Case Number 16-L-0037

ORDER AMENDING STATEMENT OF CHARGES

The Alabama State Board of Pharmacy, by and through its attorney of record, moved to amend the Statement of Charges and Notice of Hearing for the Respondent EHT Pharmacy LLC d/b/a Curexa f/k/a EHT Pharmacy LLC d/b/a Jersey Shore Pharmacy in the above captioned cause which is scheduled before the Alabama State Board of Pharmacy on June 21, 2016 at 1:00 P. M. Having considered the Motion, the Administrative Hearing Officer is of the opinion that the Motion is due to be GRANTED.

IT IS ORDERED that the Statement of Charges and Notice of Hearing dated April 14, 2016 naming EHT Pharmacy LLC d/b/a Curexa f/k/a EHT Pharmacy LLC d/b/a Jersey Shore Pharmacy as Respondent is hereby Amended by adding Mark Taylor, License Number 19108 as an additional Respondent and Count Nine as follows:

"COUNT NINE

Violating Code of Alabama (1975), §20-2-54(a)(4) by violating the provisions of Code of Alabama (1975), §34-23-1 et seq., said violation being based upon any or all of the allegations contained in the preceding Counts of this Statement of Charges and Notice of Hearing."

DONE and ORDERED this the 12th day of May 2016.

VANCE L. ALEXANDER
ADMINISTRATIVE HEARING OFFICER

c: Mr. W. Scott Simpson, Esq. (via electronic mail wssimpson@smgblawyers.com)
Mr, Mark Taylor (via U.S. Mail)
Ms. Mitzi Ellenburg, Director of Operations (via electronic mail mellenburg@albop.com)
Dr. Susan Alverson, Executive Secretary (via electronic mail salverson@albop.com)
Mr. James S. Ward, Esq. (via electronic mail jward@wardwilsonlaw.com)

TEXAS STATE BOARD OF PHARMACY

Jeanne D. Waggener, R.Ph.
President
Waco

Christopher M. Dembny, R.Ph.
Vice President
Richardson

Alice G. Mendoza, R.Ph.
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Austin

Jenny Downing Yoakum, R.Ph.
Kilgore

Gay Dodson, R.Ph.
Executive Director/Secretary
Austin

August 15, 2017

MARK TAYLOR RPH
[redacted]S 4TH AVE
GALLOWAY, NJ 08205

RE: In the Matter of Mark Taylor

Dear Mr. Taylor:

Enclosed is a copy of Agreed Board Order (ABO) #F-17-010 that was entered by the Texas State Board of Pharmacy (TSBP) concerning the above-referenced matter. TSBP entered this Order on August 1, 2017. The requirements and conditions of the enclosed Order and matters relating to the Order are discussed below.

REPRIMAND

As a result of entering ABO #F-17-010, the pharmacist license issued to Mark Taylor (#58326) is reprimanded.

ADMINISTRATIVE PENALTY (FINE)

Under the terms of this Order, the pharmacist license issued to Mark Taylor (#58326) is fined an administrative penalty (fine) of $1,000.00. **This fine is due on or before November 29, 2017.** Please make your cashier's check or money order payable to the "Texas State Board of Pharmacy" and submit to the TSBP office by the due date. Please include your ABO number (#F-17-010) on the cashier's check or money order. **Note:** TSBP will **not** accept partial payments. You must submit payment for the full amount by the due date.

PRECEPTOR RESTRICTION

Please note that you may not serve as a preceptor, as explained below. Board Rule 283.6(c) states, in part:

> "No pharmacist may serve as a pharmacist preceptor if his or her license to practice pharmacy has been the subject of an order of the board imposing any penalty set out in the Act, §565.051, during the period he or she is serving as a pharmacist preceptor or within the three-year period immediately preceding application for approval as a pharmacist preceptor."

As a result of the entry of ABO #F-17-010 you may not serve as a preceptor until three years after the termination of all sanctions. Board Rule 283.6(c) also allows you to petition the Board, in writing, for approval to act as a preceptor. However, until such petition is granted, you may not serve as a preceptor.

RENEWAL APPLICATIONS

Prior to the next expiration date of your pharmacist license, you will complete a license renewal application for the TSBP. This application will require you to answer the question:

> "Have you been the subject of any professional disciplinary action or are any such actions pending against you by a regulatory authority within the last 36 months?"

As a result of the entry of ABO #F-17-010, you must answer "yes" to this question for 36 months after the termination of all sanctions. Consequently, you must answer "yes" to this question on any renewal applications submitted beginning August 1, 2017, and ending November 29, 2020.

If you have any questions about this Order, please contact Carissa Garcia, Enforcement Specialist, at (512) 305-8054.

Sincerely,

Robert Rivera
Enforcement Program Manager

RR: cg

Enclosure: Agreed Board Order #F-17-010

AGREED BOARD ORDER #F-17-010

RE: IN THE MATTER OF
MARK TAYLOR
(PHARMACIST LICENSE #58326)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacist license number 58326 issued to Mark Taylor (Respondent).

By letter dated March 31, 2017, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

> Sections 565.001(a)(1), (2), (5), (12) and (16); and 565.001(b) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2015); and
>
> Sections 281.7(a)(13); 281.7(a)(21); and 281.7(c)(3) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2016), as alleged in the Counts below.

The conduct described in the Consent Order by the Alabama State Board of Pharmacy is substantially similar to the conduct described in:

> Section 565.001(a)(1), (2), (12) and (13) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2013);
>
> Sections 281.7(a)(12) and (13); 291.32(a)(2)(H); 291.32(c)(1)(E) and (F); and 295.3 of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2015);
>
> Sections 431.002(25); and 431.114 of the Texas Food, Drug, and Cosmetic Act, TEX. HEALTH & SAFETY CODE ANN. (2013); and
>
> Sections 321(p)(1) and (2); 331(d); and 355(a) of the Federal Food, Drug, and Cosmetic Act (Title 21 U.S.C.) (2013).

COUNTS

(1) On or about April 29, 2016, Mark Taylor submitted an application for renewal of his pharmacist license to the Texas State Board of Pharmacy. On the application, Mr. Taylor falsely indicated that no professional disciplinary action was pending against him, when the disciplinary action by the Alabama State Board of Pharmacy described below in Count (2) was pending against him.

(2) On or about September 6, 2016, the Alabama State Board of Pharmacy entered a Consent Order against the Alabama pharmacist license number 19108 held by Mark Taylor. The Order was based on allegations contained in a Statement of Charges and Notice of

Hearing that while Mr. Taylor was acting as pharmacist-in-charge and a corporate officer of Curexa, the pharmacy compounded and dispensed 101 prescriptions for a drug product not approved by the federal Food and Drug Administration for human use, namely domperidone 10 mg. The Order imposed a $10,000 fine.

An informal conference was held in the Board's office on July 13, 2017, with Respondent in attendance. The informal conference was heard by a Board panel comprised of: Jeanne D. Waggener, R.Ph., Board Member; and Carol Fisher, R.Ph., M.P.A., Director of Enforcement; with Kerstin Arnold, General Counsel. Megan Holloway, Staff Attorney, was also in attendance.

At the aforementioned conference, Respondent waived the right to be represented by legal counsel. By signing this Order, Respondent neither admits nor denies the truth of the matters previously set out in this Order, and agrees that the Board has jurisdiction in this matter and waives the right to notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that:

(1) Respondent's license is reprimanded.

(2) Respondent shall pay an administrative penalty of one thousand dollars ($1,000) due one hundred twenty (120) days after the entry of this Order.

(3) Failure to comply with any of the requirements in this Order constitutes a violation and shall be grounds for further disciplinary action. The requirements of this Order are subject to the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2015), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2017).

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 1st day of August, 2017.

MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

Gay Dodson, R.Ph., Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

Mark Taylor, R.Ph.

APPROVED AS TO FORM:

Kelstin Arnold, General Counsel
Texas State Board of Pharmacy

EXHIBIT 4

LOUISIANA BOARD OF PHARMACY

BATON ROUGE, LOUISIANA

IN THE MATTER OF: **CONSENT ORDER**

MARK KELSO TAYLOR

PHARMACIST LICENSE NO. 21436 **Case No. 18-0090**

****

CONSENT AGREEMENT

WHEREAS, **MARK KELSO TAYLOR** (hereinafter referred to as "Respondent"), holder of PHARMACIST LICENSE NO. 21436, was sanctioned by the Texas State Board of Pharmacy effective August 1, 2017. Such action is considered disciplinary action and was reported to the National Association of Boards of Pharmacy as such.

WHEREAS, Respondent failed to report this action on his 2018 renewal application as required.

WHEREAS, information received and/or gathered by the Board produced evidence indicating that Respondent violated the following laws and regulations:

La. R.S. 37:1241(A)(1): Practiced or assisted in the practice of pharmacy, or knowingly permitted or has permitted anyone in his employ or under his supervision to practice or assist in the practice of pharmacy, in violation of the provisions of this Chapter and any rules and regulations promulgated thereto in accordance with the Administrative Procedure Act.

La. R.S. 37:1241(A)(2): Has attempted to or obtained a license by misrepresentation.

LA. R.S. 37:1241(A)(6) Has had his license, permit, certification, registration or any other designations deemed necessary to engage in the practice of pharmacy revoked or suspended, or has had other disciplinary action taken, or has had his application for licensure refused, revoked, or suspended by the proper authorities of another state, territory, or country based upon conduct by the licensee similar to conduct that would constitute grounds for action as defined in this Section.

La. R.S. 37:1241(A)(7): Has failed to report to the board any adverse action taken by another government agency, law enforcement agency, or court that would constitute grounds for action as defined in this Section.

La. R.S. 37:1241(A)(22): Has failed to furnish to the board or representatives any information legally requested by the board.

To facilitate the submission of this Consent Agreement, Respondent does not offer any defense to the allegations of violations cited above and further agrees that there is sufficient evidence upon which to predicate a finding of those violations.

Respondent further understands that this Consent Agreement shall constitute a Public Record, pursuant to La. R.S. 44:1 et seq., and is considered disciplinary action by the Board.

In order to avoid further administrative and judicial proceedings, Respondent hereby consents to accept and abide by the following order of the Board:

1. **PHARMACIST LICENSE NO. 21436 belonging to MARK KELSO TAYLOR is hereby issued a LETTER OF REPRIMAND.**

2. **MARK KELSO TAYLOR is ordered to pay a fine of $1,000.00 and reimburse the Board $250.00 for administrative costs for a total of $1,250.00 due by *certified check or money order* at the signing of this agreement.**

By signing this Consent Agreement, Respondent agrees that the Board has jurisdiction in this matter, waives all rights to informal conference, to Notice of Hearing, to a formal Administrative Hearing, and to judicial review of this Consent Agreement.

By signing this Consent Agreement, Respondent agrees that any failure to comply with the terms of this Agreement is a basis for discipline by the Board.

Both Respondent and the Board stipulate that this Consent Order shall not become effective and shall not become binding on the Board unless and until approved by the Board at formal meeting.

However, Respondent agrees that this Consent Order shall be effective and binding upon Respondent without recourse upon his signing said Order.

I, **MARK KELSO TAYLOR**, understand that this Consent Agreement is effective as a Board Order upon affirmative vote by the Board at formal hearing. It is also understood that, should the Board not approve this Consent Agreement, the agreement therein does not preclude the Louisiana Board of Pharmacy from requiring a formal hearing of my case.

It is further understood that, should this Consent Agreement not be accepted by the Board, the presentation to and consideration by the Board of this Agreement, including presented documentary evidence and information, shall not unfairly or illegally prejudice or preclude the Board or any of its members from further participation in hearings or resolution of these proceedings.

Respondent agrees that Respondent's execution of this Consent Agreement grants the Board the authority to collect any monies owed pursuant to this Consent Agreement and not paid to the Board notwithstanding the Board's acceptance of this Consent Agreement.

Respondent agrees to provide the Board with the following for reporting purposes to the National Practitioner Data Bank – Healthcare Integrity and Protection Data Bank (NPDB-HIPDB):

Respondent's National Provider Identifier (NPI) Number: 1790152957

Medicare Provider Number (if in the possession of one): N/A

SIGNED, AGREED TO AND ENTERED ON 2nd DAY OF March, 2018.

MARK KELSO TAYLOR
PHARMACIST LICENSE NO. 21436

APPROVED FOR SUBMISSION TO THE LOUISIANA BOARD OF PHARMACY:

CARLOS M. FINALET, III
3388 Brentwood Drive
Baton Rouge, LA 70808
General Counsel, Louisiana Board of Pharmacy

ACCEPTANCE OF THE CONSENT AGREEMENT BY THE LOUISIANA BOARD OF PHARMACY:

By a majority vote of the Board members voting in favor of the foregoing Consent Agreement at the Board meeting on May 2nd, 2018, the Board hereby adopts said Agreement as a Final Order of the Board.

FOR THE BOARD:

Carl W. Aron, President and Hearing Officer for the Board

EXHIBIT B

AGREED BOARD ORDER #F-17-011

RE: IN THE MATTER OF
CUREXA
(PHARMACY LICENSE #25553)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacy license number 25553 issued to Curexa (Respondent), 3007 Ocean Heights Avenue, Egg Harbor Township, New Jersey 08234.

By letter dated March 31, 2017, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

Sections 565.002(a)(3), (10) and (13); and 565.002(c) of the Texas Pharmacy Act, TEX OCC. CODE ANN. Title 3, Subtitle J (2015); and

Section 281.8(c)(3) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2016), as alleged in the Counts below.

The conduct described in the disciplinary actions by the New Jersey State Board of Pharmacy and the Alabama State Board of Pharmacy is substantially similar to the conduct described in:

Section 565.002(a)(3) of the Texas Pharmacy Act, TEX OCC. CODE ANN. Title 3, Subtitle J (2013);

Sections 291.32(a)(2)(H); 291.32(c)(1)(E) and (F); 291.33(f)(2); and 295.3 of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2015);

Sections 431.002(25); and 431.114 of the Texas Food, Drug, and Cosmetic Act, TEX. HEALTH & SAFETY CODE ANN. (2013); and

Sections 321(p)(1) and (2); 331(d); and 355(a) of the Federal Food, Drug, and Cosmetic Act (Title 21 U.S.C.) (2013).

COUNTS

(1) On or about October 24, 2007, the New Jersey State Board of Pharmacy issued a Settlement Letter against the New Jersey pharmacy license number 28RS00626400 held by Curexa (previously licensed in New Jersey as Jersey Shore Pharmacy). The Settlement was based on a deficiency identified during an inspection; specifically that potential drug allergies or chronic conditions were not recorded in the patient medication record. The Settlement imposed a $200 penalty and required that the pharmacy submit a letter of correction.

On or about August 3, 2009, Curexa (previously licensed as Jersey Shore Pharmacy) submitted an application for change of pharmacy name/location to the Texas State Board of Pharmacy. On the application, it was falsely indicated that the pharmacy had not been subject to professional disciplinary action within the last 36 months, when the pharmacy was subject to the disciplinary action by the New Jersey State Board of Pharmacy described above.

(2) On or about April 6, 2010, the New Jersey State Board of Pharmacy issued a Settlement Letter against the New Jersey pharmacy license number 28RS00626400 held by Curexa (previously licensed in New Jersey as Jersey Shore Pharmacy). The Settlement was based on a deficiency identified during an inspection; specifically that equipment was not inspected or sealed by the Department of Weights and Measures. The Settlement required that the pharmacy submit a letter of correction.

On or about April 27, 2011, Curexa (previously licensed as Jersey Shore Pharmacy) submitted an application for licensure renewal as a non-resident pharmacy to the Texas State Board of Pharmacy. On the application, it was falsely indicated that the pharmacy had not been subject to professional disciplinary action within the last 36 months, when the pharmacy was subject to the disciplinary action by the New Jersey State Board of Pharmacy described above.

(3) On or about November 25, 2015, the New Jersey State Board of Pharmacy issued a Settlement Letter against the New Jersey pharmacy license number 28RS00626400 held by Curexa. The Settlement was based on deficiencies identified during an inspection; specifically that drug stock inventory contained expired drugs, and that between January 21, 2015, and May 28, 2015, the pharmacy compounded and dispensed 101 prescriptions for a drug product not approved by the federal Food and Drug Administration for human use, namely domperidone 10 mg. The Settlement imposed a $100 penalty and required that the pharmacy submit a letter of correction.

(4) On or about September 6, 2016, the Alabama State Board of Pharmacy entered a Consent Order against the Alabama non-resident pharmacy permit number 114076/202111 held by Curexa (licensed in Alabama as EHT Pharmacy LLC d/b/a Curexa). The Order was based on allegations contained in a Statement of Charges and Notice of Hearing that the pharmacy compounded and dispensed 101 prescriptions for a drug product not approved by the federal Food and Drug Administration for human use, namely domperidone 10 mg. The Order imposed a $10,000 fine.

An informal conference was held in the Board's office on July 13, 2017, with Mark Taylor, R.Ph., Corporate Manager, EHJ Pharmacy, LLC, on behalf of Respondent; and Daniel Scott Distefano, R.Ph., Staff Pharmacist, in attendance. The informal conference was heard by a Board panel comprised of: Jeanne D. Waggener, R.Ph., Board Member; and Carol Fisher, R.Ph.,

M.P.A., Director of Enforcement; with Kerstin Arnold, General Counsel. Megan Holloway, Staff Attorney, was also in attendance.

By appearing at the informal conference and by signing this Order, Mark Taylor neither admits nor denies the truth of the matters previously set out in this Order, and agrees that the Board has jurisdiction in this matter and waives the right to notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that:

(1) Respondent's license is reprimanded.

(2) Respondent shall pay an administrative penalty of two thousand dollars ($2,000) due one hundred twenty (120) days after the entry of this Order.

(3) Failure to comply with any of the requirements in this Order constitutes a violation and shall be grounds for further disciplinary action. The requirements of this Order are subject to the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2015), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2017).

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 1st day of August, 2017.

Suzette Oyenuga RPh.
MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

Gay Dodson, R.Ph., Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

Mark Taylor, R.Ph., Corporate Manager, EHJ Pharmacy, LLC
For and on behalf of Curexa

APPROVED AS TO FORM:

Kerstin Arnold, General Counsel
Texas State Board of Pharmacy

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I IN THE MATTER OF:	)	
	)	**BEFORE THE ALABAMA STATE**
EHT PHARMACY LLC d/b/a CUREXA	)	
	)	**BOARD OF PHARMACY**
	)	
Permit No.: 114076	)	
	)	
and	)	**CASE NO: 19-L-0008**
	)	
MARK KELSO TAYLOR	)	
	)	
License No.: 19108	)	

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against EHT Pharmacy LLC d/b/a Curexa (hereinafter referred to as "EHT") and Mark Kelso Taylor (hereinafter referred to as "Taylor") which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement") alleging violations of the Alabama Pharmacy Practice Act. These allegations with particularity are set out in the Statement, as amended, which is attached hereto as **Exhibit "A."**

Prior to a hearing in this cause, and pursuant to Code of Alabama (1975) §41-22-12(f), the Board through its counsel and EHT and Taylor, through their counsel, engaged in negotiations and as a result, the matters at issue were resolved informally by the parties who agreed to the entry of this Consent Order which includes the following terms:

1. The Board finds EHT has violated the provisions of the Alabama Pharmacy Practice Act based upon the conduct set forth in all applicable Counts of the

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Statement.

2. The Board finds Taylor has violated the provisions of the Alabama Pharmacy Practice Act based upon the conduct set forth in all applicable Counts of the Statement.

3. EHT shall pay an administrative fine in the amount of Three Thousand Dollars ($3,000.00) and Taylor shall pay an administrative fine in the amount of One Thousand Five Hundred Dollars ($1,500.00) within thirty (30) days of the effective date of this consent order that being the day the same is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall EHT or Taylor attempt to discharge the same.

4. EHT and Taylor expressly waive their rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedures Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. EHT and Taylor further waive any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

5. By execution of this Consent Order, EHT and Taylor hereby release the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with

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the matters relating to this Consent Order and Statement.

6. EHT and Taylor acknowledge and agree that they have read this Consent Order and that they fully understand the terms, conditions and contents of the same. EHT and Taylor acknowledge and agree that they voluntarily and of their own free will accept the terms and conditions set out in this Consent Order and are signing this Consent Order on the advice of their attorney.

DONE this the 9th day of December, 2019.

EHT PHARMACY, LLC d/b/a CUREXA

BY: _____

ITS: Managing Member

_____

Mark Kelso Taylor

_____

Sarah E. Merkle, Attorney for EHT Pharmacy, LLC d/b/a Curexa and Mark Kelso Taylor

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DONE this the 11th day of December, 2019.

ALABAMA STATE BOARD OF PHARMACY

By: _____
Kenny Sanders, R.Ph., President

_____
James S. Ward,
Attorney for the Alabama State
Board of Pharmacy

OF COUNSEL:
WARD & COOPER, LLC
2100A Southbridge Parkway
Suite 645
Birmingham, AL 35209
(205) 871-5404

IN THE MATTER OF:	)	
	)	**BEFORE THE ALABAMA STATE**
EHT PHARMACY LLC d/b/a CUREXA	)	
	)	**BOARD OF PHARMACY**
Permit No.: 114076	)	
	)	
and	)	**CASE NO: 19-L-0008**
	)	
MARK KELSO TAYLOR	)	
	)	
License No.: 19108	)	

STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: EHT Pharmacy LLC d/b/a Curexa
3007 Ocean Heights Avenue
Egg Harbor Township, New Jersey 08234

Mark Kelso Taylor
[redacted] S 4th Avenue
Galloway, New Jersey 08205

Pursuant to the provisions of Code of Alabama (1975), § 34-23-34 and § 34-23-92 (12) and Code of Alabama (1975), § 41-22-12, you are hereby notified and requested to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on December 17, 2019 at 8.00 a.m., at the State Board of Pharmacy Conference Room, 111 Village Street, Birmingham, Alabama 35242, and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine why your license to practice pharmacy in this State should not be revoked, suspended or placed on probation or a monetary penalty imposed and/or why the permit to operate EHT Pharmacy LLC d/b/a Curexa (Curexa) should not be revoked, suspended or placed on probation or a monetary penalty imposed in that it is alleged that you and Curexa have been guilty of the following, to wit:

COUNT ONE

As to Taylor, violating Code of Alabama (1975), § 34-23-33(1) in that you failed to disclose when required to do so on your pharmacy license renewal dated December 31, 2018 a Consent Order entered by the Louisiana State Board of Pharmacy on May 23, 2018 attached hereto as Exhibit "A" and as a result obtained the referenced renewal.

COUNT TWO

As to Taylor, violating Code of Alabama (1975), § 34-23-33(2) based upon the Louisiana Consent Agreement referenced above and/or the violations set out therein.

COUNT THREE

As to Taylor, violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(d) based upon the allegations of the preceding Counts.

COUNT FOUR

As to Curexa, violating Code of Alabama (1975), § 34-23-33(1) in that you failed to disclose when required to do so on your pharmacy permit renewal dated December 26, 2018 the Agreed Order entered by the Texas State Board of Pharmacy on August 1, 2017 attached hereto as Exhibit "B" and as a result obtained the referenced renewal.

COUNT FIVE

As to Curexa, violating Code of Alabama (1975), § 34-23-33(2) based upon the Texas discipline set out above and/or violations set out therein.

COUNT SIX

As to Curexa, violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of Count Five above.

COUNT SEVEN

As to Curexa, violating Code of Alabama (1975), § 34-23-33(1) in that you failed to disclose when required to do so on your pharmacy permit renewal dated December 26, 2018 the Stipulation and Final Agency Order entered by the Colorado State Board of Pharmacy on July 14, 2017 attached hereto as Exhibit "C" and as a result obtained the referenced renewal.

COUNT EIGHT

As to Curexa, violating Code of Alabama (1975), § 34-23-33(2) based upon the Colorado discipline set out above and/or violations set out therein.

COUNT NINE

As to Curexa, violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of Count Eight above.

COUNT TEN

As to Curexa, violating Code of Alabama (1975), § 34-23-33(1) in that you failed to disclose when required to do so on your pharmacy permit renewal dated December 26, 2018 the Consent Agreement and Order entered by the Pennsylvania State Board of Pharmacy on April 10, 2018 attached hereto as Exhibit "D" and as a result obtained the referenced renewal.

COUNT ELEVEN

As to Curexa, violating Code of Alabama (1975), § 34-23-33(2) based upon the Pennsylvania discipline set out above and/or violations set out therein.

COUNT TWELVE

As to Curexa, violating Code of Alabama (1975), § 34-23-33(13) in that you

violated Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of Count Eleven above.

COUNT THIRTEEN

Violating Code of Alabama (1975), § 34-23-33(2) based upon the entry of a Consent Order by the Illinois Department of Financial and Professional Regulation Division of Professional Regulation dated September 22, 2018 attached hereto as Exhibit "E".

COUNT FOURTEEN

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of Count Thirteen above.

Further, pursuant to the provisions of Code of Alabama, (1975), § 20-2-53 and § 41-22-12, you are hereby notified and requested to appear before the Board at the aforesaid time and place and from time to time thereafter as may be requested by the Board for the purpose of a hearing to determine why your registration to manufacture, dispense or distribute controlled substances enumerated in Schedules II, III, IV and V of the Alabama Uniform Controlled Substances Act, Code of Alabama (1975), § 20-2-1, et. seq., issued pursuant to Code of Alabama (1975), § 20-2-52, should not be suspended or revoked in that it is alleged that you have been guilty of the following:

COUNT FIFTEEN

Violating Code of Alabama (1975), § 20-2-54(a)(4) by violating the provisions of Code of Alabama (1975), § 34-23-1 et seq., said violation being based upon the allegations contained in any or all of the preceding Counts of this Statement of Charges and Notice of Hearing.

Notice is further given that in the event you are found guilty of the allegations

contained in any or all of the preceding Counts contained in this Statement of Charges and Notice of Hearing, the Board may consider in assessing punishment the Consent Order entered by the Board on September 6, 2016, said document being attached hereto and made a part hereof as Exhibit "F".

At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

Dated this the 11th day of February, 2019.

ALABAMA STATE BOARD OF PHARMACY

By: Donna C. Yeatman
Executive Secretary

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK

OFFICE OF PROFESSIONAL DISCIPLINE, PROSECUTIONS DIVISION
80 WOLF ROAD; SUITE 204
ALBANY, NEW YORK 12205-2643
Tel. (518) 485-9351
Fax (518) 485-8361

October 6, 2020

EHT Pharmacy, LLC, CUREX
Attn.: Mark Taylor
3007 Ocean Heights Avenue
Egg Harbor Township, New Jersey 08234-0000

Re: **In the disciplinary matter of EHT Pharmacy, LLC**

Dear Mr. Taylor:

Unfortunately the Application for Consent Order that you signed and returned to me last spring was incorrectly drafted in that the name of the current registration in New York reads as EHT Pharmacy, LLC, CUREX. That now needs to be corrected on the enclosed consent application and it will necessary for you to re-sign in the TWO places indicated and return it to me.

I am enclosing a UPS envelope for you to return the signed white backed original to me as soon as possible. If you have any questions about this please call me at (518)485-9351. Thank you and I apologize for this inconvenience.

Very truly yours,

Karen Eileen Carlson

Karen Eileen Carlson, Esq.
Deputy Director

KEC/lkc

Enclosures

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF

PHARMACY

IN THE MATTER OF

EHT PHARMACY, LLC CUREXA

APPLICATION FOR CONSENT ORDER

KAREN EILEEN CARLSON
Acting Director of Prosecutions
Office of Professional Discipline

New York State Education Department
Office of Professional Discipline – Prosecutions
80 Wolf Road; Suite 204
Albany, New York 12205-2643

KAREN EILEEN CARLSON
Prosecuting Attorney
(518) 485-9351

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY
----------X

IN THE MATTER

of the

Disciplinary Proceeding

against

EHT PHARMACY, LLC
CUREXA

which is currently registered to operate
a nonresident pharmacy establishment
in the State of New York.
----------X

APPLICATION FOR CONSENT ORDER

CAL. NO. 31984

MARK KELSO TAYLOR states:

That I am a member of **EHT PHARMACY, LLC, CUREXA,** hereinafter referred to as the Respondent, and make this application on Respondent's behalf.

That on or about February 1, 2011, Respondent was registered to operate a nonresident pharmacy establishment in the State of New York, having been issued registration number 030596 by the New York State Education Department.

Respondent is currently registered with the New York State Education Department to operate the aforesaid nonresident pharmacy establishment in the State of New York from an address at 3007 Ocean

Heights Avenue, Egg Harbor Township, New Jersey 08234.

Respondent has been charged with one specification of professional misconduct, a copy of which is annexed hereto, made a part hereof, and marked as Exhibit "A".

Respondent admits guilt to the aforesaid specification of professional misconduct, charging it with having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State (Alabama discipline).

Respondent hereby agrees to the penalty that the registration to operate a nonresident pharmacy establishment in the State of New York be subject to a censure and reprimand and that respondent be fined ten thousand ($10,000.00) dollars, said fine to be paid by certified or bank cashier's check, made payable to the order of the New York State Education Department, to be delivered to the Director, Office of Professional Discipline, New York State Education Department, 1411 Broadway, Tenth Floor, New York, New York

10018-3496 within three (3) months of the effective date of the Order served herein.

Respondent hereby makes this application to the Board of Regents and requests that it be granted.

Respondent understands that in the event that the Board of Regents denies the application, nothing contained herein shall be binding upon it or construed to be an admission of any act of misconduct alleged or charged against it. Such application shall not be used against it in any way and shall be kept in strict confidence during the pendency of the disciplinary proceeding, and such denial by the Board of Regents shall be without prejudice to the continuance of the disciplinary proceeding and the final determination by the Board of Regents pursuant to the provisions of the Education Law.

Respondent agrees that in the event the Board of Regents grants its application, as set forth herein, an Order may be issued in accordance with the same. Respondent understands that if and when the Board of Regents grants this application, the entire application shall become a matter of public record.

EHT PHARMACY, LLC, CUREXA

No promises of any kind were made to Respondent. Respondent is making this application of its own free will and accord and not under duress, compulsion, or restraint of any kind or manner.

EHT PHARMACY, LLC
CUREXA

_____
Respondent

By: _____
MARK KELSO TAYLOR

EXHIBIT "A"

EHT PHARMACY, LLC
CUREXA

SPECIFICATION OF PROFESSIONAL MISCONDUCT

Respondent, by its agents and employees, is charged with committing unprofessional conduct within the purview and meaning of New York Education law section 6509(9), in specific violation of 8 NYCRR section 29.1(b)(1), in that:

Respondent, in or about 2016, while practicing pharmacy in the state of Alabama, compounded and dispensed drugs that were not approved for dispensing to humans by the Federal Drug Administration. The State of Alabama disciplined Respondent for this conduct as well.

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY
----------X

IN THE MATTER

of the

Disciplinary Proceeding

Against

EHT PHARMACY, LLC
CUREXA

which is currently registered to operate
a nonresident pharmacy establishment
in the State of New York.
----------X

APPLICATION FOR CONSENT ORDER

CAL. NO. 31984

The undersigned agree to the above statement and to the proposed penalty based on the terms and conditions thereof.

EHT PHARMACY, LLC
CUREXA

Dated: , 2020

_____
Respondent

BY: _____
MARK TAYLOR KELSO

Dated: , 2020

_____
Attorney for Respondent

Dated: , 2020

_____
Executive Director
Office of Professional Discipline

The undersigned, a member of the Board of Regents who has been designated by the Chairman of the Regents Committee on Professional Practice to review this Application for a Consent Order, has reviewed said Application and recommends to the Board of Regents that the Application be granted.

Dated: , 2020

_____
Member, Board of Regents

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

MARK KESLO TAYLOR, R.PH.
License No. 53-02-044260,
Respondent.

File No. 53-19-001427

CONSENT ORDER

On October 14, 2019, the Department of Licensing and Regulatory Affairs executed an Administrative Complaint charging Respondent with violating the Public Health Code, MCL 333.1101 *et seq.*

Respondent has admitted that the facts alleged in the Complaint are true and constitute violation(s) of the Public Health Code. The Michigan Board of Pharmacy's Disciplinary Subcommittee (DSC) has reviewed this Consent Order and Stipulation and agrees that the public interest is best served by resolution of the outstanding Complaint.

Therefore, IT IS FOUND that the facts alleged in the Complaint are true and constitute violation(s) of MCL 333.16221(b)(x) and (f).

Accordingly, IT IS ORDERED that for the cited violation(s) of the Public Health Code:

Respondent is FINED $500.00, to be paid to the State of Michigan within 60 days of the effective date of this Order. Respondent shall **direct payment** to the **Department of Licensing and Regulatory Affairs, Enforcement Division,**

Compliance Section, P.O. Box 30189, Lansing, MI 48909. The fine shall be paid by check or money order, made payable to the State of Michigan, and shall clearly display **File Number 53-19-001427.**

If Respondent fails to comply with the terms and conditions of this Order, Respondent's license shall be automatically SUSPENDED for a minimum of one day. If, within six months of the suspension of the license, Respondent complies with the terms of this Order, the license shall be automatically reinstated.

If Respondent's license remains suspended for more than six months, Respondent must apply for reinstatement of the license. If Respondent applies for reinstatement of the license, application for reinstatement shall be in accordance with sections MCL 333.16245 and 333.16247.

This Order shall be effective 30 days from the date signed by the DSC, as set forth below.

MICHIGAN BOARD OF PHARMACY

By: _____ for
Chairperson, Disciplinary Subcommittee

Dated: June 10, 2020

STIPULATION

1. The facts alleged in the Complaint are true and constitute violation(s) of MCL 333.16221(b)(x) and (f).

2. Respondent understands and intends that by signing this Stipulation Respondent is waiving the right, pursuant to the Public Health Code, the rules promulgated thereunder, and the Administrative Procedures Act, MCL 24.201 *et seq.*, to require the Department to prove the charges set forth in the Complaint by presentation of evidence and legal authority, and Respondent is waiving the right to appear with an attorney and such witnesses as Respondent may desire to present a defense to the charges.

3. This matter is a public record required to be published and made available to the public pursuant to the Michigan Freedom of Information Act, MCL 15.231 *et seq.*, and this action will be reported to the National Practitioner Data Bank and any other entity as required by state or federal law.

4. Factors taken into consideration in the formulation of this Order are as follows:

a. Respondent states that his employer pharmacy, Curexa, is licensed in all 50 states and relied on a third-party vendor for its disciplinary reporting needs. Since this Complaint was executed, Respondent states that Curexa has changed its reporting procedures and has corrected the reporting problems related to the third-party vendor.

5. Charles T. Mollien, PharmD, J.D., a member of the Board who supports this proposal, and the Department's representative are free to discuss this matter with the DSC and recommend acceptance of the resolution set forth in this Order.

6. This Order is approved as to form and substance by Respondent and the Department and may be entered as the final order of the DSC in this matter.

7. This proposal is conditioned upon acceptance by the DSC. Respondent and the Department expressly reserve the right to further proceedings without prejudice should this Order be rejected.

AGREED TO BY:

Forrest Pasanski, Director
Enforcement Division
Bureau of Professional Licensing

Dated: 4-28-2020

AGREED TO BY:

Mark Keslo Taylor, R.Ph.
Respondent

Dated: 3/11/2020

sde

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

MARK KESLO TAYLOR, R.PH.
License No. 53-02-044260,
Respondent.

File No. 53-19-001427

ADMINISTRATIVE COMPLAINT

The Michigan Department of Licensing and Regulatory Affairs, by Forrest Pasanski, Enforcement Division Director, Bureau of Professional Licensing, complains against Respondent as follows:

1. The Michigan Board of Pharmacy is an administrative agency established by the Public Health Code, MCL 333.1101 *et seq*. Pursuant to MCL 333.7311, MCL 333.16226, and MCL 333.17768, the Board's Disciplinary Subcommittee is empowered to discipline persons for violations of the Public Health Code.

2. Respondent is currently licensed as a pharmacist in the state of Michigan. Respondent's address of record with the Department is Galloway, New Jersey.

3. On September 6, 2016, the Alabama State Board of Pharmacy (Alabama Board) executed a Consent Order (Order) with EHT Pharmacy LLC d/b/a Curexa f/k/a EHT Pharmacy LLC d/b/a Jersey Shore Pharmacy (pharmacy) and Respondent that fined the pharmacy and Respondent $10,000.00. The Alabama Board's

Order was based on allegations that the pharmacy compounded and dispensed 101 prescriptions (totaling 11,038 capsules) of Domperidone for human use when the same was not approved by the FDA and having nine medications outdated from one day to four months in the active drug stock inventory. A copy of the Order, marked Exhibit A, is attached and incorporated.

4. Respondent failed to notify the Department of the action taken by the Alabama Board within 30 days from the date of the action.

5. On August 1, 2017, the Texas State Board of Pharmacy (Texas Board) issued an Agreed Board Order against Respondent based on Respondent submitting an April 29, 2016 application for renewal of his pharmacist license to the Texas Board and falsely indicating that no professional disciplinary action was pending against him when the Alabama action described above was pending against Respondent. Licensee was reprimanded and fined $1,000.00. A copy of the Order, marked Exhibit B, is attached and incorporated.

6. Respondent failed to notify the Department of the action taken by the Texas Board within 30 days from the date of the action.

COUNT I

The actions by the Alabama and Texas Boards, as set forth above, constitute final adverse administrative actions by a licensure, registration, disciplinary, or certification board involving the holder of, or an applicant for, a license or registration

regulated by another state or a territory of the United States, in violation of MCL 333.16221(b)(x).

COUNT II

Respondent's conduct, as set forth above, evidences a failure to notify the Department of the disciplinary actions by the Alabama and Texas Boards within 30 days from the date of the actions, as required by MCL 333.16222(4), in violation of MCL 333.16221(f).

RESPONDENT IS NOTIFIED that, pursuant to MCL 333.16231(8), Respondent has 30 days from the date of receipt of this Complaint to answer this Complaint in writing and to show compliance with all lawful requirements for licensure. Respondent shall submit the response to the Bureau of Professional Licensing, Department of Licensing and Regulatory Affairs, P.O. Box 30670, Lansing, MI 48909.

Respondent's failure to submit an answer within 30 days is an admission of the allegations in this Complaint. If Respondent fails to answer, the Department shall transmit this Complaint directly to the Board's Disciplinary Subcommittee to impose a sanction, pursuant to MCL 333.16231(9).

Dated: 10-14-19

Forrest Pasanski, Director
Enforcement Division
Bureau of Professional Licensing

Attachments
sde

IN THE MATTER OF: EHT PHARMACY LLC d/b/a CUREXA f/k/a EHT PHARMACY LLC d/b/a JERSEY SHORE PHARMACY Non-Resident Pharmacy Permit Number: 114078/202111 and MARK TAYLOR License Number: 19108	BEFORE THE ALABAMA STATE BOARD OF PHARMACY CASE NO: 16-L-0037

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against EHT Pharmacy LLC d/b/a Curexa f/k/a EHT Pharmacy LLC d/b/a Jersey Shore Pharmacy (EHT) and Mark Taylor (Taylor) which resulted in the filing of a Statement of Charges and Notice of Hearing, as amended (Statement), alleging violations of the Alabama Pharmacy Practice Act as are more particularly set out in the Statement which is attached hereto as Exhibit "A."

Prior to a hearing in this cause, and pursuant to Code of Alabama (1975) §41-22-12(f), the Board through its counsel and EHT and Taylor through their counsel engaged in negotiations and as a result the matters at issue were resolved informally by the parties and the parties negotiated a Consent Order, the terms of which are as follows:

1. Counsel for the Board and counsel for EHT and Taylor stipulate that EHT and Taylor deny for all legal purposes other than this proceeding the allegations set forth in the Statement but stipulate that for the purposes of this proceeding the Board would introduce sufficient evidence to meet its required burden of proof. Accordingly, the Board finds EHT and Taylor have violated the provisions of the Alabama Pharmacy

AUG 2 9 2016

Practice Act based upon the conduct set forth in all Counts of the Statement.

2. EHT and Taylor shall pay an administrative fine in the amount of Ten Thousand Dollars ($10,000.00) within thirty (30) days of the effective date of this Consent Order that being the day the same is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall EHT and/or Taylor attempt to discharge the same.

3. EHT and Taylor expressly waive their rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedure Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. EHT and Taylor further waive any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

4. By execution of this Consent Order, EHT and Taylor hereby release the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

5. EHT and Taylor acknowledge and agree that any future violation of the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rules and regulations of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state or any other applicable laws may, upon proof and hearing

thereof, result in further disciplinary sanctions against EHT's permit and/or Taylor's license; including, but not limited to revocation.

6. EHT and Taylor acknowledge and agree that they have read this Consent Order and that it fully understand the terms, conditions and contents of the same. EHT and Taylor acknowledge and agree that they voluntarily and of their own free will accept the terms and conditions set out in this Consent Order and are signing this Consent Order on the advice of their attorney.

DONE this the 22 of July, 2016.

EHT PHARMACY LLC D/B/A CUREXA F/K/A EHT PHARMACY LLC D/B/A JERSEY SHORE PHARMACY

BY: Mark Taylor

ITS: Curexa

Mark Taylor

Jonathan E. Belling, attorney for EHT Pharmacy LLC d/b/a Curexa f/k/a EHT Pharmacy LLC d/b/a Jersey Shore Pharmacy and Mark Taylor

DONE this the 6th of September, 2016.

ALABAMA STATE BOARD OF PHARMACY

By: _____
Timothy A. Martin, Pharm.D., President

By: _____
James S. Ward,
Attorney for the Alabama State
Board of Pharmacy

OF COUNSEL:
WARD & WILSON, LLC
2100A Southbridge Parkway
Suite 650
Birmingham, AL 35209
(205) 871-5404

EXHIBIT "A"

IN THE MATTER OF: EHT PHARMACY LLC d/b/a CUREXA f/k/a EHT PHARMACY LLC d/b/a JERSEY SHORE PHARMACY Non-Resident Pharmacy Permit Number: 114076/202111 and MARK TAYLOR License Number: 19108	BEFORE THE ALABAMA STATE BOARD OF PHARMACY CASE NO: 16-L-0037

STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: EHT Pharmacy LLC d/b/a
Curexa f/k/a EHT Pharmacy
LLC d/b/a Jersey Shore Pharmacy
Mark Taylor
[redacted]

Pursuant to the provisions of Code of Alabama (1975), § 34-23-34 and § 34-23-92 (12) and Code of Alabama (1975), § 41-22-12, you are hereby notified and requested to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on _____, 2016 at _____ m., at the State Board of Pharmacy Conference Room, 111 Village Street, Birmingham, Alabama 35242, and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine why your license to practice pharmacy in this State should not be revoked, suspended or placed on probation or a monetary penalty imposed and/or why the permit to operate EHY Pharmacy LLC d/b/a Curexa f/k/a EHT Pharmacy LLC d/b/a Jersey Shore Pharmacy (Curexa) should not be revoked,

suspended or placed on probation or a monetary penalty imposed in that it is alleged that you and Curexa have been guilty of the following, to wit:

COUNT ONE

Violating Code of Alabama (1975), § 34-23-33(2) in that you violated the FD&C by compounding and dispensing 10mg capsules of Domperidone for human use when the same is not approved by the FDA. During this time you dispensed Domperidone pursuant to one hundred one (101) prescriptions resulting in eleven thousand thirty-eight (11,038) capsules dispensed.

The Board alleges that the filling of each prescription is a separate and distinct violation.

COUNT TWO

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(b) based upon any or all of the allegations of Count One above.

COUNT THREE

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of Count One above.

COUNT FOUR

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(f) based upon any or all of the allegations of Count One above.

COUNT FIVE

Violating Code of Alabama (1975), § 34-23-33(6) based upon any or all to the allegations in the above Counts;

COUNT SIX

Violating Code of Alabama (1975), § 34-23-33(2) prior to November 25, 2015, by

having nine (9) medications outdated from one (1) day to four (4) months in the active drug stock inventory.

The Board alleges that each possession of outdated medication is a separate and distinct violation.

COUNT SEVEN

Violating Board Rule 680-X-2-.22(2)(d) based upon any or all of the allegations of Count Six above.

COUNT EIGHT

As to Taylor; violating Code of Alabama (1975), § 34-23-33(12) in that you violated Board Rule 680-X-2-.12(4)(h) and/or (i) based upon any or all of the allegations of Counts One and/or Six above.

Further, pursuant to the provisions of Code of Alabama, (1975), §20-2-53 and §41-22-12, you are hereby notified and requested to appear before the Board at the aforesaid time and place and from time to time thereafter as may be requested by the Board for the purpose of a hearing to determine why your registration to manufacture, dispense or distribute controlled substances enumerated in Schedules II, III, IV and V of the Alabama Uniform Controlled Substances Act, Code of Alabama (1975), §20-2-1, et seq., issued pursuant to Code of Alabama (1975), §20-2-52, should not be suspended or revoked in that it is alleged that you have been guilty of the following:

COUNT NINE

Violating Code of Alabama (1975), §20-2-54(a)(4) by violating the provisions of Code of Alabama (1975), §34-23-1 et seq., said violation being based upon any or all of the allegations contained in the preceding Counts of this Statement of Charges and Notice of Hearing.

At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

AGREED BOARD ORDER #F-17-010

RE: IN THE MATTER OF
MARK TAYLOR
(PHARMACIST LICENSE #58326)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacist license number 58326 issued to Mark Taylor (Respondent).

By letter dated March 31, 2017, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

Sections 565.001(a)(1), (2), (5), (12) and (16); and 565.001(b) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2015); and

Sections 281.7(a)(13); 281.7(a)(21); and 281.7(c)(3) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2016), as alleged in the Counts below.

The conduct described in the Consent Order by the Alabama State Board of Pharmacy is substantially similar to the conduct described in:

Section 565.001(a)(1), (2), (12) and (13) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2013);

Sections 281.7(a)(12) and (13); 291.32(a)(2)(H); 291.32(c)(1)(E) and (F); and 295.3 of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2015);

Sections 431.002(25); and 431.114 of the Texas Food, Drug, and Cosmetic Act, TEX. HEALTH & SAFETY CODE ANN. (2013); and

Sections 321(p)(1) and (2); 331(d); and 355(a) of the Federal Food, Drug, and Cosmetic Act (Title 21 U.S.C.) (2013).

COUNTS

(1) On or about April 29, 2016, Mark Taylor submitted an application for renewal of his pharmacist license to the Texas State Board of Pharmacy. On the application, Mr. Taylor falsely indicated that no professional disciplinary action was pending against him, when the disciplinary action by the Alabama State Board of Pharmacy described below in Count (2) was pending against him.

(2) On or about September 6, 2016, the Alabama State Board of Pharmacy entered a Consent Order against the Alabama pharmacist license number 19108 held by Mark Taylor. The Order was based on allegations contained in a Statement of Charges and Notice of

Hearing that while Mr. Taylor was acting as pharmacist-in-charge and a corporate officer of Curexa, the pharmacy compounded and dispensed 101 prescriptions for a drug product not approved by the federal Food and Drug Administration for human use, namely domperidone 10 mg. The Order imposed a $10,000 fine.

An informal conference was held in the Board's office on July 13, 2017, with Respondent in attendance. The informal conference was heard by a Board panel comprised of: Jeanne D. Waggener, R.Ph., Board Member; and Carol Fisher, R.Ph., M.P.A., Director of Enforcement; with Kerstin Arnold, General Counsel. Megan Holloway, Staff Attorney, was also in attendance.

At the aforementioned conference, Respondent waived the right to be represented by legal counsel. By signing this Order, Respondent neither admits nor denies the truth of the matters previously set out in this Order, and agrees that the Board has jurisdiction in this matter and waives the right to notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that:

(1) Respondent's license is reprimanded.

(2) Respondent shall pay an administrative penalty of one thousand dollars ($1,000) due one hundred twenty (120) days after the entry of this Order.

(3) Failure to comply with any of the requirements in this Order constitutes a violation and shall be grounds for further disciplinary action. The requirements of this Order are subject to the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2015), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2017).

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 1st day of August, 2017.

MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

Gay Dodson, R.Ph., Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

Mark Taylor, R.Ph.

APPROVED AS TO FORM:

Kelstin Arnold, General Counsel
Texas State Board of Pharmacy

S:\Attorneys\PNLs 0117 - 1217\Taylor, Mark\Taylor, Mark_ABO_853311.docx

4HHH

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **not transferable money order or cashier's check only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ *New Pharmacy or* ☑ ***Ownership Change*** *(Provide current license number if making changes:* ***PH*** 04168

Check box below for type of ownership and complete all required forms.

☐ *Publicly Traded Corporation – Pages 1,2,3,8*
☐ *Partnership - Pages 1,2,6,8*
☑ *Non Publicly Traded Corporation – Pages 1,2,4,8*
☐ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: F&M Specialty Pharmacy

Physical Address: 117 Luckney Station Rd Floowood, MS 39232

Mailing Address: 1620 W. Northwest Hwy Suite 100

City: Grapevine State: TX Zip Code: 76051

Telephone: 601-939-9353 Fax: 601-939-6353

Toll Free Number: 888-560-0820 (Required per NAC 639.708)

E-mail: licensure@receptrx.com Website: www.fandmrx.com

Managing Pharmacist: Tera McDivitt NV TEMP 22149 License Number: E-010714

TYPE OF PHARMACY AND		SERVICES PROVIDED	
Yes/No		Yes/No	
☑ ☐	Retail	☐ ☑	Off-site Cognitive Services
☐ ☑	Hospital (# beds____)	☐ ☑	Parenteral **
☐ ☑	Internet	☐ ☑	Parenteral (outpatient)
☐ ☑	Nuclear	☐ ☑	Outpatient/Discharge
☐ ☑	Ambulatory Surgery Center	☑ ☐	Mail Service
☑ ☐	Community	☐ ☑	Long Term Care
☐ ☑	Other: _____	☐ ☑	Sterile Compounding **
		☑ ☐	Non Sterile Compounding
All boxes must be checked		☐ ☑	Mail Service Sterile Compounding **
For the application to be complete		☐ ☑	Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

_____
Original Signature of Person Authorized to Submit Application, no copies or stamps

Nicky L. Otts
Print Name of Authorized Person

10/21/2024
Date

Board Use Only Date Processed:_____ Amount: _____

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Texas

Parent Company if any: Founder Project Rx, Inc

Mailing Address: 1620 W. Northwest Hwy Suite 100

City: Grapevine State: TX Zip: 76051

Telephone: 817-972-0009 Fax: 817-720-1039

Contact Person: Clarence Green

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) _____
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. _____

3) What was the price paid per share? _____

4) What date did the corporation actually receive the cash assets? _____

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8:30 am 5 pm Saturday N/A am N/A pm

Sunday N/A am N/A pm 24 Hours N/A

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

Must be included with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

MISSISSIPPI

Board of Pharmacy

Permit #
05446 / 2.6

Pharmacy

Community - Other

Founder Project Rx, Inc.
DBA F&M Specialty Pharmacy

117 Luckney Station
Flowood, MS 39232
Rankin

Permit Holder:
Tera M McDivitt

This permit is not transferable or assignable.

Issued: 01/31/2002
Renewed: 11/03/2021
Expires: 12/31/2023

Susa McCoy
Executive Director

Mississippi Board of Pharmacy | 6360 I-55 North | Suite 400 | Jackson, MS 39211
Phone: 601-899-8880 | Fax: 601-899-8851

2389

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FF5850931	09-30-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	08-10-2021

F & M SPECIALTY PHARMACY
117 LUCKNEY STATION RD
FLOWOOD, MS 392328402

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
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F & M SPECIALTY PHARMACY
117 LUCKNEY STATION RD
FLOWOOD, MS 392328402

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Form DEA-223 (9/2016)

Officer	Title	Social	DOB	DL License #:	Pharmacist License #	Address	City, State, Zip
Nicky L. Otts	President	[redacted]	[redacted]	[redacted]	TX: 21615	[redacted] Oak Lane	Arlington, TX 76017
Vickie T. Otts	Vice-President	[redacted]	[redacted]	[redacted]	N/A	[redacted] Oak Lane	Arlington, TX 76017

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Nicky L. Otts

Responsible Person of Founder Project Rx, Inc.

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Nicky L. Otts
Print Name of Authorized Person

10/21/2021
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Mississippi)
) ss.
Rankin COUNTY)

I, Nicky L. Otts, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the President for Founder Project Rx, Inc dba F&M Specialty Pharmacy (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Nicky L. Otts, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
21 day of October, 2021

NOTARY PUBLIC

Paula Sadovsky
My Commission Expires
03/06/2023
ID No. 131919441

Posted April 1, 2020

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

Jose A. Esparza
Deputy Secretary of State

Office of the Secretary of State

September 09, 2021

Attn: CAPITOL SERVICES INC

Capitol Services, Inc.
PO Box 1831
Austin, TX 78767 USA

RE: Founder Project Rx, Inc.
File Number: 804203451

It has been our pleasure to file the Certificate of Correction for the referenced entity. Enclosed is the certificate evidencing filing. Payment of the filing fee is acknowledged by this letter.

If we may be of further service at any time, please let us know.

Sincerely,

Corporations Section
Business & Public Filings Division
(512) 463-5555

Enclosure

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

Jose A. Esparza
Deputy Secretary of State

Office of the Secretary of State

CERTIFICATE OF FILING
OF

Founder Project Rx, Inc.
804203451

The undersigned, as Deputy Secretary of State of Texas, hereby certifies that a Certificate of Correction relating to an instrument that has been filed by the Secretary for the above named entity has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY the undersigned, as Deputy Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing.

Dated: 09/03/2021

Effective: 09/03/2021

Jose A. Esparza
Deputy Secretary of State

Filing#:804203451 Document#:1076574910002 Filed On 9/3/2021 received by Upload

Form 403
(Revised 05/11)

Submit in duplicate to:
Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
512 463-5555
FAX: 512/463-5709
Filing Fee: $15

This space reserved for office use.

Certificate of Correction

Entity Information

1. The name of the filing entity is:

Founder Project Rx, Inc.

State the name of the entity as currently shown in the records of the secretary of state. If the certificate of correction corrects the name of the entity, state the present name and not the name as it will be corrected.

The file number issued to the filing entity by the secretary of state is: 804203451

Filing Instrument to be Corrected

2. The filing instrument to be corrected is : Certificate of Formation

The date the filing instrument was filed with the secretary of state: 08/17/2021
mm/dd/yyyy

Identification of Errors and Corrections

(Indicate the errors that have been made by checking the appropriate box or boxes; then provide the corrected text.)

☐ The entity name is inaccurate or erroneously stated. The corrected entity name is:

☐ The registered agent name is inaccurate or erroneously stated. The corrected registered agent name is:

Corrected Registered Agent
(Complete either A or B, but not both.)

A. The registered agent is an organization (cannot be entity named above) by the name of:

OR

B. The registered agent is an individual resident of the state whose name is:

First *Middle* *Last Name* *Suffix*

The person executing this certificate of correction affirms that the registered agent, whose name is being corrected by this certificate, consented to serve as registered agent at the time the filing instrument being corrected took effect.

☐ The registered office address is inaccurate or erroneously stated. The corrected registered office address is:

Corrected Registered Office Address

Street Address (No P.O. Box)	*City*	*State*	*Zip Code*
		TX	

☐ The purpose of the entity is inaccurate or erroneously stated. The purpose is corrected to read as follows:

☐ The period of duration of the entity is inaccurate or erroneously stated.
The period of duration is corrected to read as follows:

Identification of Other Errors and Corrections

(Indicate the other errors and corrections that have been made by checking and completing the appropriate box or boxes.)

☑ **Other errors and corrections.** The following inaccuracies and errors in the filing instrument are corrected as follows:

☐ **Add** Each of the following provisions was omitted and should be added to the filing instrument. The identification or reference of each added provision and the full text of the provision is set forth below.

☑ **Alter** The following identified provisions of the filing instrument contain inaccuracies or errors to be corrected. The full text of each corrected provision is set forth below:

Article 11 (Organizer) is hereby corrected to read in its entirety as follows:

The name and address of the organizer is:
Nicky L. Otts
5109 Oak Lane
Arlington, Texas 76017

☐ **Delete** Each of the provisions identified below was included in error and should be deleted.

☑ **Defective Execution** The filing instrument was defectively or erroneously signed, sealed, acknowledged or verified. Attached is a correctly signed, sealed, acknowledged or verified instrument.

Statement Regarding Correction

The filing instrument identified in this certificate was an inaccurate record of the event or transaction evidenced in the instrument, contained an inaccurate or erroneous statement, or was defectively or erroneously signed, sealed, acknowledged or verified. This certificate of correction is submitted for the purpose of correcting the filing instrument.

Correction to Merger, Conversion or Exchange

The filing instrument identified in this certificate of correction is a merger, conversion or other instrument involving multiple entities. The name and file number of each entity that was a party to the transaction is set forth below. (If the space provided is not sufficient, include information as an attachment to this form.)

Entity name *SOS file number*

Entity name *SOS file number*

Effectiveness of Filing

After the secretary of state files the certificate of correction, the filing instrument is considered to have been corrected on the date the filing instrument was originally filed except as to persons adversely affected. As to persons adversely affected by the correction, the filing instrument is considered to have been corrected on the date the certificate of correction is filed by the secretary of state.

Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

Date: September 1, 2021

By: NICKY OTTS

Signature of authorized person

Nicky L. Otts

Printed or typed name of authorized person (see instructions)

CERTIFICATE OF FORMATION
OF
FOUNDER PROJECT RX, INC.

The undersigned, Nicky L. Otts, acting as the sole organizer of a for-profit corporation to be formed under the Texas Business Organizations Code, as amended (the "TBOC"), does hereby adopt the following Certificate of Formation for Founder Project Rx, Inc. (the "Corporation").

Article 1
Name

The name of the Corporation is Founder Project Rx, Inc.

Article 2
Duration

The period of duration of the Corporation is perpetual.

Article 3
Purpose

The corporation is organized for the purpose of the transaction of any and all lawful business for which for-profit corporations may be incorporated under the TBOC.

Article 4
Shares

The aggregate number of shares which the Corporation shall have authority to issue is 1,000,000 shares of common stock, par value one cent ($0.01) per share ("Common Stock"). Each share of Common Stock shall have identical rights and privileges in every respect.

Article 5
Registered Office and Agent

The street address of its initial registered office is 5109 Oak Lane, Arlington, Texas 76017, and the name of its initial registered agent at such address is Nicky L. Otts.

Article 6
Directors

The number of directors of the Corporation shall be not less than one nor more than nine (9), the exact number to be fixed from time to time in the manner provided in the Bylaws of the Corporation. The number of directors constituting the initial Board of Directors is two (2), and the name and address of the persons who are to serve as directors until the first annual meeting of the shareholders or until their successors are elected and qualified are:

Nicky L. Otts
5109 Oak Lane
Arlington, Texas 76017

Vickie Otts
5109 Oak Lane
Arlington, Texas 76017

Article 7
Bylaws

The Board of Directors or the shareholders shall have the power to alter, amend, or repeal the Bylaws of the Corporation or to adopt new Bylaws.

Article 8
Liability of Directors

The directors of the Corporation will not be liable to the Corporation or its shareholders for monetary damages for acts or omissions that occur in the directors' capacity as directors. This Article does not limit the liability of any director to the extent such director is found liable for: (1) a breach of his duty of loyalty to the Corporation or its shareholders; (2) an act or omission not in good faith that constitutes a breach of the director's duty to the Corporation, or an act or omission that involves intentional misconduct or a knowing violation of the law; (3) a transaction from which the director received an improper benefit, whether or not the benefit resulted from an action taken within the scope of the director's office; or (4) an act or omission for which the liability of the director is expressly provided by an applicable statute.

Article 9
Indemnification

The Corporation shall indemnify to the full extent permitted by law any person who was, is, or is threatened to be made a named defendant or respondent in any action, suit, or proceeding, whether civil, criminal, administrative, arbitrative, or investigative, or in any appeal in such an action, suit, or proceeding, by reason of the fact that he or she is or was a director, advisory director, or officer of the Corporation, against all expenses (including attorneys' fees), judgments, fines, and amounts paid in settlement actually and reasonably incurred by such director, advisory director, or officer in connection with any such action, suit, or proceeding. The Corporation shall pay or reimburse expenses to directors, advisory directors, and officers, and may pay or reimburse

expenses to other persons, as permitted by law. The Corporation may purchase and maintain insurance, create a trust fund, establish any form of self-insurance, secure its indemnity obligation by grant of a security interest or other lien on the assets of the Corporation, establish a letter of credit, guaranty or surety arrangement, or other arrangement on behalf of directors, advisory directors, officers, or other persons, against any liability asserted against such persons in their capacities as directors, advisory directors, officers, or otherwise, of the Corporation, whether or not the Corporation would have the power to indemnify such directors, advisory directors, officers, or other persons against such liability, as permitted by law.

Article 10
Action by Written Consent

Any action required by the TBOC to be taken at any annual or special meeting of shareholders, or any action which may be taken at any annual or special meeting of shareholders, may be taken without a meeting, without prior notice, and without a vote, if a consent or consents in writing, setting forth the action so taken, shall be signed by the holder or holders of shares having not less than the minimum number of votes that would be necessary to take such action at a meeting at which the holders of all shares entitled to vote on the action were present and voted.

Article 11
Organizer

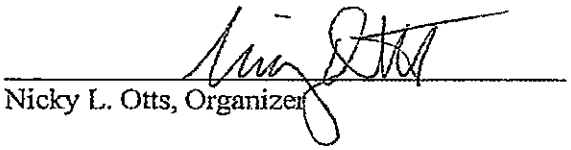
The name and address of the organizer is:

Nicky L. Otts
5109 Oak Lane
Arlington, Texas 76017

[*Signature page follows.*]

IN WITNESS WHEREOF, the undersigned Organizer has executed this Certificate of Formation as of September 1, 2021.

ORGANIZER:



Nicky L. Otts, Organizer

CERTIFICATE OF FORMATION
OF
FOUNDER PROJECT RX, INC.

The undersigned, Nicky L. Otts, in his capacity as President of Nuvono, Inc., in its capacity as general partner of Otts-King Family Investments, LP, acting as the sole organizer of a for-profit corporation to be formed under the Texas Business Organizations Code, as amended (the "TBOC"), does hereby adopt the following Certificate of Formation for Founder Project Rx, Inc. (the "Corporation").

Article 1
Name

The name of the Corporation is Founder Project Rx, Inc.

Article 2
Duration

The period of duration of the Corporation is perpetual.

Article 3
Purpose

The corporation is organized for the purpose of the transaction of any and all lawful business for which for-profit corporations may be incorporated under the TBOC.

Article 4
Shares

The aggregate number of shares which the Corporation shall have authority to issue is 1,000,000 shares of common stock, par value one cent ($0.01) per share ("Common Stock"). Each share of Common Stock shall have identical rights and privileges in every respect.

Article 5
Registered Office and Agent

The street address of its initial registered office is 5109 Oak Lane, Arlington, Texas 76017, and the name of its initial registered agent at such address is Nicky L. Otts.

Article 6
Directors

The number of directors of the Corporation shall be not less than one nor more than nine (9), the exact number to be fixed from time to time in the manner provided in the Bylaws of the Corporation. The number of directors constituting the initial Board of Directors is two (2), and the name and address of the persons who are to serve as directors until the first annual meeting of the shareholders or until their successors are elected and qualified are:

Nicky L. Otts
5109 Oak Lane
Arlington, Texas 76017

Vickie Otts
5109 Oak Lane
Arlington, Texas 76017

Article 7
Bylaws

The Board of Directors or the shareholders shall have the power to alter, amend, or repeal the Bylaws of the Corporation or to adopt new Bylaws.

Article 8
Liability of Directors

The directors of the Corporation will not be liable to the Corporation or its shareholders for monetary damages for acts or omissions that occur in the directors' capacity as directors. This Article does not limit the liability of any director to the extent such director is found liable for: (1) a breach of his duty of loyalty to the Corporation or its shareholders; (2) an act or omission not in good faith that constitutes a breach of the director's duty to the Corporation, or an act or omission that involves intentional misconduct or a knowing violation of the law; (3) a transaction from which the director received an improper benefit, whether or not the benefit resulted from an action taken within the scope of the director's office; or (4) an act or omission for which the liability of the director is expressly provided by an applicable statute.

Article 9
Indemnification

The Corporation shall indemnify to the full extent permitted by law any person who was, is, or is threatened to be made a named defendant or respondent in any action, suit, or proceeding, whether civil, criminal, administrative, arbitrative, or investigative, or in any appeal in such an action, suit, or proceeding, by reason of the fact that he or she is or was a director, advisory director, or officer of the Corporation, against all expenses (including attorneys' fees), judgments, fines, and amounts paid in settlement actually and reasonably incurred by such director, advisory director, or officer in connection with any such action, suit, or proceeding. The Corporation shall pay or reimburse expenses to directors, advisory directors, and officers, and may pay or reimburse

expenses to other persons, as permitted by law. The Corporation may purchase and maintain insurance, create a trust fund, establish any form of self-insurance, secure its indemnity obligation by grant of a security interest or other lien on the assets of the Corporation, establish a letter of credit, guaranty or surety arrangement, or other arrangement on behalf of directors, advisory directors, officers, or other persons, against any liability asserted against such persons in their capacities as directors, advisory directors, officers, or otherwise, of the Corporation, whether or not the Corporation would have the power to indemnify such directors, advisory directors, officers, or other persons against such liability, as permitted by law.

Article 10
Action by Written Consent

Any action required by the TBOC to be taken at any annual or special meeting of shareholders, or any action which may be taken at any annual or special meeting of shareholders, may be taken without a meeting, without prior notice, and without a vote, if a consent or consents in writing, setting forth the action so taken, shall be signed by the holder or holders of shares having not less than the minimum number of votes that would be necessary to take such action at a meeting at which the holders of all shares entitled to vote on the action were present and voted.

Article 11
Organizer

The name and address of the organizer is:

Otts-King Family Investments, LP
5109 Oak Lane
Arlington, Texas 76017

[*Signature page follows.*]

IN WITNESS WHEREOF, the undersigned Organizer has executed this Certificate of Formation as of August 17, 2021.

ORGANIZER:

OTTS-KING FAMILY INVESTMENTS, LP

By: Nuvono, Inc.,
its General Partner

By: _____
Nicky L. Otts, President

MISSISSIPPI BOARD OF PHARMACY
6360 I 55 N Suite 400
Jackson, MS 39211-2038
601-899-8880: Fax 601-899-8891

COMMUNITY PHARMACY
Inspection Report Form

www.mbp.state.ms.us

F & M Specialty Pharmacy	05446/2.6
Pharmacy name	Pharmacy Permit / CS Number
117 Luckney Station	Rankin
Street Address	County
Flowood 39232	FF5850931
City Zip	Federal DEA Number
Tera McDivitt E-010714	4/30/2021
Pharmacist-In-Charge License / CS Reg. No.	Controlled Substance Inventory Date
David McCoy E-07443	Close
Pharmacist License / CS Reg. No.	C/S Inventory: Open or Close

		S	NI	U	NA			S	NI	U	NA
1)	Pharmacist on duty:	✓				11)	Initials on C/S Prescriptions:	✓			
2)	Pharmacy clean and orderly	✓				12)	DEA No. on C/S prescriptions:	✓			
3)	Outdated drugs in stock:	✓				13)	C/S Invoice filing/retrievable:	✓			
4)	Handling of outdated C/S:	✓				14)	C/S hard copy printout:	✓			
5)	Adequate security of C/S:	✓				15)	Patient Counseling:	✓			
6)	C/S Inventoried properly:	✓				16)	Schedule V QTC sales:				✓
7)	DEA 222 order forms completed:	✓				17)	Dispensed Rx labeling:	✓			
8)	C/S Prescriptions filed properly:	✓				18)	Safety closure compliance	✓			
9)	Dates on C/S Prescriptions:	✓				19)	Technician compliance	✓			
10)	Addresses on C/S Prescriptions:	✓				20)	Compounding Sterile ☐ Non-Sterile ✓				

Please complete the Supplemental form listing information regarding employee pharmacists, technicians, and wholesalers if requested. Reporting to the Mississippi Prescription Monitoring Program is **mandatory**, per Mississippi Statute 73-21-127. For assistance, please contact MSPMPassist@mbp.ms.gov.

Comments:

E-010702 Lindsay Powell,
PT-04160 Melanie Granger, PT-214904 Alexandria Snell, PT-08681 Brittany Beauchamp

Your facility has been inspected by an Agent of the Mississippi Board of Pharmacy. The results of the inspection have been noted. Conditions that are **Unsatisfactory (U)** or **Need Improvement (NI)** must be corrected. Additional remarks may be included on a separate page.

Tera McDivitt
Pharmacist

08/19/2021
Date

James Ramsey
Agent

Rev 3/14

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler F&M Specialty Pharmacy

Physical Address 117 Luckney Station

City Flowood State MS Zip 39232

Mailing Address (if different from physical address) 1620 W. Northwest Hwy, Suite 100

City Grapevine State TX Zip 76051

Telephone 601-939-9353 Website https://receptrx.com/fandmrx/

Licensing Company Email licensure@receptrx.com

Section 2: Personal Information

First Tera Middle morgan Last McDivitt

Alias(es, nicknames, name changes, etc.) Tera Morgan Minshew (maiden)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ F ☐ X

Mailing Address [redacted] Crossview Place

City Brandon State MS Zip 39047

Telephone [redacted] Email [redacted]@gmail.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
University of Mississippi			08/04 – 05/10	
Address		City	State	Zip
PO Box 1848		University	MS	38677
Diploma/Degree obtained, if any				
Pharm. D.				

School Name			From - To (MM/YY – MM/YY)	
Pearl High School			08/00 – 05/04	
Address		City	State	Zip
500 Pirate Cove		Pearl	MS	39208
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/18 – current	[redacted] Crossview Place	Brandon	MS	39047
From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/10 – 07/18	[redacted] Siltstone Ridge	Brandon	MS	39047
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: FxM Specialty Pharmacy			From - To (MM/YY – MM/YY): 04/16 - current
Business Address: 117 Wickney Station	City: Flowood	State: MS	Zip: 39232
Phone: 601-939-9353	Title: Pharmacy manager		Number of Employed Hours: 710,000 hr
Description of Duties: Oversee daily operations of pharmacy			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials _____

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Applicant's initials _____

I, Tera McDivitt **, certify that as the designated representative for**

F&M Specialty Pharmacy ,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Tera McDivitt
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/29/21
Date

Applicant's initials _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Tera McDivitt
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted) — Date: 11/29/21

Please have this section completed in the presence of a Notary Public.

State of Mississippi, ss. County of Rankin

I, Tera McDivitt, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature — **Date:** 11/29/21

Subscribed and Sworn to before me this 29 day of November 2021

Notary Public Signature

STATE OF MISSISSIPPI NOTARY PUBLIC ID # 92303 ALIX WHITE Commission Expires Jan. 16, 2025 RANKIN COUNTY

(Seal)

Applicant's initials _____

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Tera M. McDivitt

Date: 12/08/2021
Amount:
License #: 22149

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:06/08/2022

Tera M. McDivitt

License #
22149
Temporary

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
A
Pharmacist

Expires: 06/08/2022
STATUS: Temporary

License Type: Pharmacist
License #: 22149

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Tera M. McDivitt

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler F&M Specialty Pharmacy

Physical Address 117 Luckney Station

City Flowood State MS Zip 39232

Mailing Address (if different from physical address) 1620 W. Northwest Hwy Suite 100

City Grapevine State TX Zip 76051

Telephone 817-572-0009 Website

Licensing Company Email licensure@receptrx.com

Section 2: Personal Information

First Vickie Middle Gail Last Otts

Alias(es, nicknames, name changes, etc.) Tolleson

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] Oak Lane

City Arlington State TX Zip 76017

Telephone [redacted] Email

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials VO

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Southwestern OK State University		09/72 to 05/75	
Address	**City**	**State**	**Zip**
100 W Campus Dr	Weatherford	OK	73096
Diploma/Degree obtained, if any			
BS Pharmacy Med Tech			
School Name		**From - To (MM/YY – MM/YY)**	
Cooke County Community College		09/70 to 05/72	
Address	**City**	**State**	**Zip**
1525 W California St	Gainesville	TX	76240
Diploma/Degree obtained, if any			
Associate Science			
School Name		**From - To (MM/YY – MM/YY)**	
Gainesville HS		09/66 to 05/70	
Address	**City**	**State**	**Zip**
2201 I 35	Gainesville	TX	76240
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/92 to present	[redacted] Oak Lane	Arlington	TX	76017
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials VB

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
wife, mother, grandmother			09/76 to present	
Business Address		**City**	**State**	**Zip**
5109 Oak Lane		Arlington	TX	76017
Phone	**Title**			
817-235-4506	all of the above			
Description of Duties				
multiple:)				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Applicant's initials VO

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials VJ

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials VD

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

3-23-2022
Date

Applicant's initials VO

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Vickie Otts

Print Name (First, Last)

Vickie Otts

Original Signature (electronic, copies or stamps not accepted)

3-23-2022

Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Tarrant

I, Vickie Otts, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Vickie Otts

Original Signature

03/23/2022

Date

Subscribed and Sworn to before me this 23 day of March 2022

Paula Sadovsky

Notary Public Signature

NOTARY PUBLIC STATE OF TEXAS
Paula Sadovsky
My Commission Expires
03/08/2023
ID No. 131919441

(Seal)

Applicant's Initials VO

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler F&M Specialty Pharmacy

Physical Address 117 Luckney Station

City Flowood State MS Zip 39232

Mailing Address (if different from physical address) 1620 W. Northwest Hwy Suite 100

City Grapevine State TX Zip 76051

Telephone 817-572-0009 Website

Licensing Company Email licensure@receptrx.com

Section 2: Personal Information

First Nicky Middle Lee Last Otts

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Oak Lane

City Arlington State TX Zip 76017

Telephone [redacted] Email [redacted]@receptrx.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Southwestern OK State University			09/72 to 05/75	
Address		City	State	Zip
100 W Campus Dr		Weatherford	OK	73096
Diploma/Degree obtained, if any				
BS Pharmacy				
School Name			From - To (MM/YY – MM/YY)	
Cooke County Community College			09/70 to 05/72	
Address		City	State	Zip
1525 W California St		Gainesville	TX	76240
Diploma/Degree obtained, if any				
Associate Science				
School Name			From - To (MM/YY – MM/YY)	
Gainesville HS			09/66 to 05/70	
Address		City	State	Zip
2201 I 35		Gainesville	TX	76240
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/92 to present	[redacted] Oak Lane	Arlington	TX	76017
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Founder Project Rx			08/21 to present
Business Address	**City**	**State**	**Zip**
5109 Oak Lane	Arlington	TX	76017
Phone	**Title**		
817-239-6516	President		
Description of Duties			
oversight of specialty pharmacies			

Business Name			From - To (MM/YY – MM/YY)
ReCept Pharmacy LP			10/78 to 10/21
Business Address	**City**	**State**	**Zip**
1620 W Northwest Hwy	Grapevine	TX	76051
Phone	**Title**		
817-572-0009	Board of directors		
Description of Duties			
board oversight of specialty pharmacies			

Business Name			From - To (MM/YY – MM/YY)
5500 Centre, LP			01/2000 present
Business Address	**City**	**State**	**Zip**
5109 Oak Lane	Arlington	TX	76017
Phone	**Title**		
817-239-6516	General Partner		
Description of Duties			
oversight of real estate investments			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

3-23-2022
Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Nicky L. Otts

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

03/30/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Tarrant

I, Nicky Otts, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

03/30/2022

Date

Subscribed and Sworn to before me this 30 day of March, 2022

Notary Public Signature

Paula Sadovsky
My Commission Expires
03/06/2023
ID No. 131918441

(Seal)

Applicant's initials

4III

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- ☐ Nevada
- ☒ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
☐ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Ownership Change*		☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH 03022	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☒ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Kaizen Compounding Pharmacy

Physical Address: 2035 Court Street, Suite B

City: Redding State: CA Zip: 96001

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (530) 244-8669 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: (530) 243-0687 Contact Email: admin@kaizencompounding

Website: https://www.kaizencompounding pharmacy.com
pharmacy.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Pieter Koekemoer

Supervising/Managing Pharmacist NV Pharmacist Registration #: 20421

Type of Pharmacy (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☒ Retail/Community	☐ Retail/Community
☐ Hospital (# beds _____)	☒ Non-sterile Compounding
☐ Internet	☐ Sterile Compounding
☐ Nuclear	☐ Mail-Order Service
☐ Other: _____	☐ Off-site Cognitive Services
	☐ Long Term Care
	☐ Hospital
	☐ Other:

Days of Operation

☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday ☒ Friday ☐ Saturday ☐ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Pieter J. Koekemoer	NV Pharmacist Registration #: 20421
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: Pieter J. Koekemoer	Credentials: RPH	%: 50%
Name:	Credentials:	%:
Name: Johannes H. Maartens	Credentials: RPH	%: 50%
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: CA

Parent Company (if any): —

Corporation/Organization Name: Kaizen Compounding Pharmacy

Mailing Address: 2025 Court Street, Suite B

City: Redding State: CA Zip: 96001

Telephone: (530) 244-8009 Email: admin@kaizencompoundingpharmacy.com

Contact Person Name: Elizabeth Maartens

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility – MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the owner / RPH (title) for Kaizen Compounding Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Pieter J. Koekemoer

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

4/1/2022

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, Pieter J. Koekemoer hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the owner/RPH (title) for Kaizen Compounding Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER ~~YOUR AFFIANT~~ SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 1st day of APRIL, 2022

See attached "Jurat"

Notary Public

CALIFORNIA JURAT WITH AFFIANT STATEMENT **GOVERNMENT CODE § 8202**

☒ See Attached Document (Notary to cross out lines 1–6 below)
☐ See Statement Below (Lines 1–6 to be completed only by document signer[s], *not* Notary)

1
2
3
4
5
6

Signature of Document Signer No. 1 *Signature of Document Signer No. 2 (if any)*

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Shasta

Subscribed and sworn to (or affirmed) before me on this 1 day of April, 2022
by Date Month Year
(1) Pieter J. Koekemoer
(and (2) _____),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

MARGRIT S. COLLIER
Notary Public - California
Shasta County
Commission # 2291858
My Comm. Expires Jul 5, 2023

Signature Margrit S Collier
Signature of Notary Public

Seal
Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Affidavit of Pharmacy License Document Date: 4-1-2022

Number of Pages: _____ Signer(s) Other Than Named Above: _____

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Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Pieter J Koekkoek Pharmacist Registration #: 20421

Pharmacy Name: Kaizen Compounding Pharmacy

Initial each statement below to indicate you have read and agree with the following:

PK — I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

PK — I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

PK — I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

PK — I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

PK — I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		X
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		X

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

4/1/2022
Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)** ✓	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)** ✓	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** ○ **All General Partners;** ○ **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**. ✓	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state. ✓		✓	✓	✓
• **Personal History Record Application found at** http://bop.nv.gov/Services/newapps/Business/ must be completed by: a. **For Non-publicly traded** - The top 4 shareholder/stockholders. ✓ b. **For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. c. **For Sole Owner** - The owner.		✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f) ~~not available~~ ✓	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a) ✓	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g) ✓	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** Not received yet.	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)** n/a	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

↳ in process, waiting for NV license

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Pieter J. Koekemoer

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

4/1/2022.

Date

Board Use Only	Date Received: _____	Amount: $580 CC ✓

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

Board of Pharmacy

ORIGINAL CERTIFICATE

Retail Pharmacy Permit

LICENSE NO. PHY 58400

ISSUE DATE MARCH 22, 2022

KAIZEN COMPOUNDING PHARMACY

2025 COURT ST STE B
REDDING CA 96001

The above is licensed with the State Board of Pharmacy as a Corporation.

CORPORATION
PIETER JACOBUS KOEKEMOER — PHARMACIST IN CHARGE

The official status of this license can be verified at www.pharmacy.ca.gov

PLACE RENEWAL LICENSE HERE

VALID UNTIL SEPTEMBER 15, 2022

RECEIPT NUMBER 00000000

This original license must be kept for the life of the license and posted in public view.

In accordance with the provisions of Chapter 9 of Division 2 of the Business and Professions Code, the business named above is hereby licensed at the above address, and is subject to the rules and regulations of the California State Board of Pharmacy.

This permit is non transferable. Contact the California State Board of Pharmacy when there is change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change), administrator or pharmacist-in-charge.

CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

----- POST IN PUBLIC VIEW -----

Nevada State Board Of Pharmacy

(Firm mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 10/02/2020
Amount: $ 525.00
Permit #: PH03022

Owens Compounding #8
2025 COURT ST #B
REDDING CA 96001

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacy
Expires:10/31/2022
Owens Compounding #8
2025 COURT ST #B
REDDING CA 96001

Permit #
PH03022
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacy

Expires: 10/31/2022
STATUS: Active

Permit Type: Pharmacy
Permit #: PH03022

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENCED

Owens Compounding #8
2025 COURT ST #B
REDDING CA 96001

NONTRANSFERABLE

POST THIS PERMIT PROMINENTLY IN A CONSPICUOUS PLACE

Secretary of State
Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:	KAIZEN COMPOUNDING PHARMACY, INC.
Entity No.:	4762717
Registration Date:	07/06/2021
Entity Type:	Stock Corporation - CA - General
Formed In:	CALIFORNIA
Status:	Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of May 02, 2022.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 008086019

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Pieter J. Koekemoer

Date: 09/30/2021
Amount: $ 210.00
License #: 20421

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:10/31/2023

Pieter J. Koekemoer

License #
20421
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

Expires: 10/31/2023
STATUS: Active

License Type: Pharmacist
License #: 20421

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Pieter J. Koekemoer

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

California State Board of Pharmacy
1625 N. Market Blvd, N219
Sacramento, CA 95834
Phone: (916) 574-7900 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

Pharmacy X Hospital Pharmacy ___ Clinic ___ Exempt Hospital ___ Wholesaler ___ Hypodermic ___

Date: 2/28/2019 Inspector: Sara Mullen

Firm: OWENS PHARMACY #8 Phone: (530) 244-8669

Address: 2025 COURT ST STE B City: REDDING Zip: 96001

Ownership: CORPORATION

Permit #: PHY48980 Permit Exp: 6/1/2019 DEA#: FO0765404 DEA Exp: 12/31/2019

Date of Self Assessment Form: 6/28/2017 Other Permit #: N/A Date of DEA Inventory: ___

Hours M-F: 9AM-6PM Hours Saturday CLOSED Hours Sunday: CLOSED

PIC PIETER J KOEKEMOER RPH63627 Administrator ___

RPH Consultant ___

Staff RPH Name:	License #:	Staff Name:	License #:
DUSTEN T ROGERSON	RPH65750	JOHN C ROSAS	TCH163308
		JONATHAN J PALMER	TCH126276
		JULIE A PATTERSON	TCH58118
		SARN C SAECHAO	TCH87969
		STEPHANIE ACEVEDO	CLERK

Inspector Remarks:

Community Pharmacy Routine Inspection
Compounding Pharmacy - compound non-sterile creams, ointments, troches, tablets, capsules, suppositories, solutions, also compound hazardous products, perform batch compounding
Currently also licensed in NV and OR

Items Reviewed:
Self-Assessment - compounding and community
PHY permit/DEA registration/Notice to Consumer Sign/Point to Your Language Sign
Staff - ratio/wearing name tags
Sink with hot/cold running water
Restroom accesible
Security
Quality assurance reporting
Consultation
Medication stock - control, non-controlled storage, refrigerator/freezers (use DicksonOne temperature monitoring system with alert), have separate med stock room for compounding products
Outdates: EXP is Reverse Distributor, go through stock monthly
Wholesaler: McKesson, PCCA, Medisca, Fagron, Humco
DEA Biennial controlled susbtance inventory - only stock CIII-V - reviewed quarterly inventory report
Power of Attorney
Compounding: reviewed Environmental testing reports from ENV services, compounding logs (use PK software), staff competency and training records (reviewed for TCH Rosas and PIC Koekemoer, master formulas, certificates of analysis, compounding hoods (2 hoods located in separate hazardous compounding room which is vented to outside and negatively pressured, also have 2 powder hoods for non-hazardous in main area of pharmacy) , cleaning logs, filter replacement logs, garbing supplies and procedures (observed), end product testing through Eagle Analytical

California State Board of Pharmacy
1625 N. Market Blvd, N219
Sacramento, CA 95834
Phone: (916) 574-7900 Fax: (916) 574-8618
www.pharmacy.ca.gov

INSPECTION REPORT

Prescription labels
Random sample of prescription documents: controlled vs. non-controlled
Policies and Procedures: quality assurance reporting, staff job descriptions,

Discussion:
Compounded batch hazardous products should also be stored in a negatively pressured/vented room along with the stock bottles for new compounding regulations currently under review. Recommend to move all compounded hazardous products to the hazardous compounding room or move to separate room equiped to be negatively pressured and vented to outside
End product testing - currently working on updating procedure to include one compounded product from each type of product made. Curently only send one product yearly

CI 2018 82548:
Discussed complaint with Teage Wolfley, Kelly Mitchell and TCH Palmer
Obtained documents related to complaint
Issued Official Receipt #550294
Requested statements from Mr. Wolfley, Ms. Mitchell, TCH Palmer and PIC Koekemoer
Requested copy of delivery driver policies and procedures, example of delivery receipt

Please provide documents and statements to Inspector Mullen to sara.mullen@dca.ca.gov or fax to 415-507-1417 no later than March 15, 2019

Licensee Remarks:

have reviewed, discussed,understand and received a copy of this form .

Pharmacist (sign) _____

Pharmacist (print) PIETER J KOEKEMOER

Inspector (sign) _____

Inspector (print) Sara Mullen

Owner(sign) _____

Owner(print) _____

Additional information (for example - corrective plan of action, Quality Assurance outcomes, factors in mitigation, etc.) you want to submit for consideration may be sent on the attached form to my attention at the above address no later than 14 calendar days from the date above. Please include a copy of this form with any information that you submit.

Within 14 calendar days from the above date, please submit to me at the above address the following:

California State Board of Pharmacy
1625 N. Market Blvd, N219
Sacramento, CA 95834
Phone: (916) 574-7900 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

OFFICIAL RECEIPT

February 28, 2019

Receipt Number: 550294

Firm: OWENS PHARMACY #8

Address: 2025 COURT ST STE B, REDDING CA 96001

Permit #: PHY48980

Phone: (530) 244-8669

The following was obtained this date under provisions of the California Pharmacy Law (Chapter 9, Division 2, Business and Professions Code) or the Rules and Regulations adopted thereunder:

Qty	Units	Description
1	Page(s)	No Delivery Allowed list

Voluntarily Released for Investigation

Receipt acknowledged by: _____
Title

Inspector: _____

California State Board of Pharmacy
2720 Gateway Oaks Drive, Ste. 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8614
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

October 7, 2019

Owens Compounding #8
Attention: Pharmacist-in-Charge Pieter Koekemoer
2025 Court St Ste B
Redding, CA 96001

RE: Complaint Investigation CI 2018 82548

Dear Pharmacist-in-Charge Pieter Koekemoer:

The Board of Pharmacy has completed its investigation regarding the complaint against Owens Compounding #8 alleging violations of pharmacy law.

As a regulatory agency, when conducting an investigation, the Board must adhere to violations prohibited in pharmacy law. Specifically, the information and documentation obtained during the course of an investigation must clearly demonstrate that a violation of pharmacy law occurred.

The Board's analysis of the information and documentation received did not identify sufficient evidence to determine that a violation of pharmacy law occurred. Accordingly, the Board is closing the matter and will be taking no action against the pharmacy or its licensees.

Although we are closing this matter, please be advised that it is your professional responsibility to assure compliance with all pharmacy laws.

We would like to thank you for your cooperation and assistance. If you should have any questions, please contact the Board at the above address or telephone number.

Sincerely,

THOMAS LENOX
Chief of Enforcement

By

Jeff Morrison
Complaint Unit Analyst

February 28, 2019

Dear Inspector,

I have known Alan Cardin (Delivery Driver) personally for over two years. In those two years I have directly managed Alan. I am pleased to tell you that Alan is an upstanding employee that comes to work every day to serve our customers. Alan is one of best delivery drivers and has constantly proved he is dependable and honest. I find it hard to believe that anyone who truly knew Alan would accuse him of any inappropriate behavior. I have received countless comments from people about how lucky we are to have Alan as an employee. He is an amazing asset to our team and to the community. I hope you will accept this statement as a reflection of how everyone in this company knows Alan to be, an outstanding employee and citizen.

Teague Wolfley
Owens Healthcare

2-28-19

To whom it may concern,

I have been working with Allan as a driver since July 2014.

Allan has always been a very pleasant person, not only to work with but the times we spoke at work gatherings or social events, he has shown himself to be a man of integrity, a diligent hard worker and has a definite value system. He always does his work with discernment, and puts patients and coworkers above himself and does his best to get the job done in a timely fashion. Allan has always been professional in his work and I have never heard of anyone complaining about his attitude or work ethic.

I vouch for Allan as a good person of character.

Kind Regards

Pieter Koekemoer

Pharmacy Manager

3/7/19.

To whom it may concern,

Alan has been an Owens Delivery driver for our bedside delivery program since I have been with Owens Compounding Pharmacy starting June 2015. Alan's main duty to Owens Compounding is to deliver acute medications to our bedside programs that are present at both Mercy Hospital and Shasta Regional Medical Center. Alan has always displayed a professional and efficient work ethic. He is prompt to pick up medications that need a quick turnaround time and timely to return his delivery receipts once the deliver y has been made. He has always been reliable and I would consider him the best delivery driver that Owens has. My relationship with Alan is strictly professional and he has never given me reason not to trust his judgement or character.

Sincerely,

Jonathan Palmer, CPhT

Owens Compounding, Assistant Manager

Owens
Pharmacy

Policy: Bedside Delivery Driver	Date Written: 12/2017
Date Approved: 12/2017	Revision Date: 12/2017
Effective Date: 12/2017	

Purpose: To outline the daily duties of the Bedside delivery driver.

Policy: The driver that fills the Bedside delivery route must follow all procedures and be assigned a Driver II position.

Procedure:

Assigned Route:
The assigned driver must remain within a 10 minute driving time distance (even in severe daytime traffic) in order to fulfill the required duties of the Bedside Program. Although the physical route will change on a daily basis to accommodate changing delivery locations there are several consistent stops that must be made within coordinated times to accomplish all the duties related to the Bedside Program outlined below.

1. Driver must be fully compliant with the standards set forth by the facility that will be receiving a beside delivery program including all documentation and proper immunizations required.
2. Drivers will be expected to perform all the duties listed below including some of the duties of the Owens Bedside Representative that may require them to deliver to a patient in their room.

    a. The Bedside Driver must check all of their messages delivered to their mobile device via email or voicemail once they clock in to be sure they are not missing any vital instructions for their day.
    b. The Bedside driver checks the Mercy bedside discharge unit every morning before they start to any OH locations and coordinates with the Bedside Representative to hand over any pending discharges.
    c. After dropping off any pending bedside enrollments the driver continues the route to the assigned stores to pick up/drop off and deliveries and interoffice bags. During any of the following steps the Bedside driver's first priority is to be available to the Bedside program in any way needed.

        i. Gather all deliveries from the assigned stores and meet back at OH1 once all interoffice bags have been delivered.
        ii. Once deliveries have been gathered from the assigned stores, sort the deliveries according to geographical region and give to each driver assigned to that region.
        iii. Prior to 4:45pm all discharges from the discharge unit must be gathered prior to their closing for the day and given to the Bedside Representative.
        iv. Resume any geographically assigned deliveries until complete.

3. **Deliveries Requiring Payment Upon Arrival**

a. If a customer asks if you can deliver just the medications that do not require payment, and return the medications that do, inform the patient that this is against our company's policy and that you cannot separate the medications once placed in the bag. Once deliveries are in the hands of the patient they are responsible to pay any owed charges and they cannot be returned to the pharmacy.
b. Delivery medications ***cannot*** be split up once the driver has them for delivery.
c. Customer must accept all, and pay for the medications, or none of the medications may be delivered.
    i. If customer refuses delivery due to a lack of a payment method, inform them of the options available to them such as providing credit card information, check or cash. If the patient cannot pay, the medications will be returning to the store and the customer is welcome to call the store to determine another delivery/payment method.
d. Upon receipt of payment, you may send the patient a receipt using the credit card reading application on your phone.
e. The store sending the Bedside medication is responsible to try and secure a payment method before sending out the medication to the driver. (For example: Cash upon delivery with verbal conformation, credit card, check…)

4. Making The Delivery

a. Depending on if this delivery is being made to a Bedside Representative or to the specific patient in the facility the process may vary slightly.
b. If the delivery is being made to the Bedside Representative then simply give the delivery to them.
c. For deliveries made to the specific patient in the facility, if you are not giving it to the Transitional Care Coordinator, follow the below procedure.
    i. Confirm the patient identity by using all the patient information available to you: name, date of birth, address, phone number…
        1. If delivering a controlled substance confirm patient identity by checking their ID
    ii. Inform the patient of the charges and document receiving the payment method.
    iii. Inform the patient that you will be placing them on a call with the Pharmacist to review the medications that are being delivered.
    iv. Use the patient's phone in the facility to dial the pharmacy phone number and confirm that the pharmacist is ready to consult the patient and pass the phone to the patient.

Owens Healthcare

INVOICE

Owen's Healthcare

2025 Court Street STE. B
Redding, CA 96001
(530) 244-8669

Deliver Weds 2/6 Please

INVOICE #	70119
ACCOUNT #	9730
DATE	06-Feb-19
TIME	12:16
EMPLOYEE	388 - Stephanie A.
TERMINAL	2
PAGE #	1

SOLD TO:

[redacted]

SHIP TO:

[redacted]

ITEM	DESCRIPTION		QTY	SALE	U/M	EXT
264800	Pharmacy Item 264800	*F	1.00	81.56	EACH	81.56 NONTAX
Customer was offered a consult: Accepted						
CARD	**********6191					
AUTH	002894				CARD	81.56

I AGREE TO PAY THE ABOVE TOTAL ACCORDING TO THE POSTED TERMS AND CONDITIONS

Manual Signature

SIGNATURE [redacted]

SUBTOTAL $	81.56
TAX $	0.00
TOTAL $	81.56

We're your source for supplies and all your pharmacy needs.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Kaizen Compounding Pharmacy

Physical Address 2025 Court street Suite B

City Redding State CA Zip 96001

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone (530) 244-8669 Website https://kaizencompoundingpharmacy.com

Licensing Company Email admin@kaizencompoundingpharmacy

Section 2: Personal Information

First Pieter Middle J Last Koekemoer

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Shining Star Way

City Redding State CA Zip 96003

Telephone [redacted] Email [redacted]@yahoo.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		n/a

Applicant's initials PK

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

An application for a license, or a licensee with a license, to conduct a pharmacy or to operate as a wholesaler shall designate at least one natural person to serve as the representative of the pharmacy or wholesaler. The Board will not issue or renew a license of an applicant or licensee that is required to designate a representative of a pharmacy or wholesaler unless the Board determines that the designated natural person meets the following qualifications per NAC 639.5005 (Pharmacy) or NAC 639.5935 (Wholesaler):

1. Is at least 21 years of age;
2. Has been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.

The designated representative of a pharmacy or a wholesaler:

1. Must be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
2. Must be employed full-time in a managerial level position with the pharmacy or wholesaler;
3. Must be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
4. May serve in this representative capacity for only one pharmacy or wholesaler at a time

A pharmacy or wholesaler that is required to designate a natural person as its representative shall not open or operate the pharmacy or wholesaler unless that representative is actually employed full-time in the operation of the pharmacy or wholesaler and is physically present at the site of the pharmacy or wholesaler during regular working hours, not including sick leave, vacation leave and other authorized absences from work. If the natural person designated as the representative of a pharmacy leaves the employ of the pharmacy or wholesaler, thus leaving the pharmacy or wholesaler without a representative in violation of this section, the pharmacy or wholesaler shall:

1. Immediately cease conducting business until another qualified natural person is approved by the Board to serve as the representative of the pharmacy or wholesaler; and
2. Not later than 48 hours after that person leaves its employ, notify the Board that the person designated as the representative of the pharmacy or wholesaler has left the employ of the pharmacy or wholesaler.

Before a pharmacy or wholesaler, that is in violation of NAC 639.5005 (Pharmacy) or NAC 639.5935 (Wholesaler) because the natural person designated as the representative of the pharmacy or wholesaler left the employ of the pharmacy or wholesaler, may continue conducting business:

1. The pharmacy or wholesaler must designate, on a form provided by the Board, a new natural person to serve as the representative of the pharmacy; and
2. The Board must approve the natural person so designated.

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
~~Rand~~ Potchefstroom University			1992 - 1997	
Address	City		State	Zip
University str	Potchefstroom, South Africa			
Diploma/Degree obtained, if any				
B. Pharm				

School Name			From - To (MM/YY – MM/YY)	
Randburg High School			1987 - 1991	
Address	City		State	Zip
183 Malibongwe Dr	Johannesburg, South Africa			
Diploma/Degree obtained, if any				
Highschool Diploma				

School Name			From - To (MM/YY – MM/YY)	
Address	City		State	Zip
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
Address	City		State	Zip
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY	
Address	City		State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
8/2019 - current	[redacted] Shining Star Way	Redding	CA	96003
From - To (MM/YY – MM/YY)	Address	City	State	Zip
5/2013 - 8/2019	[redacted] Player Court	Redding	CA	96003
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Owens' Compounding Pharmacy			7/14-3/21/22	
Business Address	City		State	Zip
2025 Court street, Suite B, Redding,			CA	96001
Phone	Title		Number of Employed Hours	
(530)244-8609	Pharmacy Manager		7½ years Full time	
Description of Duties				
Pharmacy Manager / Compounding meds				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

n/a

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

4/11/2022
Date

Applicant's initials PM

I, Pieter J. Koekemoer, **certify that as the designated representative for** Kaizen Compounding Pharmacy,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Pieter J. Koekemoer

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/1/22

Date

Applicant's initials PK

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Pieter Koekemoer

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/1/22

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Shasta

I, PIETER JACOBUS KOEKEMOER, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/1/22.

Date

Subscribed and Sworn to before me this 1st day of APRIL 2022

see attached "Jurat"

Notary Public Signature

(Seal)

Applicant's initials PK

CALIFORNIA JURAT WITH AFFIANT STATEMENT **GOVERNMENT CODE § 8202**

☒ See Attached Document (Notary to cross out lines 1–6 below)
☐ See Statement Below (Lines 1–6 to be completed only by document signer[s], *not* Notary)

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____

Signature of Document Signer No. 1 *Signature of Document Signer No. 2 (if any)*

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Shasta

Subscribed and sworn to (or affirmed) before me on this 1 day of April, 2022
Date *Month* *Year*
by
(1) Pieter J. Koekemoer
(and (2) _____),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

MARGRIT S. COLLIER
Notary Public - California
Shasta County
Commission # 2291858
My Comm. Expires Jul 5, 2023

Signature Margrit S Collier
Signature of Notary Public

Seal
Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document
Title or Type of Document: Designated Representative Application Document Date: 4-1-2022
Number of Pages: _____ Signer(s) Other Than Named Above: _____

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Kaizen Compounding Pharmacy

Physical Address 2025 Court Street, Suite B

City Redding State CA Zip 96001

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone (530) 244-8669 Website https://kaizencompoundingpharmacy.com

Licensing Company Email admin@kaizencompoundingpharmacy.com

Section 2: Personal Information

First Peter Middle J Last Koekemoer

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Shining Star Way

City Redding State CA Zip 96003

Telephon[redacted] Email [redacted]@yahoo.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		n/a

Applicant's initials PK

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name: Potchefstroom University			From - To (MM/YY – MM/YY): 1992 – 1997
Address: University Street	City: Potchefstroom	State: South Africa	Zip
Diploma/Degree obtained, if any: B. Pharm			
School Name: Randburg High School			From - To (MM/YY – MM/YY): 1987 – 1991
Address: 183 Malibongwe dr	City: Johannesburg	State: South Africa	Zip
Diploma/Degree obtained, if any: High School Diploma			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
8/2019 - current	[redacted] Shining Star Way		CA	96003
5/2012 - 8/2019	[redacted] Player Court	Redding	CA	96003
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties	n/a		

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials PL

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		X
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

n/a

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

04/01/2022
Date

Applicant's initials P/C

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Pieter J. Koekemoer

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/1/2022

Date

Please have this section completed in the presence of a Notary Public.

State of California, ss. County of Shasta

I, PIETER JACOBUS KOEKEMOER, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/1/2022.

Date

Subscribed and Sworn to before me this 1st day of April 2022

See attached "Jurat"

Notary Public Signature

(Seal)

Applicant's initials PK

CALIFORNIA JURAT WITH AFFIANT STATEMENT **GOVERNMENT CODE § 8202**

☒ See Attached Document (Notary to cross out lines 1–6 below)
☐ See Statement Below (Lines 1–6 to be completed only by document signer[s], *not* Notary)

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____

Signature of Document Signer No. 1 *Signature of Document Signer No. 2 (if any)*

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Shasta

Subscribed and sworn to (or affirmed) before me on this 1 day of April, 2022
Date *Month* *Year*
by
(1) Pieter J. Koekemoer
(and (2) _____),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

MARGRIT S. COLLIER
Notary Public - California
Shasta County
Commission # 2291858
My Comm. Expires Jul 5, 2023

Signature Margrit Collier
Signature of Notary Public

Seal
Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Personal History Application Document Date: 4-1-2022

Number of Pages: _____ Signer(s) Other Than Named Above: _____

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Kaizen Compounding Pharmacy

Physical Address 2925 Court street, Suite B

City Redding State CA Zip 96001

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone (530) 244-8669 Website https://kaizencompounding pharmacy

Licensing Company Email admin@kaizencompoundingpharmacy1.com

Section 2: Personal Information

First Johannes Middle H Last Maartens

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Serenity lane

City Palo Cedro State CA Zip 96073

Telephone [redacted] Email [redacted]@sbcglobal.net

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		n/a

Applicant's initials JM

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name: Potchefstroom University			From - To (MM/YY – MM/YY): 1988 - 1993
Address: University street	City: Potchefstroom	State: South Africa	Zip
Diploma/Degree obtained, if any: B. Pharm			
School Name: Elspark Teegnies Hoërskool			From - To (MM/YY – MM/YY): 1980 - 1987
Address: Waaiboom str, Elspark	City: Germiston	State: South Africa	Zip
Diploma/Degree obtained, if any: High School Diploma			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY)
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name			From - To (MM/YY – MM/YY
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2016 - Current	[redacted] Serenity ln	Palo Cedro	CA	96073
4/2015 - 1/2016	[redacted] Golftime dr	Palo Cedro	CA	96073
~~2016~~				
6/2009 - 3/2015	[redacted] Olmsted ave	Pacific Grove,	CA	93950
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials JM

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties	N/a		

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials JM

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials JM

Section 8: Arrests, Detentions, Litigations, Arbitrations:	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		X
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Applicant's initials JM

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

n/a

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

04/01/2022

Date

Applicant's initials JM

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Johannes H. Maartens

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/01/2022

Date

Please have this section completed in the presence of a Notary Public.

State of CALIFORNIA, ss. County of SHASTA

I, JOHANNES HERMANUS MAARTENS, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

04/01/2022

Date

Subscribed and Sworn to before me this _____ day of _____.

see attached "Jurat"

Notary Public Signature

(Seal)

Applicant's initials JM

CALIFORNIA JURAT WITH AFFIANT STATEMENT **GOVERNMENT CODE § 8202**

☒ See Attached Document (Notary to cross out lines 1–6 below)
☐ See Statement Below (Lines 1–6 to be completed only by document signer[s], *not* Notary)

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____

Signature of Document Signer No. 1 *Signature of Document Signer No. 2 (if any)*

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Shasta

Subscribed and sworn to (or affirmed) before me on this 1 (*Date*) day of April (*Month*), 2022 (*Year*)
by (1) Johannes H. Maartens
(and (2) _____),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

MARGRIT S. COLLIER
Notary Public - California
Shasta County
Commission # 2291858
My Comm. Expires Jul 5, 2023

Signature Margrit S. Collier
Signature of Notary Public

Seal
Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Personal History Application Document Date: 4-1-2022
Number of Pages: _____ Signer(s) Other Than Named Above: _____

©2014 National Notary Association • www.NationalNotary.org • 1-800-US NOTARY (1-800-876-6827) Item #5910

July 6, 2021

Incorporated under the Laws of the State of California

Number 2

Shares 1

KAIZEN COMPOUNDING PHARMACY, INC.

Authorized to issue: 100 shares common stock no par value

This Certifies that PIETER JACOBUS KOEKEMOER is the registered holder of ONE shares of the above named Corporation transferable only on the books of the Corporation by the holder hereof in person or by duly authorized Attorney upon surrender of this Certificate properly endorsed.

In Witness Whereof, the said Corporation has caused this Certificate to be signed by its duly authorized Officers and its Seal to be hereunto affixed.

This 8th day of SEPTEMBER A.D. 2021

2481

July 6, 2021

Incorporated under the Laws of the State of California

Number 3

Shares 1

KAIZEN COMPOUNDING PHARMACY, INC.

Authorized to issue: 100 shares common stock no par value

This Certifies that JOHANNES HERMANUS MAARTENS is the registered holder of ONE shares of the above named Corporation transferable only on the books of the Corporation by the holder hereof in person or by duly authorized Attorney upon surrender of this Certificate properly endorsed.

In Witness Whereof, the said Corporation has caused this Certificate to be signed by its duly authorized Officers and its Seal to be hereunto affixed.

This 8th day of SEPTEMBER A.D. 2021

© CORPORATE KIT SUPPLY CKS 2
All Rights Reserved

July 6, 2021

Incorporated under the Laws of the State of California

Number 1

Shares 98

KAIZEN COMPOUNDING PHARMACY, INC.

Authorized to issue: 100 shares common stock no par value

This Certifies that KAIZEN COMPOUNDING PHARMACY, INC. 401K PROFIT SHARING PLAN is the registered holder of NINETY EIGHT shares of the above named Corporation transferable only on the books of the Corporation by the holder hereof in person or by duly authorized Attorney upon surrender of this Certificate properly endorsed.

In Witness Whereof, the said Corporation has caused this Certificate to be signed by its duly authorized Officers and its Seal to be hereunto affixed.

This 8th day of SEPTEMBER A.D. 2021

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All Rights Reserved

2483

TENET FINANCIAL GROUP

Tenet Financial Group

Stock Issuance Form

After the Company Stock has been issued by the Corporation, we need to know how much stock is owned by the 401(k) Plan and how much is owned individually. Please complete the information below and fax or e-mail back to us.

	#Shares	$Value
# Shares of Stock Owned by 401(k) Plan:	98	$620.000
# Shares Owned By:		
# Shares Owned By: PIETER KOEKEMOER	1	$6326.53
# Shares Owned By: JOHANNES MAARTENS	1	$6326.53
TOTALS:	100	$632,653.06

Initial Capitalization Date (Date on Stock Certificates): 9/8/2021

Signed by: _____

President / Owner

RESOLVED, that Pieter Jacobus Koekemoer, be and hereby is appointed the agent, located within the state of incorporation, of this Corporation, upon whom process against this Corporation may be served. The Resident Agent's address is as follows:

2376 Shining Star Way
Redding, CA 96003

The Board then discussed a plan to issue 100 shares of common stock, $0 par value. After consideration, and upon motion duly made and seconded, it was unanimously:

RESOLVED, that the President of this Corporation and any other officers designated by him/her are authorized and directed to offer for sale, sell, and issue up to 100 shares of the common stock of this Corporation. The consideration to be received for this stock shall be money or other property (other than stock or securities) equal to $ 6326.53 per share.

The Chairman stated that Kaizen Compounding Pharmacy, Inc. 401(K) Profit Sharing Plan, Pieter Jacobus Koekemoer, Johannes Hermanus Maartens had each presented an offer to purchase 100 shares of the common stock of the Corporation at a price of $ 6326.53 per share. Upon motion duly made and seconded, it was unanimously:

RESOLVED, that the Corporation accept the offers of

Kaizen Compounding Pharmacy, Inc. 401(K) Profit Sharing Plan

And

Pieter Jacobus Koekemoer

And

Johannes Hermanus Maartens

to purchase 100 shares of the common stock of this Corporation at a price of $ 6326.53 per share; and it is further:

RESOLVED, that the proper officers of the Corporation are authorized to issue and deliver a certificate in the amount aforesaid to

Kaizen Compounding Pharmacy, Inc. 401(K) Profit Sharing Plan

And

Pieter Jacobus Koekemoer

And

Johannes Hermanus Maartens

There being no further business to come before the meeting, and upon motion duly made, seconded, and unanimously carried, the meeting was adjourned.

Johannes Hermanus Maartens, Secretary

California Secretary of State
Electronic Filing

FILED
Secretary of State
State of California

General Stock Corporation - Articles of Incorporation

Entity Name:	Kaizen Compounding Pharmacy, Inc.
Entity (File) Number:	C4762717
File Date:	07/06/2021
Entity Type:	General Stock Corporation
Jurisdiction:	California

Detailed Filing Information

1. Corporate Name:	Kaizen Compounding Pharmacy, Inc.
2. Business Addresses:	
a. Initial Street Address of Corporation:	2376 Shining Star Way Redding, California, 96003 United States of America
b. Initial Mailing Address of Corporation:	2376 Shining Star Way Redding, California, 96003 United States of America
3. Agent for Service of Process:	
Individual Agent:	Pieter Jacobus Koekemoer 2376 Shining Star Way Redding, California, 96003 United States of America
4. Shares:	100
5. Purpose Statement:	The purpose of the corporation is to engage in any lawful act or activity for which a corporation may be organized under the General Corporation Law of California other than the banking business, the trust company business or the practice of a profession permitted to be incorporated by the California Corporations Code.

The incorporator affirms the information contained herein is true and correct.

Incorporator: Johannes Hermanus Maartens

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 07-09-2021

Employer Identification Number:
87-1594690

Form: SS-4

Number of this notice: CP 575 A

KAIZEN COMPOUNDING PHARMACY INC
2376 SHINING STAR WAY
REDDING, CA 96003

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 87-1594690. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 941	10/31/2021
Form 940	01/31/2022
Form 1120	04/15/2022

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, *Election by a Small Business Corporation*.

CITY OF REDDING
777 CYPRESS AVENUE, REDDING, CA 96001-2718
P.O. BOX 496071, REDDING, CA 96049-6071
530.225.4056 FAX 530.225.4463

March 17, 2022

KAIZEN COMPOUNDING PHARMACY INC
22655 SERENITY LN
PALO CEDRO CA 96073-0000

402

License # 43243

Your Business License for the period 3/10/22 - 2/28/23 is attached. Please remove it at the perforation and post it in a conspicuous location.

If you have any questions or need to make any modifications to your license, please feel free to contact the City Clerk's office at (530) 225-4056.

Please Note

Issuance of this Business License is not a permit to occupy a building. It is the responsibility of the business owner to ensure that the business is in compliance with all City, County, State, and Federal regulations required for the location and operation of this type of business activity.

CITY OF REDDING
CALIFORNIA

BUSINESS LICENSE

NOT TRANSFERABLE

CITY LICENSE IS ISSUED WITHOUT VERIFICATION THAT THE LICENSEE IS SUBJECT TO OR EXEMPTED FROM LICENSING BY THE STATE.

Pursuant to the Municipal Code, the named person, firm or corporation is hereby granted this license to transact business in the City of Redding.

LICENSE PERIOD	
FROM	TO
3/10/22	2/28/23

License Number: 43243

Owner: KAIZEN COMPOUNDING PHARMACY INC

Business Name: KAIZEN COMPOUNDING PHARMACY INC

Business Type: COMPOUND PHARMACY

Business Location: 2025 COURT ST B
REDDING, CA 96001

License Fee Paid $ 220.00

By Pamela Mize

Pamela Mize, City Clerk

POST IN A CONSPICUOUS PLACE

DISPLAY CONSPICUOUSLY AT PLACE OF BUSINESS FOR WHICH ISSUED

CALIFORNIA DEPARTMENT OF TAX AND FEE ADMINISTRATION

SELLER'S PERMIT

March 22, 2022

ACCOUNT NUMBER
203034816 - 00001

Office of Control:
Redding Branch Office

KAIZEN COMPOUNDING PHARMACY, INC.
2025 COURT STREET STE B
REDDING CA 96001

NOTICE TO PERMITTEE: You are required to obey all Federal and State laws that regulate or control your business. This permit does not allow you to do otherwise.

IS HEREBY AUTHORIZED PURSUANT TO SALES AND USE TAX LAW TO ENGAGE IN THE BUSINESS OF SELLING TANGIBLE PERSONAL PROPERTY AT THE ABOVE LOCATION. THIS PERMIT IS VALID ONLY AT THE ABOVE ADDRESS.

THIS PERMIT IS VALID UNTIL REVOKED OR CANCELED AND IS NOT TRANSFERABLE. IF YOU SELL YOUR BUSINESS OR DROP OUT OF A PARTNERSHIP, NOTIFY US OR YOU COULD BE RESPONSIBLE FOR SALES AND USE TAXES OWED BY THE NEW OPERATOR OF THE BUSINESS.

Not valid at any other address

For general tax questions, please call our Customer Service Center at 1-800-400-7115 (CRS:711).
For information on your rights, contact the Taxpayers' Rights Advocate Office at 1-888-324-2798 or 1-916-324-2798.

CDTFA-442-R REV. 18 (5-18)

A MESSAGE TO OUR NEW PERMIT HOLDER

As a seller, you have rights and responsibilities under the Sales and Use Tax Law. In order to assist you in your endeavor and to better understand the law, we offer the following sources of help:

- Visiting our website at *www.cdtfa.ca.gov*
- Visiting an office
- Attending a Basic Sales and Use Tax Law class offered at one of our offices
- Sending your questions in writing to any one of our offices
- Calling our toll-free Customer Service Center at 1-800-400-7115 (CRS:711)

As a seller, you have the right to issue resale certificates for merchandise that you intend to resell. You also have the responsibility of not misusing resale certificates. While the sales tax is imposed upon the retailer,

- You have the right to seek reimbursement of the tax from your customer
- You are responsible for filing and paying your sales and use tax returns timely
- You have the right to be treated in a fair and equitable manner by the employees of the California Department of Tax and Fee Administration (CDTFA).
- You are responsible for following the regulations set forth by the CDTFA

As a seller, you are expected to maintain the normal books and records of a prudent businessperson. You are required to maintain these books and records for no less than four years, and make them available for inspection by a CDTFA representative when requested. You are also required to know and charge the correct sales or use tax rate, including any local and district taxes. The tax rate applicable to your sales or use may not necessarily correspond to the tax rate of your business address displayed on this permit. You are also expected to notify us if you are buying, selling, adding a location, or discontinuing your business, adding or dropping a partner, officer, or member, or when you are moving any or all of your business locations. If it becomes necessary to surrender this permit, you should only do so by mailing it to a CDTFA office, or giving it to a CDTFA representative.

If you would like to know more about your rights as a taxpayer, or if you are unable to resolve an issue with CDTFA, please contact the Taxpayers' Rights Advocate Office for help by calling toll-free, 1-888-324-2798 or 1-916-324-2798. Their fax number is 1-916-323-3319.

Please post this permit at the address for which it was issued and at a location visible to your customers.

California Department of Tax and Fee Administration

Business Tax and Fee Division

4JJJ

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

☐ Nevada

☒ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
☒ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☐ Ownership Change*		☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH_____	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Spectrum Solutions Rx, LLC

Physical Address: 12248 S. Lone Peak Pkwy STE 106

City: Draper State: Utah Zip: 84020

Mailing Address (if different from physical address): (SAME)

City: _____ State: _____ Zip: _____

Telephone: 1-888-500-4711 Toll Free # (NAC 639.708, NRS 639.23286): 1-888-500-4711

Fax: N/A Contact Email: pharmacy@spectrumsolution.com

Website: N/A

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Tyler Gunderson ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 22571 ✓

Type of Pharmacy (check all applicable)

☒ Retail/Community

☐ Hospital (# beds _____)

☐ Internet

☐ Nuclear

☐ Other: _____

Services the Pharmacy will Provide (check all applicable)

☐ Retail/Community

☒ Non-sterile Compounding

☐ Sterile Compounding

☒ Mail-Order Service

☐ Off-site Cognitive Services

☐ Long Term Care

☐ Hospital

☐ Other:

Days of Operation

☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday ☒ Friday ☒ Saturday ☐ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Tyler Gunderson (PIC)	NV Pharmacist Registration #: 22571 ✓
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: NA	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company Error To 3/21/22

State of Incorporation/Organization: ~~Spectrum Solutions Rx, LLC~~ Delaware

Parent Company (if any): Spectrum Intermediate, LLC

Corporation/Organization Name: Spectrum Solutions Rx, LLC

Mailing Address: 12248 S. Lone Peak Pkwy STE 106

City: Draper State: Utah Zip: 84020

Telephone: 888-500-4971 Email: pharmacy@spectrumsolution.com

Contact Person Name: Tyler Gunderson (PIC)

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Managing Officer (title) for Spectrum Solutions Rx, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

David Colbert
Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

3/21/22
Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, David Colbert hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Managing Officer (title) for Spectrum Solutions Rx, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 25th day of February, 2022

Alisha Lynn Cameron
Notary Public

ALISHA LYNN CAMERON
Notary Public - State of Utah
Comm. No. 714265
My Commission Expires on
Sep 25, 2024

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF _____)
) ss.
_____ COUNTY)

I, Tyler Gunderson, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist in Charge for Spectrum Solutions Rx, LLC (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Tyler Gunderson, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
25th day of February, 2022.

Alisha Lynn Cameron
NOTARY PUBLIC

ALISHA LYNN CAMERON
Notary Public - State of Utah
Comm. No. 714265
My Commission Expires on
Sep 25, 2024

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Tyler Gunderson Pharmacist Registration #: 22571

Pharmacy Name: Spectrum Solutions Rx, LLC

Initial each statement below to indicate you have read and agree with the following:

TG I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

TG I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

TG I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

TG I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

TG I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		X
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		X

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

3/21/22
Date

	Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
✓	• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
✓	• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
✓	• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
	• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** ○ **All General Partners;** ○ **All Limited Partners who hold 10% or more of the interest.**			✓	
✓	• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
✓	• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
✓	• **Personal History Record Application found at** (see attached org. structure) http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a. For Non-publicly traded** - The top 4 shareholder/stockholders. **b. For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner.		✓	✓	✓
✓	• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
✓	• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
✓	• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
N/A	• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
N/A	• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
N/A	• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

David Colbert

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

3/21/22

Date

Board Use Only	Date Received: _____	Amount: 500 check # 7530

STATE OF UTAH
DEPARTMENT OF COMMERCE
ACTIVE LICENSE

Spectrum Solutions Rx, LLC

EFFECTIVE **12/21/2021**

EXPIRATION **09/30/2023**

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

12615417-1703 Pharmacy - Class A

Compounding Non-Sterile

DBA: None Associated

2500

IMPORTANT LICENSURE REMINDERS:

- Your license is valid until the expiration date listed on this form. Approximately 60 days prior to this expiration you will receive a renewal notice in the mail.
- Please note the address listed below. This is your public address of record for the division, and all future correspondence from the division will be mailed to this address. If you move, it is your responsibility to notify us directly of the change. Maintaining your current address with us is the easiest way to ensure continuous licensure.

SPECTRUM SOLUTIONS RX, LLC
12248 S LONE PEAK PKWY STE 106
DRAPER UT 84020

Please visit our web site at www.dopl.utah.gov should you have any questions in the future.

STATE OF UTAH
DEPARTMENT OF COMMERCE

DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

ACTIVE LICENSE

EFFECTIVE DATE: **12/21/2021**

EXPIRATION DATE: **09/30/2023**

ISSUED TO: **Spectrum Solutions Rx, LLC**
12248 S Lone Peak Pkwy Ste 106
Draper UT 84020

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

12615417-1703 **Pharmacy - Class A** **Compounding Non-Sterile**

DBAs: **None Associated**

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206 – Reno, NV 89521 – (775) 850-1440

Send to State Board of Pharmacy for completion: A separate letter is acceptable. Do not return with application unless it has been completed by the licensing agency.

LICENSE VERIFICATION

Name: Spectrum Solutions Rx, LLC

Address: 12248 S. Lone Peak Pkwy STE 106

City: Draper State: UT Zip: 84020

I hereby authorize the Utah Board of Pharmacy to furnish to the Nevada State Board of Pharmacy, the information requested below.

Signature of Applicant _____

THIS FORM MUST BE FORWARDED TO THE HOME STATE LICENSING AGENCY FOR COMPLETION. DO **NOT** WRITE BELOW THIS LINE

License Number	License Status	Date License Issued	Date License Expires
12615417-1703	Active	12/21/2021	09/30/2023

Has this license been encumbered in any way?	Type of Encumbrance: (if any)
☐ Yes ☒ No	☐ Revoked ☐ Surrendered ☐ Limited ☐ Suspended ☐ Restricted ☐ Probation Please attach copies of any pertinent legal documents

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain)	☐ Yes ☒ No
Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain)	☐ Yes ☒ No
Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain)	☐ Yes ☒ No
Has applicant met all licensing requirements of your state? (If no, please explain)	☒ Yes ☐ No

Signature of State Official	Title	State	Date	State Seal
[signature]	Pharmacy Program Specialist	Utah	03/30/22	

SPENCER J. COX
Governor
DEIDRE M. HENDERSON
Lieutenant Governor

State of Utah
Department of Commerce
Division of Occupational and Professional Licensing

MARGARET W. BUSSE
Executive Director
MARK B. STEINAGEL
Division Director

VERIFICATION OF UTAH LICENSURE

DOPL-FM-001 REV 06/08/2009
Created On: 3/30/2022
Created By: Jim Garfield

Name of Licensee (as it appears in our records): Spectrum Solutions Rx, LLC

Classification of License Issued: Pharmacy - Class A

License Number: 12615417-1703

Obtained by: Application

Current Status: Active

Original Date of Licensure: 12/21/2021

Expiration Date: 09/30/2023

Disciplinary Action:

X No

_____ Pending, certified copies of all Petitions are attached

_____ Yes, certified copies of all Petitions and Orders are attached

Signature:_____Title:___Pharmacy Program Specialist____

Date: March 30, 2022

The information provided on this form is accurate and correct as of the verification creation date listed on the top of this form. Original issue dates listed, as 01/01/1910 and 01/01/1911 were unknown when the division implemented its first licensing database. If you have any questions, please contact the division.

State of Utah
Department of Commerce
Division of Occupational and Professional Licensing
160 E 300 S
P.O. Box 16741
Salt Lake City, UT 84114-6741
Telephone : (801) 530-6628
Toll Free in Utah: (866) 275-3675
Investigation Fax: (801) 530-6301
Email: DOPLInvestigations@utah.gov
Website: www.dopl.utah.gov

CLASS A RETAIL PHARMACY
INSPECTION
☑ New Opening
☐ Random

INFORMATION

Pharmacy Name: Spectrum Solutions RX, LLC Date: 2/10/22
License Number: 1261517-1703 Exp Date: 6/21/22
C.S. License Number: N/A Exp Date: —
DEA Registration: N/A Exp Date: —
Pharmacy FEIN Number: 87-4414158
Pharmacy Email: Pharmacy@spectrumsolutions.com
Pharmacy Phone Number: ~~435~~.888.500.4711 Fax: N/A
Pharmacy Toll Free Number: 888.500.4711
Affiliated Websites: Spectrumsolutions.com
Pharmacy Hours: Monday-Friday: 7A-3p Saturday: 8A-12p Sunday: Closed
Pharmacy Address: 12248 S Lone Peak Pkwy Ste 106
City: Draper State: UT Zip: 84020
Pharmacist In Charge (PIC): Tyler Condersom
PIC License Number: 8346526-1701 Expiration Date: 9/30/23

Personnel

List ALL pharmacists, interns, pharmacy technicians and techs-in-training (attach a separate sheet, if necessary):

Name: Nancy Morales	License # 1051154-1717	Exp: 9/30/23
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
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Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:

INSPECTION

	YES	NO	
1	☑	☐	The facility shall maintain a current list of licensed employees involved in the practice of the pharmacy at the facility. The list shall include individual licensee names, license classifications, license numbers, and license expiration dates. The list shall be readily retrievable. The list may be maintained in paper or electronic form. [UAC R156-17b-614a (5)]
2	☑	☐	Notification has been provided to the Division in regards to the unique email address used for self audits or pharmacy alerts. The pharmacy will notify the division of any change in the email address within seven days of the change. [UAC R156-17b-603 (2) and (3) (t) (i-ii)]
3	☑	☐	Notification has been provided to the Division in regards to the assignment of the PIC at the above stated pharmacy. The Division is notified of a change in PIC within 30 days of the change. [UAC R156-17b-603 (3) (s)]
4	☐	☐	If the facility has a pharmacy technician training program, the program and curriculum of education and training, meets standards established by Division rule made in collaboration with the Board. [UAC R156-17b-303a (3)] ☑ N/A
5	☑	☐	A pharmacy technician trainee shall practice only under the direct supervision of a pharmacist, and in a ratio not to exceed one pharmacy technician trainee to one pharmacist. [UAC R156-17b-601(4)(a)]
6	☑	☐	A licensed pharmacy technician shall practice under the general supervision of a licensed pharmacist. [UCA 58-17b-102 (56)]
7	☑	☐	A pharmacy tehcnician may administer vaccies and emergency medications pursuant to delegation by a pharmacist... And is under "direct", on-site supervision by the delegating pharmacist as defined in R156-1-102a(4)(a); [UAC R156-17b-601 (3)(b)]
8	☑	☐	The operating standards for a Pharmacist acting as a preceptor includes meeting the following criteria by providing direct, on-site supervision to no more than two pharmacy interns during a working shift. [UAC R156-17b-606(1)(d)(i)]
9	☑	☐	In accordance with Subsecton 58-17b-102(71)(b) all supportive personnel shall be under the supervision of a licensed pharmacist or DMP. The licensed pharmacist or DMP shall be present in the area where the person being supervised is performing services and shall be immediately available to assist the person being supervised in the serivces being performed expect for the delivery of pre-filled prescriptions as provided in Subsection (1)(g) above. [UAC R156-17b-607 (3)]
10	☑	☐	In accordance with Subsection 58-17b-102(71)(a), supportive personnel may assist in any tasks not related to drug preparation or processing including: [UAC R156-17b-607 (1)(a-g)]

- ☑ stock ordering and restocking;
- ☑ cashiering;
- ☑ billing;

- [ ] filing;
- [x] receiving a written prescription and delivering it to the pharmacist, pharmacy intern, pharmacy technician, pharmacy technician trainee, DMP, or DMP designee;
- [x] housekeeping;
- [x] delivering a pre-filled prescription to a patient.

11 [x] [ ] The pharmacist-in-charge (PIC) is responsible for assuring that no pharmacy or pharmacist operates the pharmacy or allows operation of the pharmacy with a ratio of pharmacist to pharmacy personnel which, under the circumstances of the particular practice setting, results in, or reasonably would be expected to result in, an unreasonable risk of harm to public health, safety, and welfare. [UAC R156-17b-603 (3) (r)]

12 [x] [ ] All individuals employed in a pharmacy facility having any contact with the public or patients receiving services from that pharmacy facility does wear on their person a clearly visible and readable identification showing the individual's name and position. [UCA 58-17b-603 (1)]

13 [x] [ ] When communicating by any means, written, verbal, or electronic, pharmacy personnel do identify themselves as to licensure classification. [UCA 58-17b-603 (2)]

14 [x] [ ] The facility or parent company shall maintain a record for not less than five years of the initials or identification codes that identify each dispensing pharmacist by name. The initials or identification code shall be unique to ensure that each pharmacist can be identified; therefore identical initials or identification codes shall not be used. [UAC R156-17b-614a (8)]

15 [x] [ ] The facility does have current and retrievable editions of the following reference publications in print or electronic format and readily available and retrievable to facility personnel: [UAC R156-17b-614a (4) (a-k)]

- [x] UCA 58-1 (DOPL Licensing Act)
- [x] UCA 58-17b (Pharmacy Practice Act)
- [x] UCA 58-37 (Controlled Substance Act)
- [x] UCA 58-37f (Controlled Substance Database Act)
- [x] Code of Federal Regulations Title 21 parts 1300 to end
- [ ] General Drug References
- [x] UAC R156-1 (General Rules of DOPL)
- [x] UAC R156-17b(Pharmacy Practice Act Rules)
- [x] UAC R156-37(Controlled Substance Act Rules)
- [x] UAC R156-37f (Controlled Substance Database Act Rule)
- [x] FDA Approved Drug Product(Orange Book)

16 [x] [ ] The facility is well lighted, ventilated, clean and sanitary. [UAC R156-17b-614a (1) (a)]

17 [x] [ ] If transferring a drug from a manufacturer's or distributor's original container to another container, the dispensing area, shall have a sink with hot and cold culinary water separate and apart from restroom facilities. All required equipment shall be clean and in good operating condition. [UAC R156-17b-614a (1) (b)]

18 [x] [ ] The facility is equipped to permit the orderly storage of prescription drugs and durable medical equipment in a manner to permit clear identification, separation and easy retrieval of products and an environment necessary to maintain the integrity of the product inventory. [UAC R156-17b-614a (1) (c)]

19 [x] [ ] The facility is equipped to permit practice within the standards and ethics of the profession as dictated by the usual and ordinary scope of practice to be conducted within that facility. [UAC R156-17b-614a (1) (d)]

20 [x] [ ] All out of date legend drugs and controlled substances shall be removed from the inventory at regular intervals and in correlation to the beyond use date imprinted on the label. [UAC R156-17b-605(1)]

21 ☒ ☐ The facility is stocked with the quality and quantity of product necessary for the facility to meet its scope of practice in a manner consistent with the public health, safety and welfare. [UAC R156-17b-614a (1) (e)]

N/A 22 ☐ ☐ If dispensing controlled substances, the facility is equipped with a security system to permit detection of entry at all times when the facility is closed, and provide notice of unauthorized entry to an individual, and be equipped with a lock on any entrances to the facility where drugs are stored. [UAC R156-17b-614a (1) (f)(i-ii)(g)]

23 ☒ ☐ If the pharmacy does not store drugs in a locked cabinet and has a drop/false ceiling, the pharmacy's perimeter walls shall extend to the hard deck, or other measures shall be taken to prevent unauthorized entry into the pharmacy. [UAC R156-17b-614a (15)] ☐ **N/A**

24 ☒ ☐ Only a licensed Utah pharmacist or authorized pharmacy personnel does have access to the pharmacy when the pharmacy is closed. [UAC R156-17b-614a (7)]

25 ☒ ☐ A pharmacy shall not dispense a prescription drug or device to a patient unless a pharmacist is physically present and immediately available in the facility. [UAC R156- 17b-614a (6)]

26 ☒ ☐ The temperature of the pharmacy is maintained within a range compatible with the proper storage of the drugs. [UAC R156-17b-614a (2)]

27 ☒ ☐ The temperature of the refrigerator and freezer is maintained within a range compatible with the proper storage of drugs requiring refrigeration or freezing. The pharmacy shall keep a daily written or electronic log of the temperature of the refrigerator or freezer on days of operation. The pharmacy shall retain the log for three years. [UAC R156-17b-614a (2)]

28 ☒ ☐ For the purpose of promoting therapeutic appropriateness, a pharmacist shall at the time of dispensing a prescription, or a prescription drug order, review the patient's medication record. Such review shall at a minimum identify clinically significant conditions, situations or items, such as: [UAC R156-17b-611 (2) (a-g)]

- ☒ Inappropriate drug utilization
- ☒ Drug-disease contraindications
- ☒ Incorrect drug dosage
- ☒ Drug-allergy interactions
- ☒ Therapeutic duplications
- ☒ Drug-drug interactions
- ☒ Incorrect duration of drug treatment
- ☒ Clinical abuse or misuse

29 ☒ ☐ Facility does have a counseling area to allow for confidential patient counseling. [UAC R156-17b-614a (1)(h)]

30 ☒ ☐ Every pharmacy shall verbally offer to counsel a patient or a patient's agent in a personal face-to-face discussion regarding each prescription drug dispensed. If the patient or patient's agent delivers the prescription in person to the pharmacist or pharmacy intern; or receives the drug in person at the time it is dispensed at the facility. [UCA 58-17b-613 (1)]

31 ☒ ☐ A pharmacist or pharmacy intern that receives a prescription from a patient by means other than personal delivery, and that dispenses prescription drugs to the patient by means other than personal delivery shall provide patient counseling to a patient regarding each prescription drug the pharmacy dispenses and provide each patient with a toll-free telephone number by which the patient can contact the pharmacist or pharmacy intern at the pharmacy for counseling. [UCA 58-17b-613(2)]

32 ☐ ☐ If a prescription drug order is delivered to the patient or the patient's agent at the patient's or other designated location, the following is applicable: [UCA R156-17b-610(6)(a-c)

N/A

- ☐ the pharmacy shall provide the information specified in R156-17b-610(3) be delivered with the dispensed prescription in writing.

COMPOUNDING **INSPECTION**

	Yes	No	
5.	☒	☐	A pharmacy licensed under this chapter may, subject to rules established by the Division, repackage or compound a prescription drug for sale to a practitioner if: the prescription drug: does not include a compounded drug; or includes a compounded drug; and is not a controlled substance; the pharmacy labels the prescription drug "for office use only"; the practitioner administers the drug to a patient in the practitioner's office or facility; and except in accordance with Title 58, Chapter 17b, Part 8, Dispensing Medical Practitioner and Dispensing Medical Practitioner Clinic Pharmacy, the practitioner does not dispense the drug to the patient. [UCA 58-17b-624(1)(a)(i)(ii)(A)(B)(b)(c)(d)] Pursuant to Section 58-17b-624, a pharmacy may repackage or compound a prescription drug for sale to a practitioner for office use provided that it is in compliance with all applicable federal and state laws and regulations regarding the practice of pharmacy, including, but not limited to the Food, Drug, and Cosmetic Act, 21 U.S.C A § 301 et seq. [R156-17b-624]
6.	☐	☒	Does the facility distribute nonsterile compounded preparations to hospitals, clinics, or surgery centers?
7.	☐	☒	Does the facility have a sales force that distributes samples containing active ingredients? List.
8.	☐	☒	Does the facility provide nonsterile compounded preparations to other pharmacies for dispensing?
9.	☒	☐	What does the facility compound? ☐ Tablets ☒ Liquids ☐ Troches ☐ Ointments ☐ Capsules ☐ Lozenges ☐ Creams ☐ Suppositories ☐ Patches ☒ Sprays ☐ Powders ☐ Oral Pastes ☐ Transdermals ☐ _____ ☐ _____ ☐ _____
10.	☐	☒	Does the facility compound vitamins or nutritional supplements? List.
11.	☐	☒	Does the facility compound investigational drugs? List.
12.	☒	☐	The facility does not prepare a prescription drug in a dosage form which is regularly and commonly available from a manufacturer in quantities and strengths prescribed by a practitioner. [UCA 58-17b-502 (13)]
13.	☐	☒	Does the facility perform compounding with hazardous drugs?
14.	☐	☒	Does the facility segregate hazardous drugs from normal compounding stock?
15.	☒	☐	MSDSs shall be readily accessible to all employees working with drug substances or bulk chemicals located on the compounding facilities premises. Employees should be instructed on how to retrieve and interpret needed information. [USP-NF Chapter 795—*Compounding Documentation—Material Safety Data Sheets File*]
16.	☐	☒	Does the facility make nonsterile compounded preparations using bulk powder active pharmaceutical ingredients?
17.	☒	☐	All significant procedures preformed in the compounding area should be covered by written standard operating procedure (SOPs). Implementing SOPs establishes procedural consistency and also provides a reference for orientation and training of personnel. To ensure accountability, accuracy, quality, safety and uniformity in compounding procedures should be developed for the following: [USP-NF Chapter 795—*Compounding Documentation—Standard Operating Procedures*] ☒ Facility ☒ Equipment ☒ Personnel ☒ Packaging ☒ Storage ☒ Preparation
18.	☒	☐	A *United States Pharmacopeia (USP), National Formulary (NF), or Food Chemical Codex (FCC)* substance is the recommended source of all ingredients for compounding all preparations. [USP-NF Chapter 795—*Component Selection, Handling, and Storage(1)*]
19.	☒	☐	Bulk active ingredients must be procured from a facility registered with the federal Food and Drug Administration and must not be listed on the federal Food and Drug Administration list of drug products withdrawn or removed from the market for reasons of safety or effectiveness. [R156-17b-614a (3)(c)(i)(ii)]

20. ☒ ☐ Bulk containers are labeled with appropriate Occupational Safety and Health Administration (OSHA) hazard communication labels (see OSHA.gov), and Material Safety Data Sheets (MSDSs) are available to compounding personnel for all drugs and chemicals used in compounding. [USP-NF Chapter 795—*Responsibilities of the Compounder—General Principles of Compounding (3)*]

BEYOND USE DATING

21. ☒ ☐ All components used in the compounding of preparations must be store as directed by the manufacturer or according to *USP*, *NF*, or *FCC* monograph requirements, in a clean area, and under appropriation temperatures and humidity conditions (controlled room temperature, refrigerator, or freezer). [USP-NF Chapter 795—*Component Selection , Handling, and Storage (11)*]

22. ☒ ☐ For components that do not have expiration dates assigned by the manufacture or supplier, the compounder shall label the container with the date of receipt and assign a conservative expiration date, not to exceed three years after receipt, to the component (see the *General Notices and Requirements, Preservation, Packaging, Storage, and Labeling, Labeling, Expiration Date and Beyond-Use Date)* based on the nature of the component and its degradation mechanism, the container in which it is packaged, and the storage conditions. [USP-NF Chapter 795—*Component Selection, Handling, and Storage(6)*]

23. ☒ ☐ If the component has been transferred to a different container, that container shall be indentified with the component name, lot or control number, transfer date, and expiration date and shall provide integrity that is equivalent to or better than that of the original container. [USP-NF Chapter 795—*Component Selection, Handling, and Storage(5)*]

24. ☒ ☐ The compounder shall ensure that the container and container closures used in packaging compounded preparations meet *USP* requirements (see the *General Notices and Requirements, Preservation, Packaging, Storage, and Labeling, Containers; Containers—Glass* <660>; *Containers—Plastics*<661>; *Containers—Performance Testing* <671>; Chapter <681>; Chapter <1136>; *Packaging Practice—Repackaging a Single Solid Oral Drug Product into a Unit-Dose Container*<1146>); and when available, compounding monographs. Compounders are not expected to perform the tests described in these chapters but should be knowledgeable about the stands described in them. [USP-NF Chapter 795—*Packaging and Drug Preparation Containers*]

25. ☒ ☐ The containers and closures shall be stored off the floor, handled and stored to prevent contamination, and rotated so that the older stock is used first. The containers and container closures shall be stored in such a way as to permit inspection and cleaning of the storage area. [USP-NF Chapter 795—*Packaging and Drug Preparation Containers*]

26. ☒ ☐ The BUD is the date after which a compounded preparation shall not be used and is determined from the date when the preparation is compounded. [USP-NF Chapter 795—*Stability Criteria and Beyond-Use Dating*]

27. ☒ ☐ The beyond use date assigned shall be based on currently available drug stability information and sterility considerations or appropriate in-house or contract service stability testing. [R156-17b-614a (3)(g)]

28. ☒ ☐ Sources of drug stability information shall include the following: [R156-17b-614a (3)(g)(i)(A)(B)(C)]
☐ References can be found in "Trissel's Handbook on Injectable Drugs", 17th Edition, October 31, 2012
☒ Manufacturer recommendations
☒ Reliable, published research

29. ☒ ☐ These maximum BUDs (shown below) are recommended for nonsterile compounded drug preparations in the absence of stability information that is applicable to a specific drug or preparation. The BUD shall not be later than the expiration date on the container of any component. [USP-NF Chapter 795—*Stability Criteria and Beyond-Use Dating—General Guidelines for Assigning Beyond-Use Dates*]
BUDs for Nonaqueous Formulations—The BUD is not later that the time remaining until the earliest expiration date of any API or 6 months, whichever is earlier.

☒ ☐ BUDs for Water-Containing Oral Formulations—The BUD is not later than 14 days when stored at controlled cold

temperatures.

☒ ☐ BUDs for Water-Containing Topical/Dermal and Mucosal Liquid and Semisolid Formulations—The BUD is not later than 30 days.

30. ☒ ☐ These maximum BUDs recommended for nonsterile compounded drug preparations that are packaged in tight, light-resistant containers and stored at controlled room temperature, unless otherwise indicated; and for sterile preparations for which a program of sterility testing is in place (see *General Notices and Requirements, Preservation, Packaging, Storage, and Labeling).* [USP-NF Chapter 795—*Stability Criteria and Beyond-Use Dating—General Guidelines for Assigning Beyond-Use Dates*]

ENVIRONMENT

31. ☒ ☐ Compounding facilities shall have an adequate space that is specifically designated for compounding of prescriptions. This space shall provide the orderly placement of equipment and materials to prevent mixups among ingredients, containers, labels, in-process materials and finished preparations and is designed, arranged and used to prevent adventitious cross-contamination. [USP-NF Chapter 795—*Compounding Facilities*]

32. ☐ ☒ N/A Areas used for sterile preparations shall be separated and distinct from the nonsterile compounding area (see Chapter <797>, *Environmental Quality and Control*). [USP-NF Chapter 795—*Compounding Facilities*]

33. ☒ ☐ Compounding is done in an appropriately clean and sanitized area dedicated to this activity (see section *Compounding Facilities*). [USP-NF Chapter 795—*Compounding Process—Criteria When Compounding Each Drug Preparation (4)*]

34. ☒ ☐ Only one preparation is compounded at one time in a specific workspace. [USP-NF Chapter 795—Compounding Process—*Criteria When Compounding Each Drug Preparation (5)*]

35. ☒ ☐ The entire compounding and storage area should be well lighted. [USP-NF Chapter 795—*Compounding Facilities*]

36. ☒ ☐ Heating, ventilation, and air conditioning systems shall be controlled to avoid decomposition and contamination of chemicals (see the *General Notices and Requirements, Preservation, Packaging, Storage, and Labeling, Storage Temperature and Humidity;* and the manufacturers' labeled storage conditions). [USP-NF Chapter 795—*Compounding Facilities*]

37. ☒ ☐ Potable water shall be supplied for hand washing and equipment washing. *Purified Water* (see *Purified Water* monograph) shall be used for compounding nonsterile preparations when formulations indicate the inclusion of water. *Purified Water* should be used for rinsing equipment and utensils. [USP-NF Chapter 795—*Compounding Facilities*]

38. ☐ ☒ N/A Hazardous drugs shall be stored, prepared, and handled by appropriately trained personnel under conditions that protect the healthcare workers and other personnel. [USP-NF Chapter 795—*Compounding Facilities*]

39. ☐ ☒ N/A Disposal of all hazardous drugs wastes shall comply with all applicable federal and state regulations. All personnel who perform routine custodial waste removal and cleaning activities in storage and preparation areas for hazardous drugs shall be trained in appropriate procedure to protect themselves and prevent contamination. [USP-NF Chapter 795—*Compounding Facilities*]

TRAINING

40. ☒ ☐ Personnel are appropriately trained and are capable of performing and qualified to perform their assigned duties. Such training should be documented. Compounding personnel should be evaluated annually. [USP-NF Chapter 795—*Responsibilities of the Compounder—General Principles of Compounding (1), Training*]

41. ☒ ☐ All employees involved in pharmaceutical compounding shall read and become familiar with the chapter (USP-NF Chapter 795). They should also become familiar with the contents of the *USP Pharmacists' Pharmacopoeia* and other relevant publications, including how to read and interpret MSDSs. [USP-NF Chapter 795—*Training*]

42. ☒ ☐ All employees shall read and become familiar with each of the procedures related to compounding, including

those involving the facility, equipment, personnel, actual compounding, evaluation, packaging, storage, and dispensing. [USP-NF Chapter 795—*Training*]

COMPOUNDING EQUIPMENT

43. ☒ ☐ All equipment used in compounding is clean, properly maintained, and used appropriately. [USP-NF Chapter 795—*Responsibilities of the Compounder—General Principles of Compounding (4)*]

44. ☒ ☐ Equipment shall be stored to protect it from contamination and shall be located to facilitate its use, maintenance and cleaning. Automated, mechanical, electronic, and other types of equipment used in compounding or testing of compounded preparations shall be routinely inspected, calibrated as necessary, and checked to ensure proper performance. Immediately before compounding operations, the equipment shall be inspected by the compounder to determine its suitability for use. After use, the equipment shall be appropriately cleaned. [USP-NF Chapter 795—*Compounding Equipment*]

DOCUMENTATION

45. ☒ ☐ A master worksheet shall be developed and approved by a pharmacist for each batch of sterile or non-sterile pharmaceuticals to be prepared. Once approved, a duplicate of the master worksheet shall be used as the preparation worksheet from which each batch is prepared an on which all document for that batch occurs. The master worksheet may be stored electronically and shall contain at a minimum: [UAC R156-17b-614a (3)(d)(i)(ii)(iii)(iv)(v)(vi)(vii)(viii)(A-D)(ix)(A-D)(x)(xi)(xii)(xiii)]

- ☐ Official or assigned name
- ☒ Calculations needed to determine and verify quantities of components and doses of active pharmaceutical ingredients
- ☒ Equipment needed to prepare the preparation
- ☒ Container used in dispensing
- ☐ Quality control procedures and expected results
- ☐ Description of final preparation
- ☒ Strength
- ☒ Description of all ingredients and their quantities
- ☒ Mixing instructions, which shall include: order of mixing, mixing temperature or other environmental controls, duration of mixing, and other factors pertinent to the replication of the preparation as compounded
- ☐ Packaging and storage requirements
- ☒ Dosage form of the preparation
- ☒ Compatibility and stability information, including references when available
- ☐ Sample labeling information, which shall contain, in addition to legally required information: generic name and quantity or concentration of each active ingredient, assigned beyond use date, storage conditions, and prescription or control number, whichever is applicable

Sample Labels

46. ☐ ☐ A preparation worksheet for each batch of sterile or non-sterile pharmaceuticals shall document the following: [UAC R156-17b-614a (3)(e)(i)(ii)(iii)(iv)(v)(vi)(vii)(viii)(ix)(x)(xi)(xii)(A-D)(xiii)(A,B,C,D)(I-III)(xiv)(xv)(xvi)]

- ☐ Official or assigned name
- ☒ Names and quantities of all components
- ☐ Name of the person who prepared the preparation
- ☒ Date of the preparation
- ☐ Proof of duplicate labeling information, which shall: be kept at the pharmacy, be immediately retrievable; include an audit trail for any altered form, and be reproduced in: the original format that was dispensed, and electronic version, or a scanned electronic version
- ☒ Strength and dosage of the preparation
- ☒ Sources, lot numbers, and expiration dates of components
- ☒ Name of the compounder who approved the preparation
- ☐ Assigned control number, if for anticipation of use or prescription number, if patient specific, whichever is applicable
- ☒ Documentation of any quality control issues and any adverse reactions or preparation problems reported by the patient or caregiver
- ☐ Description of final preparation
- ☒ Master Formulation Record reference for the preparation
- ☐ Total quantity compounded
- ☐ Name of the person who performed the quality control procedures
- ☐ Duplicate label as described in the Master Formulation Record means the sample labeling information that is dispensed on the final product given to the patient and shall at minimum contain: active ingredients, beyond-use-date, storage conditions, and lot number
- ☐ Results of quality control procedures (e.g., weight range of filled capsules, pH of aqueous liquids)

Patient Label

47. ☑ ☐ Compounding records including the master worksheet, preparation worksheet, and prescription files, including refill information shall be maintained for a minimum of five years and be immediately retrievable in written or electronic format. [UAC R156-17b-612 (4)]

48. ☑ ☐ There shall a documented, ongoing quality control program that monitors and evaluates personnel performance, equipment and facilities that follow USP-NF Chapters 795 and 797 standards. [R156-17b-614a (3)(h)]

COMPOUNDING PROCEDURES

49. ☑ ☐ Only authorized personnel are allowed in the immediate vicinity of the compounding operations. [USP-NF Chapter 795—*Responsibilities of the Compounder—General Principles of Compounding(6)*]

50. ☑ ☐ Personnel engaged in compounding maintain good hand hygiene and wear clean clothing appropriate to the type of compounding performed (e.g., hair bonnets, coats, gowns, gloves, face masks, shoes, aprons, or other items) as needed for protection of personnel from chemical exposures and for preventions of drug contamination. [USP-NF Chapter 795—*Compounding Process—Criteria When Compounding Each Drug Preparation (8)*]

51. ☑ ☐ Critical processes (including but not limited to weighing, measuring, and mixing) are verified by the compounder to ensure that procedures, when used, will consistently result in the expected qualities in the finished preparation. [USP-NF 795—*Compounding Process—Criteria When Compounding Each Drug Preparation*]

52. ☑ ☐ **LABELING OF FINISHED PREPARATIONS**

The label of each batch prepared of sterile or non-sterile pharmaceuticals shall bear at a minimum: [UAC R156-17b-614a (3)(g)(i)(ii)(iii)(iv)(v)(vi)]

- ☑ The unique lot number assigned to the batch
- ☐ Beyond use date and time, when applicable
- ☑ all solution and ingredient names, amounts, strengths and concentrations, when applicable
- ☑ Device-specific instructions, where appropriate
- ☑ Quantity
- ☐ Appropriate ancillary instructions, such as storage instructions or cautionary statements, including cytotoxic warning labels where appropriate

PRESCRIPTION LABELING

53. ☐ ☐ All prescription labels for compounded sterile and non-sterile medications when dispensed to the ultimate user or Agent shall bear at a minimum in addition what is required in Section 58-17b-602 the following: [UAC R156-17b-614a (3)(h)(i)(ii)(iii)]

- ☑ generic name and quantity or concentration of each active ingredient. In the instance of a sterile preparation for parenteral use, labeling shall include the name and base solution for infusion preparation;
- ☐ assigned compounding record or lot number; and
- ☑ "This is a compounded preparation" or similar language.

PATIENT COUNSELING AND COMMUNICATION

54. ☑ ☐ At the time of dispensing the prescription, the patient or the patient's agent shall be counseled about proper use, storage, handling, and disposal of the compounded preparation. The patient or the patient's agent shall also be instructed to report any adverse event and to observe and report to the compounder any changes in the physical characteristics of the compounded preparation (see Chapter <1191>, *Responsibility of the Pharmacist*). The compounder shall investigate and document any reported problem with a compounded preparation and shall take corrective action. [USP-NF Chapter 795—*Patient Counseling*]

VETERINARY COMPOUNDING

55. ☐ ☑ Does the facility compound for veterinary use?

56. ☐ ☐ N/A If compounding for both humans and animals, are the API's or other components that are labeled for veterinary use only are segregated or marked in such way to prevent them from being used for human compounding?

57. ☐ ☐ N/A The pharmacist shall be knowledgeable about the individual species' limitation in physiology and metabolic capacity that can result in toxicity when certain drugs or excipients are used in compounded preparations. For this reason, compounders making preparations for animals should use, when possible, formulations specifically developed for animal patients. If such formulations are not available, the compounder shall conduct a literature review to determine whether a specific component of the formula is toxic to the target species. [USP-NF Chapter

COMPOUNDING **INSPECTION** (Page 7 of 8)

795—*Compounding For Animal Patients]*

COMMENTS
(Use an additional sheet if necessary.)

- I was assisted during the inspection by PIC Tyler Gundersen + VP QA/RA Katie Compton.
- The facility is compounding Allergy Slit- sublingual Immunotherapy, patient specific.
- The facility does not compound w/ Hazardous drugs.
- The facility compounds w/ Allergen extracts + Glycerin only.
- policies + procedures are compliant.
- MFR's do not include an assigned product name, description of final product, and does not include A sample label.
- Compound Records do not include an assigned product name, description of final preparation, total Qty compounded, or duplicate label.
- The facility does not compound for Veterinary Use.

☑ By checking this box it is indicated that the undersigned Division Investigator has reviewed the above inspection report and comments made with the undersigned "Responsible Party."

Signature of Responsible Party: _____ **Date of Signature:** 2 / 10 / 2022

Signature of Division Investigator: _____ **Date of Signature:** 2 / 10 / 2022

Revised 6/2016

Sublingual Immunotherapy (SLIT)

What is SLIT?

Sublingual immunotherapy (SLIT) allergy drops help teach the body tolerance to allergen exposure, thus reducing unwanted allergy symptoms

The goal of SLIT allergy drops is to treat common allergic conditions, such as watery or itchy eyes, sneezing, stuffy and itchy nose, or itchy skin.

With ongoing treatment, you may no longer depend on using allergy symptom medications

Directions for use

Administer your SLIT medication according to the instructions received from your provider

STEP ONE:

Remove the screw cap from your PHASE ONE treatment bottle and securely attach the metered pump provided

STEP TWO:

Prime the bottle by pressing the pump until you see a small amount of solution exit the pump tip
Once primed, place the pump bottle tip under the tongue and press the pump (1 pump = 1 dose)

STEP THREE:

Hold for two minutes prior to swallowing, this is important to allow the solution to absorb
(do not swallow or spit out the solution too quickly as this will lead to less uptake)

After administering dose, place the bottle in a convenient place as a helpful daily reminder
Store remaining bottles not in use (PHASE TWO and PHASE THREE) in the refrigerator

What to expect

- Close adherence to your treatment plan offers the best chance at relief
- Some may experience benefit in as little as 30 days
- Efficacy may be most noticeable when exposed to your most problematic allergens
- Sublingual immunotherapy is recommended for 3 to 5 years
- Consult with your provider if symptoms do not noticeably improve

Considerations:

- Try taking your medication at the same time each day at the direction of your provider, if you miss a dose, call your provider for assistance

Contraindications

Consult with your provider if you have any of the following:

- Severe, unstable or uncontrolled asthma
- History of any severe systemic allergic reaction (aka anaphylaxis)
- Hypersensitivity to any of the inactive ingredients
- History of eosinophilic esophagitis
- History of severe local reaction after taking allergen immunotherapy (AIT)

Warnings & Precautions

SLIT allergy drops very rarely cause serious allergic reactions, such as anaphylaxis

Call 911 and seek medical attention immediately if you have any of the following symptoms

Trouble breathing, swallowing or speaking

Throat swelling or tightness

Dizziness or fainting

Rapid or weak heartbeat

Side Effects

Common side effects may include:

- Itching of the mouth *(most common)*
- Itching of the tongue
- Minor swelling of the tongue
- Throat irritation
- Sneezing
- Itchy eyes or ears
- Runny/congested nose
- Cough
- Headache
- Nausea

Very rare side effects include:

- Dizziness
- Dry mouth
- Dry throat
- Abdominal pain
- Vomiting
- Diarrhea

Side effects typically resolve with ongoing treatment, contact your provider if symptoms persist

Please contact the pharmacy if the integrity of packaging or contents of your prescription were compromised during shipment

Pharmacy contact

Email: pharmacy@spectrumsolution.com

Phone: 888-500-4711

M-F, 7am-330pm MST

Medical Information Disclaimer: This patient information resource is intended to provide the reader with general information to be used solely for educational purposes. This resource provides information for discussion with the patient's own physician and does not address individual patient needs and is not to be used for diagnosis or treatment purposes. All content and information displayed is not intended to take the place of professional medical care and physician advice, which should always be sought for any specific medical condition. If you have persistent health problems or if you have further questions, please consult your physician. No guarantees or warranties are made regarding the use of any of the information contained here. Spectrum Solutions Rx, LLC. specifically disclaims all responsibility for any liability, damages (actual or consequential), loss, or risk, personal or otherwise, based on any legal theory whatsoever, alleged to have been incurred as a result directly or indirectly of the use of any of the information contained in this patient information resource.

6.6.2. If self-administration of SLIT compounded preparations is involved, the pharmacy will document in the "Patient Chart" that the patient and/or caregiver has received information to include instructions for use

6.6.2.1. Patient will receive opportunity to Refuse or Accpet counseling by the pharmacy prior to starting their SLIT therapy.

6.6.2.2. Pharmacy will keep documentation in the patient's record.

6.6.3. Unless already validated and documented by the prescriber/agent, the pharmacy will document the patient and/or caregiver has received and understands assigned activities before the patient or caregiver is allowed to administer allergen extract SLIT supervised or unsupervised.

6.6.4. If self-administration of a SLIT compounded preparation is involved, the pharmacy will document the patient and/or caregiver has printed material and can utilize checklists or instructions to serve as continuing post-training reinforcement of learning or reminders of specific responsibilities.

6.6.5. The pharmacy will document in the "patient chart" when the patient and/or caregiver periodically receives verbal counseling, as appropriate, to reinforce training and to ensure continuing correct and complete fulfillment of responsibilities.

7. ATTACHMENTS

7.1. **N/A**

8. CHANGE HISTORY

Version	DCR	Initiator	Revision Description	Effective Date
1.0	TBD	Carli Petersen	New Procedure	TBD
2.0	TBD	Katie Compton	Added verbiage for patients to Refuse or Accept counseling	TBD

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patient's name and address, the storage requirements, and delivery instructions.

6.25. Affix the shipping label onto the appropriate shipping container.
6.26. Add written instructions that clearly explain how to safely open containers, if applicable.
6.27. Add instructions or labeling that clearly explains how to properly store containers and content.
6.28. Instructions should be included to clearly explain how to contact the pharmacy if the integrity of the package or prescription content was compromised during shipment.
6.28.1. Pharmacy employee or member care representative will assess the patient report on a case by case basis and will document resolution. If it is discovered that the product was compromised, patient will be instructed to dispose of and no longer use the compromised product and a new order will be shipped.
6.29. Place the packaged prescription and other supplies in the appropriate waiting bin/areas.

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6.30. Record on the Shipping Log the date and time if, for any reason, prescription(s) were not picked up by the courier and place in the appropriate storage location as stated above until shipped, update the Shipping Log.

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Master Formula Record

SPECTRUMRx COMPOUNDING

Released

RECORD # 29

Allergy SLIT - Build up - 3 vial series Solution - Total Quantity Compounded = 28 mL

Cat Dander, Mountain Cedar, Timothy Grass Mix
Target Yield: 1.00 Each
22003
AAOA SLIT Practical Issues.FINAL.PDF,Allergen Immunotherapy Extract Preparation (ACAAI).pdf,Allergy Immunotherapy Extract Preparation Manual (AAAAI 2014).pdf,Allergen Immunotherapy Practice Parameter 2011.pdf,Expiry Dates of Extracts and Diluents.pdf,Effects of summer mailing on in vivo and in vitro relative potencies of standardized timothy grass extract Ann All Feb 2010 (3).pdf,Transit Storage Temp Letter.pdf,Mixing, Diluting, or Repackaging Biological Products Outside the Scope of an Approved Biologics License (FDA Guidance for Industry 2018).pdf,Int Forum Allergy Rhinol - 2015 - Leatherman - Dosing of sublingual immunotherapy for allergic rhinitis evidence%E2%80%90based.pdf,Sublingual Immunotherapy for Allergic Rhinitis (Cochrane Library 2011).pdf,Facility Cleanroom Justification Draft-3.pdf,Stability of standardized grass, dust mite, cat, and short ragweed allergens after mixing with mold or cockroach extracts.pdf,SLIT (tech memo) ALK.pdf

Ingredients

Part Number	Operation	Description	Process Step	Target		Required?
22043		SLIT Pre-assembled Kit		1.0000	Each	Yes
22055		SLIT Bottle Cap Threaded		3.0000	Each	Yes
22058		SLIT Bottle - 10 ml Amber Threaded Neck		3.0000	Each	Yes
22001		Extract - Cat Dander (10,000 BAU/ml)	09	1.8000	Milliliter	Yes
22046		Extract - Timothy Grass (100,000 BAU/ml)	09	0.7500	Milliliter	Yes
22019		Extract - Cedar, Mountain (1:20w/v)	09	1.0500	Milliliter	Yes
22100		Diluent, Glycerin 50%, Sterile	08	6.4000	Milliliter	Yes

Process Steps

Attach Patient Label — **Pharmacist**

Patient label attachment to compound recipe (CR)

[Attach Label Here]

SPECTRUMRx
12248 Lone Peak Parkway
Ste. 106 Draper, Utah 84020
888 — 600 — 4711

Date Filled: 02/11/2022
Qty: 1 of 1 Kit (28 mL)

[redacted] PATIENT NAME
[redacted] ADDRESS

Allergy SLIT Cat Dander, Mountain Cedar, Timothy Grass Mix BUILD UP Solution 28 mL

Administer one pump (0.25mL) under the tongue once daily per attached information sheet

RX: 8B10BC — 001 Lot #: 8B10BC — 001
Refills: 0 Prescriber/RX Written: Dr. Gary Sanderson/1 — 31 — 2022 Use by: 02/11/2023
CAUTION: FEDERAL LAW PROHIBITS TRANSFER OF THIS DRUG TO ANY PERSON OTHER THAN THE PATIENT FOR WHOM PRESCRIBED.
This preparation was specifically compounded in our pharmacy for you at the discretion of your prescriber.

Spectrum RX 12248 S Lone Peak Parkway STE 106

Traceability by DataNinja.com

Calculations **Pharmacy Tech**

1. All extract dilutions can be calculated by using the following formula:
V1 x C1 = V2 x C2
V1 = Final volume wanted
C1 = Concentration (w/v) of extract wanted
V2 = Volume of extract needed for dilution
C2 = Concentration of extract that will be used EXAMPLE:
V1 = 10 mL
C1 = 1:100
V2 = X (unknown)
C2 = 1:1
Solve for V2; (V1 x C1)/C2 = V2

2. Diluent (Glycerin 50%) to be added calculation
Total volume of maintenance bottle (10 mL) - Sum of all extract volumes ordered = Diluent to be added
EXAMPLE: (Rx Order)
Dog Dander 0.75mL
Timothy Grass 0.5mL
Glycerin 50% (Diluent) XmL
0.75 mL + 0.5mL = 1.25mL
Diluent = 10mL - 1.25mL = 8.75 mL Glycerin 50% added to maintenance bottle

3. Batch Yield
Batch Yield = Actual quantity of goods produced/Theoretical quantity of goods expected

01 **Pharmacy Tech**

Gather all pertinent materials and supplies listed under the drug components and compounding devices section before compounding.

02 **Pharmacy Tech**

Perform hand hygiene and garbing procedures according to company Allergen Extract and Nonsterile Compounding Policies and Procedures (Standards 3.30, 3.20).

03 **Pharmacy Tech**

Before entering the designated compounding area, disinfect items with appropriate solution as per company Allergen Extract and Nonsterile Compounding Policies and Procedures (Standards 3.30, 3.20).

04 **Pharmacy Tech**

Disinfect all needed equipment for aseptic filling operations, cleanroom space interior work surfaces, as per company Allergen Extract and Nonsterile Compounding Policies and Procedures. (Standards 3.30, 3.20) Scan compounding workstation when cleaned.

Equipment Type

Compounding Workstation

05 **Pharmacy Tech**

Verify correct allergen extract(s) and diluent per prescription order and scan each extract barcode at this step.

06 **Pharmacy Tech**

Follow aseptic techniques as described in Allergen Extract (Standard 3.30)
and Nonsterile Compounding (Standard 3.20) Policies and Procedures to prepare the compounded nonsterile preparation.

07 **Pharmacy Tech**

Open a sterile alcohol prep pad and wipe the septum of each vial.
* Aseptically attach a vial spike to allergen extract vial (if not already attached)
* Disinfect the vial spike port(s) of the allergen extract(s) used for compounding.

Visually inspect the allergen extract(s), containers for any damage or impurity. All units are free of visable deffects: No particulate, foreign matter, precipitation, cloudiness, or phase changes observed.	Required	Checkbox

08 **Pharmacy Tech**

Visually inspect the diluent (ie, Glycerin 50%) container for any damage or impurity. The diluent should appear clear and colorless.

Aseptically attach dispensing vial spike to diluent (if not already attached)

Visually inspect the allergen diluent (Glycerin 50%) container for any damage or impurity. The diluent should apear clear and colorless.	Required	Checkbox

09 **Pharmacy Tech**

Transfer specified quantity of each Allergen Extract to seperate appropriatly sized syringes and set aside for pharmacist review.

Transfer specified quantity of diluent to appropriately sized syringe and set aside for pharmacist review. (Diluent syringe volume = 10 mL - total combined extracts volume = diluent to be added)

Print and attach labels to amber bottles in preparation for pharmacist review.

Pharmacy Tech: Transfers complete and ready for inprocess inspection by Pharmacist.	Required	Checkbox

10 **Pharmacist**

In-process pharmacist check: Do not proceed until pharmacist review has been completed.

17 **Pharmacist**

Visually inspect each unit as per company Allergen Extract and Nonsterile Compounding Policies and Procedures

Formula identity is verified	Reqiuired	Checkbox
Calculations are verified and confirm appropriate material quantities.	Reqiuired	Checkbox
Material identities are verified and appropriate material quantities are used.	Reqiuired	Checkbox
Appropriate BUD is assigned and references are available.	Reqiuired	Checkbox
Appropriate equipment is used, Directions are followed.	Reqiuired	Checkbox
Final solution appears clear and shade expectation per dilution.	Reqiuired	Checkbox
Unit(s) packaged in the correct container closure system and are free of visible defects; No particulate, foreign matter, precipitation, cloudiness, or phase changes observed; No cracks or leaks in the container closure system; Seal is checked.	Reqiuired	Checkbox
Patient Rx or Batch Lot # label contains correct formulation name, Rx # or Lot #, BUD, unit volume, etc.; Auxiliary labels affixed: Compounded by Spectrum Solutions Rx. Storage 2-8 ° C	Reqiuired	Checkbox
By signing this MFR/CR I have verified the integrity, potency, quality, and labeled strength of the compound is as expected	Reqiuired	Checkbox
Patient and/or caregiver has been provided a pre-assembled SLIT Kit to include printed materials on the appropriate safe and effective use of their compounded preparations (eg, Patient Information Leaflet)	Reqiuired	Checkbox
Batch Yield (Actual quantity of goods produced/Theoretical quantity of goods expected)	Reqiuired	Number
Total Quantity Produced = 28 mL	Reqiuired	Checkbox
Description of final preparation	Reqiuired	Text

Approval Details

Manufacture

Pharmacy Tech

Other

Pharmacist

As discussed with Nevada Board of Pharmacy (Mark) on 3/24/22:

Spectrum Intermediate, LLC has adopted Spectrum Solutions Rx, LLC for the practice of pharmacy as of 12/16/21 and is 100% owner (see Final Spectrum Structure). I attest to operating as what was listed on the Nevada nonresident pharmacy application as "Managing Officer" of Spectrum Solutions Rx, LLC. Current title held is CFO (Chief Financial Officer).

Name: David Colbert

Signed: 

Position: Managing officer/
Chief Financial Officer (CFO)

Date: 3/24/2022

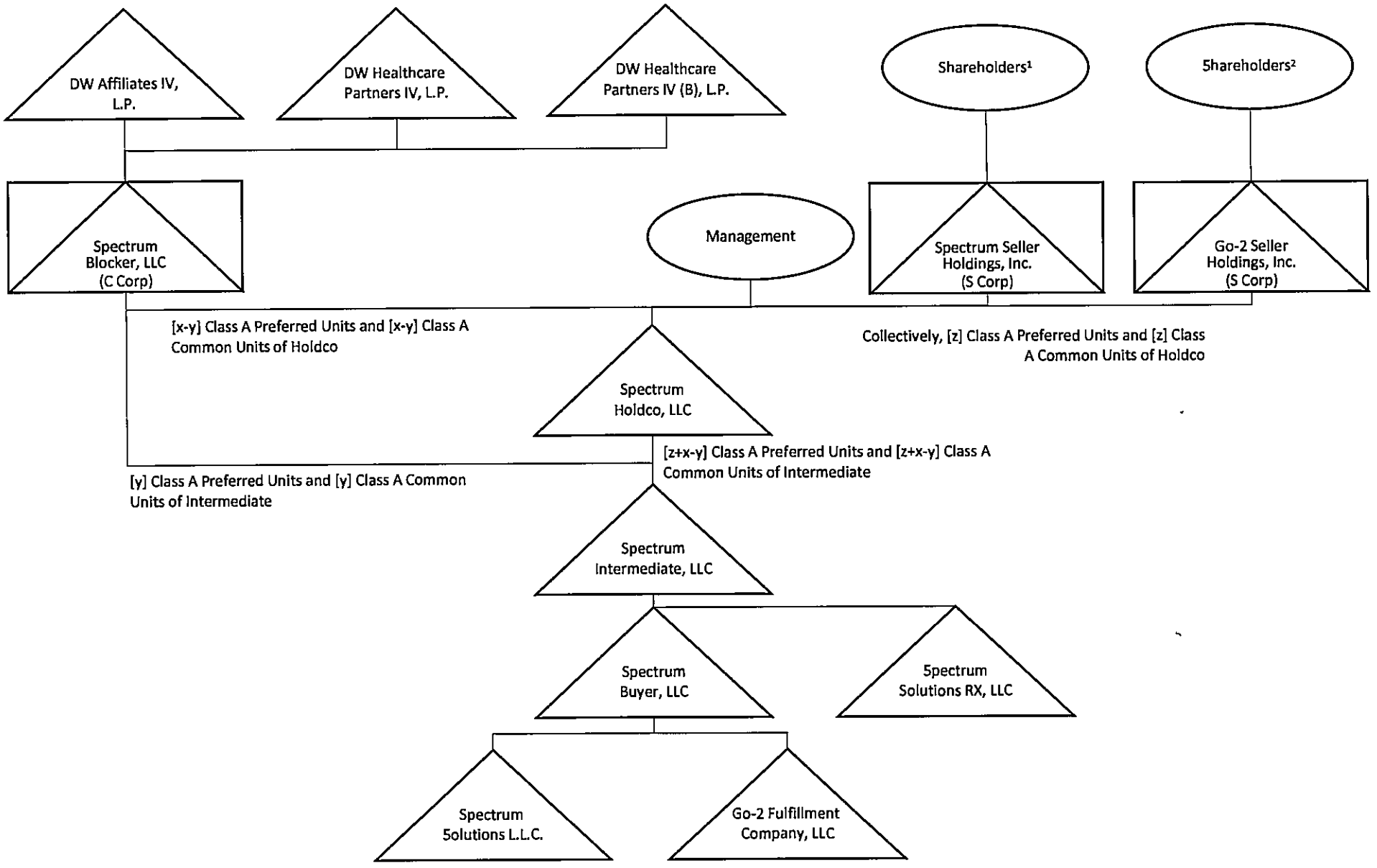
Home Address: 1149 Mercedes Way
Salt Lake City, UT 84108

Home Phone #: 1-801-518-7896

Business Address: 12248 S Lone Peak Pkwy
STE 106, Draper, UT 84020

Business Phone #: 1-801-569-0465

Final Spectrum Structure



[1] Spectrum Seller Holdings, Inc. is owned by K. Gregg Williams (69.5%) and William Phillips (30.5%).
[2] Go-2 Seller Holdings, Inc. is owned by K. Gregg Williams (51%) and William Phillips (49%).

**Class A-1 Preferred Units and Class A-2 Preferred Units are consolidated

2524

As of January __, 2020

SPECTRUM HOLDCO, LLC AND SUBSIDIARIES
LIST OF MEMBERS, BOARD OF MANAGERS AND OFFICERS

Name of Entity	Members	Board of Managers	Officers
Spectrum Blocker, LLC (Delaware)	DW Healthcare Partners IV, L.P. DW Healthcare Partners IV (B), L.P. DW Affiliates IV, L.P.	Doug Schillinger Eric Moore Lance Ruud Gabe Becher	Doug Schillinger – President and Secretary Eric Moore – Vice President and Assistant Secretary Lance Ruud – Treasurer David Colbert – Chief Financial Officer
Spectrum Holdco, LLC (Delaware)	Original Members: Spectrum Seller Holdings, lnc. Go-2 Seller Holdings, lnc. Sponsor Member: Spectrum Blocker, LLC	Doug Schillinger Eric Moore Lance Ruud Gabe Becher K. Gregg Williams William Phillips Steve Fanning David Spence	Doug Schillinger – President and Secretary Eric Moore – Vice President and Assistant Secretary Lance Ruud – Treasurer
Spectrum Intermediate, LLC (Delaware)	Spectrum Holdco, LLC Spectrum Blocker, LLC	Doug Schillinger Eric Moore Lance Ruud Gabe Becher K. Gregg Williams William Phillips Steve Fanning David Spence	Doug Schillinger – President and Secretary Eric Moore – Vice President and Assistant Secretary Lance Ruud – Treasurer Steve Fanning – Chief Executive Officer David Colbert – Chief Financial Officer William Phillips – Chief Operating Officer

Name of Entity	Members	Board of Managers	Officers
Spectrum Buyer, LLC (Delaware)	Spectrum Intermediate, LLC	Doug Schillinger Eric Moore Lance Ruud Gabe Becher K. Gregg Williams William Phillips Steve Fanning David Spence	Doug Schillinger – President and Secretary Eric Moore – Vice President and Assistant Secretary Lance Ruud – Treasurer Steve Fanning – Chief Executive Officer David Colbert – Chief Financial Officer William Phillips – Chief Operating Officer
Spectrum Solutions L.L.C. (Utah)	Spectrum Buyer, LLC	Doug Schillinger Eric Moore Lance Ruud Gabe Becher K. Gregg Williams William Phillips Steve Fanning David Spence	William Phillips – Chief Operating Officer Steve Fanning – Chief Executive Officer David Colbert – Chief Financial Officer William Phillips – Chief Operating Officer
Go-2 Fulfillment Company, LLC (Utah)	Spectrum Buyer, LLC	Doug Schillinger Eric Moore Lance Ruud Gabe Becher K. Gregg Williams William Phillips Steve Fanning David Spence	William Phillips – Chief Operating Officer Steve Fanning – Chief Executive Officer David Colbert – Chief Financial Officer William Phillips – Chief Operating Officer
Spectrum Solutions RX, LLC (Delaware)	Spectrum Intermediate, LLC	Doug Schillinger Eric Moore Lance Ruud Gabe Becher K. Gregg Williams William Phillips Steve Fanning David Spence	Doug Schillinger – President and Secretary Eric Moore – Vice President and Assistant Secretary Lance Ruud – Treasurer Steve Fanning – Chief Executive Officer David Colbert – Chief Financial Officer William Phillips – Chief Operating Officer

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "SPECTRUM SOLUTIONS RX, LLC", FILED IN THIS OFFICE ON THE SIXTEENTH DAY OF DECEMBER, A.D. 2021, AT 3:04 O`CLOCK P.M.

Jeffrey W. Bullock, Secretary of State

6479312 8100
SR# 20214122078

Authentication: 205003454
Date: 12-16-21

You may verify this certificate online at corp.delaware.gov/authver.shtml

STATE *of* DELAWARE

CERTIFICATE *of* FORMATION *of*

SPECTRUM SOLUTIONS RX, LLC

First: The name of the limited liability company is Spectrum Solutions RX, LLC.

Second: The address of its registered office in the State of Delaware is 1209 Orange Street in the City of Wilmington, County of New Castle 19801. The name of its registered agent at such address is The Corporation Trust Company.

Third: The limited liability company shall have a perpetual existence.

In Witness Whereof, the undersigned has executed this Certificate of Formation of Spectrum Solutions RX, LLC this 16th day of December, 2021.

/s/ Sharon Moy
Sharon Moy
Authorized Person

State of Delaware
Secretary of State
Division of Corporations
Delivered 03:04 PM 12/16/2021
FILED 03:04 PM 12/16/2021
SR 20214122078 - File Number 6479312

Utah Department of Commerce
Division of Corporations & Commercial Code
160 East 300 South, 2nd Floor, PO Box 146705
Salt Lake City, UT 84114-6705
Service Center: (801) 530-4849
Toll Free: (877) 526-3994 Utah Residents
Fax: (801) 530-6438
Web Site: http://www.commerce.utah.gov

03/02/2022
12614903-016103022022-3244216

CERTIFICATE OF EXISTENCE

Registration Number:	12614903-0161
Business Name:	SPECTRUM SOLUTIONS RX, LLC
Registered Date:	December 17, 2021
Entity Type:	LLC - Foreign
Status:	Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (**unless Delinquent**); and, that Articles of Dissolution have not been filed.

L. Veillette

Leigh Veillette
Director
Division of Corporations and Commercial Code

File Number: 12614903

2529

State of Utah
DEPARTMENT OF COMMERCE
Division of Corporations & Commercial Code

Application for Authority to Transact Business

Spectrum Solutions RX, LLC
Exact Name of Foreign Limited Liability Company

1. This limited liability company of the state or country of **DE,** hereby applies for authority to transact business in the state of Utah.
2. Date of formation or organization **12/16/21** and duration period of **perpetual.**
3. The street address of the registered office in the State of Utah, and the name of the registered agent for service of process at the registered office, (the agent shall be a person residing or authorized to do business in the State of Utah).

Eric Moore	12248 S Lone Peak Pkwy Ste 106	Draper	UT	84020
Registered Agent Name	Street Address	City	State	Zip

4. Principal place of business:

12248 S Lone Peak Pkwy Ste 106	Draper	UT	84020
Street Address	City	State	Zip

5. The nature of the business or purpose(s) to be conducted or promoted in Utah Pharmaceutical compounding
6. Clear indication of who is managing the company is required.

Is this foreign limited liability company manager-managed? No

If YES, you must list the name and business or residence street address of each manager.

Name	Address	City/State	Zip

Is this foreign limited liability company member-managed? Yes

If YES, you must list the name and business or residence street address of each member.

	Name	Address	City/State	Zip
Member	Eric Moore	12248 S Lone Peak Pkwy Ste 106	Draper / UT	84020

7. The date the limited liability company intends to first transact business in Utah: 12/16/21

Under penalties of perjury, I declare as a manager or member with management authority of this limited liability company having authority to sign hereto, that this application for authority to transact business has been examined by me and is, to the best of my knowledge and belief, true, correct and complete.

By: Eric Moore — Eric Moore Member
Limited Liability Company Authorized Signer Signature — Typed Name & Title

State of Utah
Department of Commerce
Division of Corporations & Commercial Code

This certifies that this registration has been filed and approved on 17, December 2021 in the office of the Division and hereby issues this Certification thereof.

L. Veillette

Leigh Veillette
Division Director

Under GRAMA {63-2-201}, all registration information maintained by the Division is classified as public record. For confidentiality purposes, the business entity physical address may be provided rather than the residential or private address of any individual affiliated with the entity.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: SPECTRUM SOLUTIONS RX

Physical Address: 12248 S. Lone Peak Pkwy #106 eff 4/29/22 BP

City: Draper State: Utah Zip: 84020

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 801-569-0465 / 888-500-4711 (toll free #) Website: NA

Licensing Company Email: pharmacy@spectrumsolution.com

Section 2: Personal Information

First: William Middle: Last: Phillips

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Birchtree Lane

City: Sandy State: Utah Zip: 84092

Telephone: [redacted] Email: bill@spectrumsolution.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: to:

Military Occupation/Specialty

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	ERR ✔ BP 4/29/22	✔

Applicant's initials: BP

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Granger High School		1985/1987	
Address	**City**	**State**	**Zip**
3580 S 3600 W	West Valley	Utah	84119
Diploma/Degree obtained, if any			
High school diploma GED			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/21- current	[redacted] Birchtree Lane	Sandy	Utah	84092
04/18 - 11/21	[redacted] E. Corner View Court	Draper	Utah	84020
3/09-04/18	[redacted] Granite Ridge Lane	Draper	Utah	84020
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Spectrum Solutions			8/05- current	
Business Address		**City**	**State**	**Zip**
12248 S. Lone Peak Pkwy. #106		Draper	Utah	84020
Phone	**Title**			
801-569-0465	COO			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Applicant's initials 

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

William Phillips

Original Signature (electronic, copies or stamps not accepted)

04/29/2022

Date

Applicant's initials _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

William Phillips
Print Name (First, Last)

William Phillips
Original Signature (electronic, copies of stamps not accepted)

04/29/2022
Date

Please have this section completed in the presence of a Notary Public.

State of UTAH, ss. County of SALT LAKE

I, William Phillips, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

William Phillips
Original Signature

04/29/2022
Date

Subscribed and Sworn to before me this 29 day of APRIL.

Notary Public Signature

DANIEL SPRINGER
Notary Public - State of Utah
Comm. No. 723389
My Commission Expires on
Mar 3, 2026

(Seal)

Applicant's initials

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Spectrum Solutions Rx, LLC

Physical Address 12248 S. Lone Peak Pkwy STE 106

City Draper State Utah Zip 84020

Mailing Address (if different from physical address) (SAME AS ABOVE)

City _____ State _____ Zip _____

Telephone 1-888-500-4711 Website N/A

Licensing Company Email Pharmacy@spectrumsolution.com

Section 2: Personal Information

First Tyler Middle _____ Last Gunderson

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] W. Oak Hollow Cir

City Lehi State UT Zip 84043

Telephone [redacted] Email tylergunderson@spectrumsolution.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Applicant's initials TG

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Utah College of Pharmacy		08/14 – 05/2018	
Address	**City**	**State**	**Zip**
30 2000 E.	Salt Lake City ~~Utah~~ ent 3/21/22	UT	84112
Diploma/Degree obtained, if any			
Doctor of Pharmacy (PharmD)			

School Name		From - To (MM/YY – MM/YY)	
Snow College		08/12 – 05/2014	
Address	**City**	**State**	**Zip**
150 College Ave. E	Ephraim	UT	84627
Diploma/Degree obtained, if any			
Associate of Science			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/19 – Current	[redacted] W Oak Hollow Cir	Lehi	UT	84043
04/17 – 08/19	[redacted] N Canyon Rd	Cedar Hills	UT	84062
05/14 – 04/17	[redacted] University Vlg	SLC	UT	84108
03/12 – 05/14	[redacted] S. Sienna Vista Ln #J202	Midvale	UT	84047

Applicant's initials TG

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Intermountain Healthcare – Riverton Hospital			03/18 – 11/21
Business Address	**City**	**State**	**Zip**
3741 W 12600 S	Riverton	UT	84065
Phone	**Title**		**Number of Employed Hours**
801-285-4000	Clinical Pharmacist		7,280
Description of Duties			
Dispensing, Distributing, restocking, verifying, record keeping of prescription Drugs DUR's, interdisciplinary patient assessments/reviews			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		X
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A
TG 3/21/22

Original Signature (electronic, copies or stamps not accepted)

3/24/22
Date

Applicant's initials

I, Tyler Gunderson, **certify that as the designated representative for** Spectrum Solutions Rx, LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Tyler Gunderson
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/21/22
Date

Applicant's initials TG

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Tyler Gunderson
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/21/22
Date

Please have this section completed in the presence of a Notary Public.

State of UTAH, ss. County of SALT LAKE

I, TYLER GUNDERSON, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3/24/22
Date

Subscribed and Sworn to before me this 24 day of MARCH 2022.

Notary Public Signature

DANIEL SPRINGER
Notary Public - State of Utah
Comm. No. 723389
My Commission Expires on
Mar 3, 2026

(Seal)

Applicant's initials

Nevada State Board Of Pharmacy

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 03/10/2022
Amount:
License #: 22571

Tyler Gunderson

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Effective Date:03/10/2022
Expires:09/10/2022

Tyler Gunderson

License #
22571
Temporary

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 22571
Effective Date:03/10/2022

Expires: 09/10/2022
STATUS: Temporary

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Tyler Gunderson

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Y

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Spectrum Solutions RX, LLC

Physical Address 12248 S. Lone Peak Pkwy STE 106

City Draper State UT Zip 84020

Mailing Address (if different from physical address) (Same as above)

City _____ State _____ Zip _____

Telephone 866-500-4711 Website N/A

Licensing Company Email Pharmacy@Spectrumsolution.com

Section 2: Personal Information

First KEVIN Middle Gregg Last Williams

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] S. Milona Dr.

City Draper State Ut Zip 84020

Telephone [redacted] Email gw@go-2usa.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Applicant's initials KGW

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Utah State University			1980 - 1981	
Address		City	State	Zip
Campus		Logan	UT	84322
Diploma/Degree obtained, if any				
Business Admin - Major				

School Name			From - To (MM/YY – MM/YY)	
Utah Valley Community College			1976 - 1979	
Address		City	State	Zip
OREM Campus		OREM	UT	84058
Diploma/Degree obtained, if any				
Associates Degree - Marketing Major				

School Name			From - To (MM/YY – MM/YY)	
Uintah High School			1973 - 1976	
Address		City	State	Zip
Campus		Vernal	UT	84078
Diploma/Degree obtained, if any				
H.S. Diploma				

School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2008 - Present	[redacted] S. Milena Dr.	Draper	UT	84020
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials KGW

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Spectrum Solutions, LLC			From - To (MM/YY – MM/YY): 2006 - 2019
Business Address: 12278 S. Lake Park Pkwy #106	City: Draper	State: UT	Zip: 84020
Phone: 801-569-0465	Title: President, Founder, CEO		
Description of Duties: Title says it all!			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials KGW

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	X	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				
Spectrum Solutions				

Provide explanation below:

- Sued for Patent infringement. Settled before trial, WE WON in Arbitration
- Sued for Contract violation by Oral Tech. Settled WE WON in Arbitration

Original Signature (electronic, copies or stamps not accepted)

05-05-2022
Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kevin Gregg Williams

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

05-05-2022

Date

Please have this section completed in the presence of a Notary Public.

State of UTAH, ss. County of SALT LAKE

I, K. GREGG WILLIAMS, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

05/05/2022

Date

Subscribed and Sworn to before me this 5 day of MAY.

Notary Public Signature

DANIEL SPRINGER
Notary Public - State of Utah
Comm. No. 723389
My Commission Expires on
Mar 3, 2026

(Seal)

Applicant's initials _____

4KKK

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Ambulatory Surgical Center (ASC) and Recovery Center (RC) Application

Non-Refundable $500.00 Fee

Rev (09/02/2021)

Type of Facility

- ■ Ambulatory Surgical Center (ASC)
- ☐ Recovery Center (RC)

Type of Application (check applicable box)		Ownership Type (check applicable box)
☐ New ASC/RC	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 7, 8, 9)
■ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 4, 7, 8, 9)
☐ Location Change *	ASC02469	☐ Partnership (complete sections 1, 2, 5, 7, 8, 9)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 6, 7, 8, 9)

Section 1: General Information

ASC/RC Name: Box Canyon Surgery Center LLC

Physical Address: 2555 Box Canyon Drive

City: Las Vegas State: NV Zip: 89128

Mailing Address (if different from physical address): 2110 E. Flamingo Rd, Suite 120

City: Las Vegas State: NV Zip: 89119

Telephone: 702-733-2020 Fax: 702-932-4264

Contact Email: drwellish@gmail.com Website No Website

Nevada Business License # P55-01293

Employed/Contracted Pharmacist Name: Mary Grear ✓ NV Pharmacist License #: 10687 ✓

Medical Director Name: Kent Wellish

Days of Operation

■ Monday	■ Tuesday	■ Wednesday	■ Thursday	■ Friday	☐ Saturday	☐ Sunday

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 3: Publicly Traded Corporation

State of Incorporation: Not Applicable

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 4: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Nevada

Parent Company (if any): N/A

Corporation/Organization Name: Box Canyon Surgery Center LLC

Mailing Address: 2555 Box Canyon Drive

City: Las Vegas State: NV Zip: 89128

Telephone: 702-316-4400 Email: drwellish@gmail.com

Contact Person Name: Kent Wellish

Does the number of members or stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ■ No

Section 5: Partnership

Partnership Name: Not Applicable

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ■ No

Section 6: Sole Owner

Owner's Name: Not Applicable

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 7: Employed/Contracted Pharmacist (MUST BE COMPLETED BY the Employed/Contracted Pharmacist)

Pharmacist Name: Mary Grear, RPh NV Pharmacist License #: 10687

As the employed/contracted pharmacist, for (ASC/RC Name): Box Canyon Surgery Center :

I understand that I am responsible for establishing policies and procedures which (NAC 639.4996):

a) Are consistent with the policies and procedures developed pursuant to NAC 639.447;
b) Require to maintain records in accordance with the provisions of NAC 639.485 and 639.485;
c) Address the purchase, storage, maintenance of records and dispensing of drugs and investigational drugs;
d) Require maintenance of a perpetual inventory of all controlled substances;
e) Prescribe the procedure for quarantining and destroying drugs and investigational drugs that are expired, adulterated, mislabeled or otherwise unsafe for human use;
f) Require the storage of drugs and investigational drugs in accordance with the specifications of the manufacturer;
g) Ensure that the ASC and RC dispenses drugs and investigational drugs pursuant to chart orders and in accordance with applicable state and federal laws; and
h) Ensure that all compounding is
    a. Performed by a registered pharmacist in accordance with the provisions of NRS and NAC 639; or
    b. If performed by an employee of the ASC or RC, other than a registered pharmacist, performed:
        i. In accordance with the provisions of NRS and NAC 639;
        ii. In a location designated for compounding that is clean and disinfected before each act of compounding; and
        iii. By a person who has completed training for the type of compounding that will be performed.

I understand that I shall (NAC 639.4998):

a) Visit the ASC or RC at least once each month to:
    a. Evaluate the effectiveness of the policies and procedures established pursuant to NAC 693.4996; and
    b. Confirm that the ASC or RC is complying with those policies and procedures, the below provisions.
b) Maintain documentation of each visit that the pharmacist makes;
c) Conduct an audit at least once each month using a sufficient number of records of the ASC or RC, including, without limitation, records of patients and records relating to the purchasing, storing and dispensing of drugs and investigational drugs, which must be randomly selected, to determine whether:
    a. The records indicate that the drugs and investigational drugs are dispensed in a safe and effective manner in accordance with accepted standards of practice and the specifications of the manufacturer;
    b. Drugs and investigational drugs are diluted in accordance with accepted standards of practice or pursuant to the specifications of the manufacturer;
    c. The records demonstrate:
        i. That a discrepancy does not exist in the number of drugs and investigational drugs that are in vials designated by the manufacturer for a single use which are dispensed and the number of patients who receive such drugs and investigational drugs; and
        ii. That drugs, not including investigational drugs, which are in vials designated by the manufacturer for a single use and any remaining medication in those vials are discarded after use;
    d. The records demonstrate that drugs, not including investigational drugs, which are in vials designated by the manufacturer for more than one use are discarded when the medication in the vials has expired or not more than 28 days after the initial breach of the vial;
    e. The employees of the ASC or RC properly maintain accurate records relating to drugs and investigational drugs; and
    f. The employees of the ASC or RC properly monitor and maintain the perpetual inventory required pursuant to paragraph (d) of subsection 1 of NAC 639.4996; and
d) Submit a written report, including, without limitation, a written explanation, to the Board not later than 5 business days after the pharmacist determines that:
    a. The ASC or RC is violating a state or federal law which affects the care and safety of a patient;
    b. There is a discrepancy of 5 percent or more between the actual quantity of a controlled substance in the possession of the ASC or RC and the amount of the controlled substance that should be in the possession of the ASC or RC according to the records of the ASC or RC, including, without limitation:
        i. Purchase orders and invoices for the controlled substance;
        ii. Records which indicate the removal of the controlled substance from the storage area;
        iii. Patient records;
        iv. Records which indicate the return of the controlled substance to the manufacturer;
        v. Records which indicate that the controlled substance was destroyed; and
        vi. Any other record for the controlled substance;
    c. The recovery center or surgical center has intentionally or recklessly failed to create or maintain a record required by the policies and procedures established pursuant to NAC 639.4996;
    d. The recovery center or surgical center is administering a drug or an investigational drug in violation of accepted standards of practice or the specifications of the manufacturer; or
    e. The recovery center or surgical center is engaged in a practice which endangers the health, safety or welfare of a patient or employee of the recovery center or surgical center.

Section 8: Personal and Professional History of the Employed/Contracted Pharmacist	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	✔	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 3 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
4/24/2002	May 2002	NV	Las Vegas	Clark
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
02-036-RPH-S		NV State Board of Pharmacy		
Reason/Charge				
Complaint concerning records of PRN,Inc				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Mary Grear				
Name of Business/Industry/Entity				
PRN, Inc				

Provide explanation below:

A complaint was made concerning grants made tby the Board of Pharmacy to PRN, In. to Mary Grear, Executive Divector. The Board of Pharmacy sent notice of a request for hearing to the wrong mailing address even though the correct address was on file at the Board Office. This resulted in my knot being aware that I needed to appear until after the Board Meeting. I subsequesntly prepared the requested documents and submitted them to the Board Auditors who found no discrepencies in the funds granted by the Board of Pharmacy to PRN and the expense record under my administration. A rehearing was held and the case was closed finding all monies were accounted for the PRN, Inc grants.

Mary Grear

Original signature of Employed/Contracted Pharmacist (copies or stamps not accepted)

3/10/2022

Date

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** ○ **All General Partners;** ○ **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/member/owner. Form found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your ASC or RC by the Nevada Division of Public and Behavioral Health of the Department of Health and Human Services.**	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kent Wellish

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

4/6/2022

Date

Board Use Only	Date Received: _____	Amount: 500	Check # 051224

Officers and Directors (Managers) of Box Canyon Surgery Center LLC

Kent L. Wellish, M.D. – Manager
Raimunda Leon, M.D. – Manager

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **BOX CANYON SURGERY CENTER LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 11/28/2007, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 03/22/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202203222508162
You may verify this certificate online at http://www.nvsos.gov

Effective Date : 01/01/2022
Expiration Date : 12/31/2022

State of Nevada
Department of Health and Human Services
Division of Public and Behavioral Health

License Number
5167-ASC-14

Please display this license conspicuously

This license was printed from an online licensing system. VERIFY LICENSE IS VALID BY GOING TO: https://nvdpbh.aithent.com/login.aspx. Go to License Verification, Facility Locator & Inspection Reports "Click Here" and look up by license number (Credential Number) to verify that the license is active and valid.

Should you have any changes such as Name, Administrator, Location, Change of Ownership or Number of Beds go to: https://nvdpbh.aithent.com/login.aspx.

This Is To Certify That

BOX CANYON SURGERY CENTER

2555 BOX CANYON DR
LAS VEGAS, NV 89128

Is hereby licensed as a(n)

SURGICAL CENTER FOR AMBULATORY PATIENTS

as provided for in Chapters 439 and 449 of the Nevada Revised Statutes and the Nevada Administrative Code and the standards, rules and regulations adopted by the Board of Health.

This facility is licensed to provide the following:

Facility Type : SURGICAL CENTER FOR AMBULATORY PATIENTS

Endorsement : CLASS - C

Bed Information : Operating Room - A - 1

If your license is not completely accurate, Please contact us at (775) 684-1030 so that we may resolve any problems.

JOANN NORBERTE / Administrator

BOX CANYON SURGERY CENTER, LLC.

Lisa Sherych / Administrator

2561

Nevada State Board Of Pharmacy

(Firm mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 10/12/2020
Amount: $ 525.00
Permit #: ASC02469

BOX CANYON SURGERY CENTER, LLC

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacy
Expires:10/31/2022
BOX CANYON SURGERY CENTER, LLC

Permit #
ASC02469
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY

Pharmacy

Expires: 10/31/2022
STATUS: Active

Permit Type: Pharmacy
Permit #: ASC02469
Managing Pharmacist : Mary Grear

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENCED

BOX CANYON SURGERY CENTER, LLC

NONTRANSFERABLE

POST THIS PERMIT PROMINENTLY IN A CONSPICUOUS PLACE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy #206 • Reno • NV 89521
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
E-mail: pharmacy@pharmacy.nv.gov • Web Page: bop.nv.gov

INSPECTION NOTICE

BOX CANYON SURGERY CENTER, LLC
2555 BOX CANYON DR
LAS VEGAS NV 89128

License: ASC02469
Inspector: Leo BASCH
Month of Inspection: May
Inspection #: 214051
Date of Inspection: 5/5/2021 Virtual

INSTRUCTIONS

This Notice is provided to BOX CANYON SURGERY CENTER, LLC to inform you that your facility will be inspected sometime in the month of May. These instructions are intended to assist you to be prepared for the inspection. You must have completed the following by the first business day of May:

- ✓ Review and make any needed changes to information shown below
- ✓ Download and print from our website the correct forms. Be advised, in order to complete the inspection process, you will be printing more than one document. Carefully read directions below:
  - Go to http://bop.nv.gov
  - From the Homepage, click on the tab labeled: "FORMS"
  - Under the section labeled "Inspection Forms ", locate, click on and print the APPROPRIATE Inspection Form and Instruction Sheet. Also, for RETAIL Pharmacies, click on the Workplace Assessment link labeled: May
- ✓ Attach this page to the front of the inspection forms. Complete the Inspection Form, including the Workplace Assessment forms for RETAIL Pharmacies, and have the completed forms available for review by the Inspector.
- ✓ The Managing Pharmacist is responsible to assure compliance with, all of the instructions in this matter.
- ✓ Failure to fully comply with the instructions will be noted as a deficiency and may result in disciplinary action against the pharmacy and the Managing Pharmacist.
- ✓ **The Board will *not* provide copies of the necessary Inspection Forms by mail or fax. The Pharmacy is responsible to obtain the Inspection Forms through the Board's website. IF you are unable to access this in the pharmacy, please contact your corporate office and request the forms be printed and provided by them.**

Nevada State Board of Pharmacy
985 Damonte Ranch Suite 206, Reno, NV 89521
(775) 850-1440 (800)-364-2081 Fax (775) 850-1444

Consultant Information:

Citation	Question			
NAC 639.4996	Name of Pharmacist Consultant	Macy Grear, RPh		
NAC 639.466	Pharmacist Consultant current contract verified?	(Yes)	No	N/A
NAC 639.4992	Pharmacist Consultant current registration posted?	(Yes)	No	N/A

Operations:

Citation	Question			
NAC 639.477	P&P established for pharmacy operations?	(Yes)	No	N/A
NAC 639.4996	Were P&P's reviewed within the last 12 months	(Yes)	No	N/A
	Date of most recent review of P&P's	4-26-21		
NAC 639.472	Pharmacy reference material is available to all staff?	(Yes)	No	N/A
NAC 639.4998	Documentation of monthly visit by pharmacy consultant is available for review?	(Yes)	No	N/A
	Date of most recent monthly visit by consultant	4-9-21		

Medications:

Citation	Question			
NAC 639.469	Medication storage areas clean and sanitary?	(Yes)	No	N/A
NAC 639.470	Medications stored with proper security?	(Yes)	No	N/A
NAC 639.469 NAC 639.470 21 CFR 1301.75	Controlled Substances stored in locked storage area?	(Yes)	No	N/A
NAC 449.9905	Schedule II controlled substances stored in a double locked storage area?	(Yes)	No	N/A

Nevada State Board of Pharmacy
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(775) 850-1440 (800)-364-2081 Fax (775) 850-1444

Medications:

Citation	Question			
NAC 639.469	Refrigerated medications stored in a dedicated medication refrigerator?	(Yes)	No	N/A
NAC 639.469	Daily refrigerator temperature record maintained?	(Yes)	No	N/A
NAC 639.67057	Multi-Dose vials are stored for a maximum of 28 days after initial opening? Initial date of penetration or discard date must be written on the vial.	(Yes)	No	N/A

Records:

Citation	Question			
NAC 639.4996	Is a perpetual inventory maintained for all scheduled medications?	(Yes)	No	N/A
NAC 639.482	Are all records maintained for a minimum of 2 years?	(Yes)	No	N/A
21 CFR 1305.12	Are DEA-222 forms properly executed?	(Yes)	No	N/A
	Does the facility participate in the Controlled Substance Ordering System (CSOS). 21 CFR 1305.21-29	(Yes)	No	N/A
	Does the facility print the completed CSOS document and attach to the invoice from the wholesaler?	(Yes)	No	N/A
NAC 639.489(1)	Are Schedule 2 invoices filed separately? 21 CFR 1304.04(f)(1)	(Yes)	No	N/A
NAC 639.489(1)	Are Schedule 3-5 invoices filed separately? 21 CFR 1304.04(f)(1)	(Yes)	No	N/A
NAC 639.4998	Has there been a discrepancy of 5% or more in quantities of controlled substances in possession versus the amount that should be in possession since the previous NVBOP inspection?	Yes	(No)	N/A
NAC 639.4998	If yes, was a report filed within 5 business days to the NVBOP?	Yes	No	(N/A) none to report
	If yes, was a DEA-106 form completed?	Yes	No	(N/A)
NRS 453.568 NAC 639.487	Was a report of Theft/Loss of controlled substances completed and submitted to the DEA/NVBOP, and Department of Public Safety for any loss of controlled substances since the previous NVBOP inspection? 21 CFR 1301.76 (8)	Yes	No	(N/A) none to report
	If yes, was the report filed within 10 days?	Yes	No	(N/A)
NAC 639.486	Records of controlled substance from inventory are maintained (circle)	Electronic	Handwritten	

Nevada State Board of Pharmacy
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(775) 850-1440 (800)-364-2081 Fax (775) 850-1444

Records:

Citation	Question			
	Does the controlled substance record contain the following:			
	Name of patient	Yes	No	N/A
	Name/dosage form/strength of controlled substance	Yes	No	N/A
	Date/time administered	Yes	No	N/A
	Quantity administered	Yes	No	N/A
	Signature/Initials of person administering	Yes	No	N/A
	Record of waste/co-signed by another person	Yes	No	N/A
	Record filed separate from patient chart	Yes	No	N/A

Remarks/Suggestions/Comments/Follow-up Information:

Inspector Use Only

(1) Virtual inspection 5/5/2021

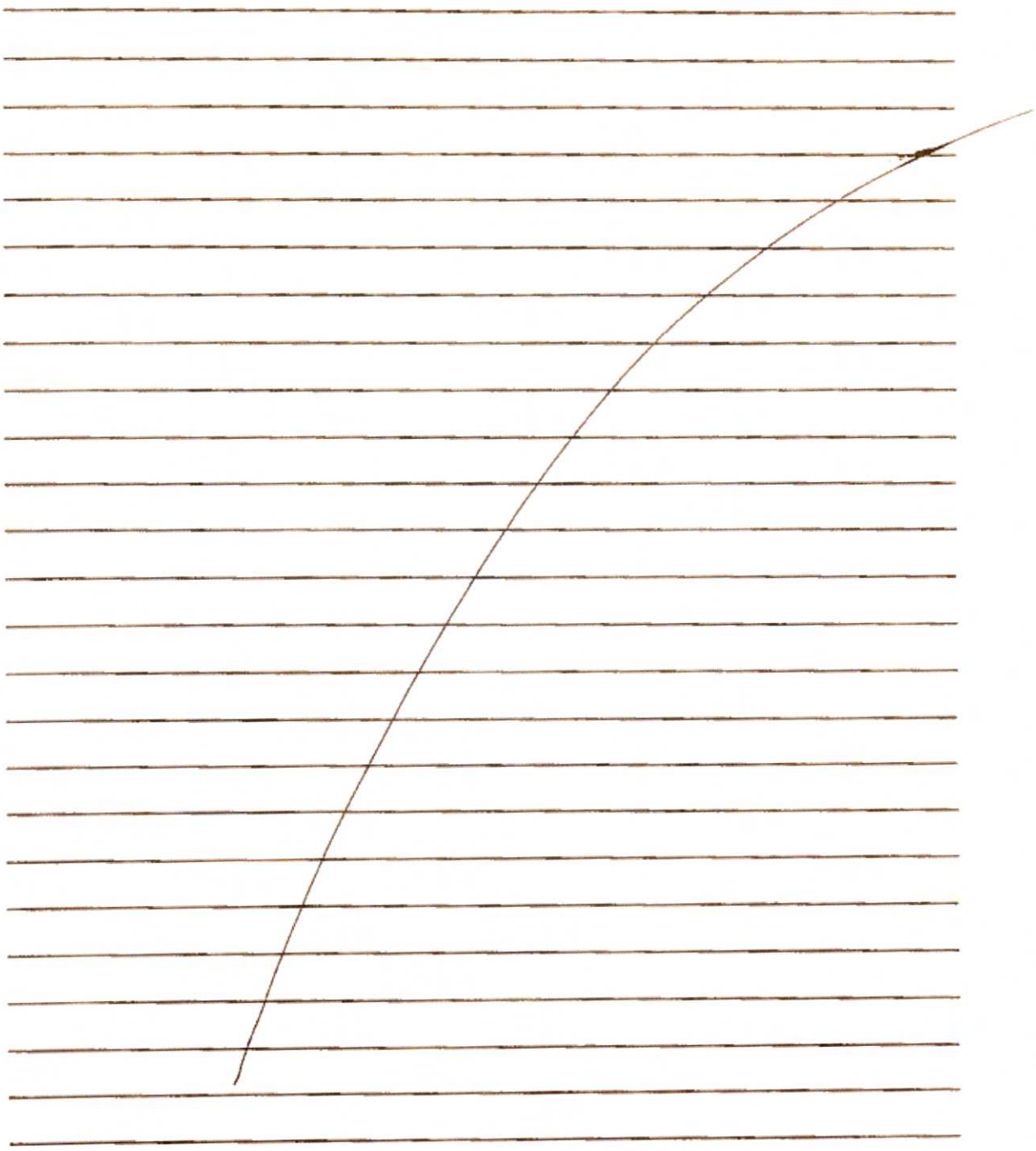
(2) Requested documents provided and Reviewed

(3) e.222 is Completed beautifully - THank you

(4) no follow up items for This inspection.

Les

Nevada State Board of Pharmacy
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Nevada State Board of Pharmacy
985 Damonte Ranch Suite 206, Reno, NV 89521
(775) 850-1440 (800)-364-2081 Fax (775) 850-1444

If you are required to provide any documentation to the inspector via fax or e-mail please attach a copy of the documents to this inspection form for future review on inspection.

Please fax required documents to 1-702-486-7903 for Las Vegas Inspectors

Please fax required documents to 1-775-850-1444 for Reno Inspectors

Your location has been inspected by an agent of the Nevada Board of Pharmacy. Any noted unsatisfactory conditions that require action are listed above and they must be corrected within the time frames stated to ensure compliance with laws and regulations governing your business.

I acknowledge that any noted unsatisfactory conditions have been explained to me and that I have received a copy of this inspection report.

Ambulatory Surgical Center: Box Canyon Surgery Center

Pharmacist Consultant signature: Mary Grear, RPh

Pharmacist Consultant name: Mary Grear, RPh

Date: 4/26/21

NVBOP Inspector signature: Leo Basch

NVBOP Inspector printed name: Leo BASCH

Date: 5/5/2021

Pharmacy Information

Date Completed:	4/26/21
Pharmacy Name:	Box Canyon Surgery Center
Pharmacy Ad:	1555 Box Canyon Drive, Las Vegas, NV 89128
Pharmacy Telephone Number:	702-314-4400
Pharmacy Fax Number:	702-857-9142
Pharmacy Email:	jnorberte@boxcanyonsc.com

Please fill out the below information for your Pharmacy Staff – use 2nd sheet if necessary

Position	Name (First and Last Name)	License Number
Managing Pharmacist:	Mary Grear, RPh	10687
Staff Pharmacist:	Tina Rizzolo, PharmD	17665
Intern(s):		
Technician(s):		

Center Name: Box Canyon Surgery Center **Date: 2-11-21**

CONSULTANT PHARMACIST MONTHLY INSPECTION REPORT

Storage of Medications: **Comments:**

☒A clean and orderly environment exists for the storage and preparation of medications.
☒Medication storage areas are well-lit and well-ventilated.
☒No medications or supplies are stored under sinks.
☒Boxes or kits used for procedures are organized so that different medications and strengths are separated.
☒Medications are separated by route of administration and/or type of medication and each area is clearly defined.
☒Controlled substances are separated from non-controlled.
☒Temperatures are appropriate in all storage areas, including rooms, refrigerators, and freezers.

- Room 68°F to 77°F (20°C to 25°C)
- Refrigerator 36°F to 46°F (2°C to 8°C)
- Freezer -13°F to 14°F (-25°C to -10°C)

-a temperature was logged for each day on both fridges.

☒A memory-equipped alarmed thermometer is used for monitoring both minimum and maximum daily temperatures, including days when the center is closed. Log is kept and initialed.
☒If medication storage area temperatures fall outside of the acceptable ranges, documentation exists on the temperature log that includes the steps taken to review and ensure the medications are considered safe to use or should be segregated for return or disposal.
☒Refrigerators and freezers are cleaned on a routine basis with freezer free of frost.
No food items are stored in refrigerators/freezers for medication.
☒Light-sensitive medications are stored in closed containers, are not exposed to light and are not discolored.
☒High alert medications are designated with a colored dot or sticker- different strengths of the same medication are separated appropriately.
☒Sound-alike/look-alike medications are designated with a colored sticker and physically separated from each other.
☒No excessive medication inventory is on hand.
☒Sharps containers are no more than two-thirds (2/3) full and are secured.

Hazardous Materials / Substances:

☒Hazardous materials/substances, such as cleaning compounds, chemicals and poisons are appropriately labeled and stored in ventilated areas separate from internal medications.
☒Safety Data Sheets (SDS) are readily accessible.

Security of Medications:

☒All medication storage areas, including medication refrigerators, are secured (sealed/locked) when the staff is not present.
☒Crash carts or mobile medication carts are stored away from patient

curtains, recovery areas or desk drawers where a patient may have access; and are locked at the end of each workday.
☒Crash carts and MH carts contents are secured and checked for inventory/stock each workday and expiration dates are recorded monthly.
☒Tamper-resistant prescription blanks/pads are used and are stored in a locked secure place and are not left out on a counter.

Medication Preparation:

☒Labels are intact, complete, and clean and can be easily read with Name, dosage, and date/time.
☒Metric-apothecary conversion chart is posted and adequate current-drug references are available.
☒Medications outside of their manufactured containers and ready for immediate patient administration, are labeled with the medication name and strength (or amount), date and time prepared, initials of the preparer, and expiration date.
☒Medications are not prepared in batches, but are prepared for individual patients use within one hour.

Expiration of Medications:

☒Medications and ancillary items in medication storage and cart areas are in date and not expired including the crash cart.
☒Single-dose vials (SDVs) are used for single patient use only and are discarded after one use.
☒Multi-dose vials (MDVs) are dated and initialed upon opening with open and beyond use date.

Destruction/Disposition of Medications:

☒Medications that are outdated, contaminated, deteriorated and those with the contents of containers without intact labels are disposed of according to state and federal regulations.
☒Medications deemed as hazardous materials/substances are disposed of appropriately.
☒Destruction/disposition is documented on an appropriate log and includes: medication name and strength, quantity/amount, date of disposition, lot number and method of disposition, and witnesses.

Controlled Substances (CS):

☒DEA controlled substance license is current.
☒Power of Attorney (POA) for DEA Forms 222 and Electronic Orders are current.
☒DEA Forms 222 are available for ordering schedule II medications.
☒Invoices for CII and CIII-V are filed separately.
☒Invoice documentation includes 2 signatures and date of persons receiving orders.
☒CII-V medications are retained in a securely double-locked area with restricted access until destroyed or properly disposed.
☒CS Perpetual Inventory Logs are verified by a physical count of 2 RNs Licensed professionals twice daily at the beginning and ending shift.

-All controlled invoices. filed correctly with CSOS attached & cosigned
-Missing 1 am cosign in narcotic log.

☒ Perpetual logs are complete and accurate without blank spaces.
☒ Medications in syringes are injected out of syringe prior to discarding.
☒ Keys are appropriately secured on the person while the center is open and locked in a coded storage available only to authorized RNs.

Audits (rotating types, utilizing 10% of the previous month's patient charts or agreed upon number):

☒ Allergy Documentation = 100%
☐ Medication Reconciliation
☐ Pain
☐ SIP
☒ Propofol (Monthly) = 100%
☒ Controlled Substances (Monthly) = 97%
☒ Cosign of Waste (Monthly) = 100%
☐ Other:

Educational Inservices:

☐ Aseptic Technique and Compounding Sterile Preparations
☐ Malignant Hyperthermia (MH)
☐ Moderate Sedation
☐ Medication Safety
☐ Other:

General:

☐ Poison control information center telephone # is available
☐ Procedure for contacting a pharmacist in an emergency is available.
☐ Facility DEA and State Pharmacy license is current and posted.
☐ All medication used have a physician order.
☐ Verbal Orders are read back and signed by ordering physician.
☐ Adverse Drug Reactions, Medication Errors are noted and trended.
☐ Other:

Meeting Attendance:

☒ Pharmacy Committee
☐ Quality Assurance/Performance Improvement Committee
☐ Safety Committee
☐ Other:

Consultant Pharmacist: Tina Rizzolo, PharmD **Date: 2-11-21**

PLEASE PRINT THIS DOCUMENT, ATTACH AUDIT(S) AND FILE IN PHARMACY BINDER

Comments:
--State health is catching up on annual visits and covid measure – check cavi wipes
-2021 nursing handbook in place
-Gave imprimis and JCB credentials
-Gave my updated TB and liability.
-Gave updated DEA form 41 which expires in 2024.
-Gave W9

-Please remind staff to use NKA vs. NKDA because should be checking for more than just drug allergies.
-Allergy audit was 100% - great job! Keep up the good work
-Controlled substances was 100% - great job! Keep up the good work
-Propofol and cosign of waste was 100%- great work! Keep up the good work.
-There was a bottled of timolol 0.5% opth sol at the nurse's station. It Expired on 1/21, however the MDV label states that it was opened on 2/10/21 which could indicate that an expired med was given to a patient. If this is the case, an incident report needs to be filled out.

AUDIT FORM - PROPOFOL USE DOCUMENTATION

JRGERY CENTER: BOX CANYON SURGERY CENTER

CHARTS: 30 MONTH AUDITED: JANUARY

DATE	MR#	PHYSICIAN	CHART DOSE	SIGN OUT	WASTE	OK	COSIGN OK	CONTROLS	COMMENT
6-Jan	27168	BOMAN	0	0	0	Y	Y	Y	V2
8-Jan	27152	ESQUENAZI	50	50	50	Y	Y	Y	V2
11-Jan	26970	SODERBURG	0	0	0	Y	Y	Y	F50 V1
	27181	WEICHERS	0	0	0	Y	Y	Y	F100 V2
13-Jan	25863	BOMAN	0	0	0	Y	Y	Y	V2
	27231	BOMAN	0	0	0	Y	Y	Y	F50 V3
	27229	BOMAN	0	0	0	Y	Y	Y	V3
14-Jan	13183	HAGER	30	30	70	Y	Y	Y	V2
	25701	HAGER	30	30	70	Y	Y	Y	V2
18-Jan	27240	ESQUENAZI	0	0	0	Y	Y	Y	F75 V1.5
19-Jan	27256	SODERBURG	200	200	0	Y	Y	Y	F100
21-Jan	27287	NOBERTE	30	30	70	Y	Y	Y	V2
	26888	HAGER	30	30	70	Y	Y	Y	V2
	27313	NOBERTE	0	0	0	Y	Y	Y	V2
25-Jan	25553	ESQUENAZI	0	0	0	Y	Y	Y	F75 V1.5
	27100	SODERBURG	0	0	0	Y	Y	Y	F50 V3
	27183	ESQUENAZI	50	50	50	Y	Y	Y	V2
	22283	ESQUENAZI	0	0	0	Y	Y	Y	F75 V1.5
26-Jan	22300	SODERBURG	40	40	60	Y	Y	Y	F50 V2
	27201	SODERBURG	70	70	30	Y	Y	Y	F50 V4
	27097	SODERBURG	50	50	50	Y	Y	Y	F50 V6
	27295	SODERBURG	80	80	20	Y	Y	Y	F50 V4
27-Jan	27276	BOMAN	0	0	0	Y	Y	Y	V2
	26871	BOMAN	0	0	0	Y	Y	Y	V2
	27275	BOMAN	0	0	0	Y	Y	Y	V2
28-Jan	27329	NOBERTE	0	0	0	Y	Y	Y	V2
	27340	NO SEDATION							
	27367	NOBERTE	0	0	0	Y	Y	Y	F50 V4
	27365	NOBERTE	20	20	80	Y	Y	Y	V5
	27338	NO SEDATION							
	TOTALS:					100%	100%	100%	

AUDIT FORM - ALLERGIES

JRGERY CENTER: BOX CANYON SURGERY CENTER

 # CHARTS: 30 **MONTH AUDITED:** JANUARY

MR#	ALLERGY PROMINENTLY PLACED	TYPE REACTION	UPDATED ON RETURN	COMMENT
27168	Y	Y	Y	USE RED STAMP ON FRONT OF CHART
27152	Y	Y	Y	
26970	Y	Y	Y	
27181	Y	Y	Y	
25863	Y	Y	Y	
27231	Y	Y	Y	
27229	Y	Y	Y	
13183	Y	Y	Y	
25701	Y	Y	Y	
27240	Y	Y	Y	
27256	Y	Y	Y	
27287	Y	Y	Y	
26888	Y	Y	Y	
27313	Y	Y	Y	
25553	Y	Y	Y	
27100	Y	Y	Y	
27183	Y	Y	Y	
22283	Y	Y	Y	
22300	Y	Y	Y	
27201	Y	Y	Y	
27097	Y	Y	Y	
27295	Y	Y	Y	
27276	Y	Y	Y	
26871	Y	Y	Y	
27275	Y	Y	Y	
27329	Y	Y	Y	
27340	Y	Y	Y	
27367	Y	Y	Y	
27365	Y	Y	Y	
27338	Y	Y	Y	
TOTALS:	100%	100%	100%	

Monthly Pharmacy Audit for Beyond Use Date (BUD)=Expiration Date of Medications

SURGERY CENTER: BOX CANYON SURGERY CENTER

Area Taken From	Name of Medication and Quantity	BUD	Lot Number	NDC	Comments
NURSE STATION	ACETAMINOPHEN 500MG #1	20-Sep-21	183225	0904-673961	
NURSE STATION	MIDOL COMPLETE #16	21-Jan	NAA78AT		
NURSE STATION	TIMOLOL 0.5% OPTH SOL #3	21-Jan	8B56A	17478-288-12	
ANESTHESIA ROOM	ALOHOL PREP PAD #3	21-Jan	CHAH01-01	68599-5804-1	
ANESTHESIA ROOM	BETADINE 5% #1	21-Jan	KU009	0065-0411-30	
NOTE- EPHEDRINE IN CRASH CART EXPIRES AT END OF MONTH					

CARDINAL HEALTH - ST LOUIS CUSTOMER ORDER CONFIRMATION 4/21/2021

TOTE COUNT: (1 OF 1)
BATCH-0011004 TOTE- KG A2 - 1 322186 BOX CANYON SURGERY C 13:22:44
ROUTE- 456 STOP- 550 CL- *** ORDER#- 1412962
CUST PO#-420CARPG

ITEM	QTY	UNIT	DESCRIPTION		WHSE SLOT
5355094	8	CT	MIDAZOLAM 1MG/ML 25X2ML 70860-0600-02	C4	KG-39-AA-2-04

8 --- PIECES ORDERED 1 --- LINES IN TOTE

#1

Vinay PG 4/21/21 CP

#2

ANNEXURE - V of SOP No.: PK-034	
GLAND	**PACKING SLIP**
SHIPPER No.	: 68
PRODUCT NAME	: midazolam Inj USP
BATCH No.	: 186023
QUANTITY	: 500
SHIPPER WEIGHT	: 3.400 kg CP
PACKED BY	: vasantha
CHECKED BY	: vijaya
DATE	: 11/08/20
GLAND PHARMA LIMITED	
Form No: PK-034/F05-00/06-15	

Vinay PG/CP 4/21/21

(888) 444-5440

CARDINAL HEALTH
2840 ELM POINT INDUSTRIAL DR.
ST. CHARLES, MO 63301

 ROUTE/STOP 456 / 550

DV

CardinalHealth

DEA RW-0283452 FED ID 68-0158739

CUST NO.	DATE	ORIGINAL INVOICE
322186	4/21/21	7670076
REG NO.	CUST. DEA NO.	ORDER NO.	CUSTOMER P.O. NUMBER
ASC02469	FB1195038	1412962	420CARPG
	ORDER DATE	CONF. NO.	
	4/20/21	03928	

PDF ONLY

BILL TO
BOX CANYON SURGERY CTR BILL TO
2555 BOX CANYON DR
LAS VEGAS, NV 89128

SHIP TO
BOX CANYON SURGERY CENTER LLC
2555 BOX CANYON DR
LAS VEGAS, NV 89128

ITEM NUMBER	NDC/UPC	QTY ORDERED	QTY SHIPPED	UOM	DESCRIPTION	SIZE	FORM	CLASS			UNIT PRICE	EXTENSION	LOT# EXP
	TOTE# 1				ASN# 18-611-1160								
5355094	70860-0600-02	20	20	CT	MIDAZOLAM 1MG/ML 25X2ML C4	25	SD	4			15.84	31680	CT
This item is split:			12 in		1 case 8 In Tote	1							
					INCLUDES 1 CASES OF 12								
	see message(s): 121												
	TOTE# 2				ASN# 18-611-1302								
1168129	17478-0102-12	6	6	EA	AK-TROPICACYL 1% 15ML OPTH	1	DR				5.22	3132	CT
4262846	60505-1003-02	6	6	EA	KETOROLAC 0.5% 10ML OPTH	1	DR				8.71	5226	CT
	see message(s): 121												
5066329	17478-0206-05	8	8	EA	PHENYLEPHRINE HCL 10% 5ML OPTH	1	DR				38.85	31080	CT
			40		TOTAL PIECES SHIPPED								

---------- S U M M A R Y ----------

Total RX	711.18
NET AMOUNT	711.18

INVOICE SHIP DATE: 4/20/2021

For SDS Visit: http://www.mycardinalsdspd.com

PLEASE REMIT YOUR PAYMENTS TO FOLLOWING ADDRESS:
CARDINAL HEALTH 110, LLC
C/O BANK OF AMERICA LOCKBOX
5303 COLLECTIONS CENTER DRIVE
CHICAGO, IL 60693

Messages

121 This product is required by the FDA to be dispensed with a medication guide. To obtain a medication guide for this product, please visit http://www.fda.gov/Drugs/DrugSafety/ucm0857

Note Codes:			
T	Taxable	CT	Contract
CO	Contract Item Override	SN	Special Net
SP	Special Pricing	OV	Price Override
		CS	Source Contract

Omit Codes:		
C Dropship	4 Not stocked	7 Drug Recall
2 DC Out	5 Mfr Disc	8 New item/stock unavail.
3 Mfr Out	6 DC Disc	9 Restricted Item
		S Regulatory Review

List Chemical Designations
E - Ephedrine
P - Phenylpropanolamine
S - Pseudoephedrine
L - Other List Chemical

456 / 550

Customer is a final dispenser purchasing for own use and will not redistribute prescription pharmaceuticals into the secondary market.

The prices shown on this invoice are net of discounts provided at the time of purchase. Some of the products listed on this invoice may be subject to additional discounts or rebates. Please refer to your contract for any specific additional discounts or rebates that may apply to these purchases. You may have an obligation pursuant to 42 USC §1320a-7b to report discounts and rebates to Medicare, Medicaid or other governmental health care programs.

Effective January 1, 2015, DSCSA Transaction Data for qualified prescription drugs can be accessed via your usual ordering platform, such as Order Express or Med eCommerce, or at cardinalhealth.com/trace.

2578

(888) 444-5440

CARDINAL HEALTH
2840 ELM POINT INDUSTRIAL DR.
ST. CHARLES, MO 63301

 ROUTE/STOP 456 / 550

DV

CardinalHealth

DEA RW-0283452 FED ID 68-0158739

CUST NO.	DATE	ORIGINAL INVOICE
322186	4/22/21	7674009

REG NO.	CUST. DEA NO.	ORDER NO.	CUSTOMER P.O. NUMBER
ASC02469	FB1195038	1414492	420CARPG

	ORDER DATE	CONF. NO.	
	4/20/21	04738	

BILL TO
PDF ONLY
BOX CANYON SURGERY CTR BILL TO
2555 BOX CANYON DR
LAS VEGAS, NV 89128

SHIP TO
BOX CANYON SURGERY CENTER
LLC
2555 BOX CANYON DR
LAS VEGAS, NV 89128

ITEM NUMBER	NDC/UPC	ORD	SHP		DESCRIPTION	SIZE						UNIT PRICE	EXTENSION	
	TOTE# 1				ASN# 18-611-9687									
1347988	00009-3073-03	2	2	CT	DEPO-MEDROL 40MG/ML 25X1ML AF	25	SD					183.49	366.98	CT
5374889	60505-0582-04	10	10	EA	MOXIFLOXACIN HCL 0.5% 3ML	1	DR					6.88	68.80	CT
	see message(s): 121													
	TOTE# 2				ASN# 18-611-9830									
2963726	61314-0016-01	12	12	EA	PROPARACAINE 0.5% 15ML OPTH	1	DR					35.90	430.80	CT
			24		TOTAL PIECES SHIPPED									
					---------- S U M M A R Y ----------									
					Total RX			866.58						
					NET AMOUNT			866.58						

INVOICE SHIP DATE: 4/21/2021

For SDS Visit: http://www.mycardinalsdspd.com

PLEASE REMIT YOUR PAYMENTS TO FOLLOWING ADDRESS:
CARDINAL HEALTH 110, LLC
C/O BANK OF AMERICA LOCKBOX
5303 COLLECTIONS CENTER DRIVE
CHICAGO, IL 60693

Messages

121 This product is required by the FDA to be dispensed with a medication guide. To obtain a medication guide for this product, please visit http://www.fda.gov/Drugs/DrugSafety/ucm085729.htm

Note Codes:			
T	Taxable	CT	Contract
CO	Contract Item Override	SN	Special Net
SP	Special Pricing	OV	Price Override
		CS	Source Contract

Omit Codes:		
C Dropship	4 Not stocked	7 Drug Recall
2 DC Out	5 Mfr Disc	8 New Item/stock unavail.
3 Mfr Out	6 DC Disc	9 Restricted Item
		S Regulatory Review

List Chemical Designations
E - Ephedrine
P - Phenylpropanolamine
S - Pseudoephedrine
L - Other List Chemical

456 / 550

5/25/21
DUE DATE

866.58

Customer is a final dispenser purchasing for own use and will not redistribute prescription pharmaceuticals into the secondary market.

The prices shown on this invoice are net of discounts provided at the time of purchase. Some of the products listed on this invoice may be subject to additional discounts or rebates. Please refer to your contract for any specific additional discounts or rebates that may apply to these purchases. You may have an obligation pursuant to 42 USC §1320a-7b to report discounts and rebates to Medicare, Medicaid or other governmental health care programs.

Effective January 1, 2015, DSCSA Transaction Data for qualified prescription drugs can be accessed via your usual ordering platform, such as Order Express or Med eCommerce, or at cardinalhealth.com/trace.

2579

(888) 444-5440

CardinalHealth

CARDINAL HEALTH
2840 ELM POINT INDUSTRIAL DR.
ST. CHARLES, MO 63301

DEA RW-0283452 FED ID 68-0158739

 ROUTE/STOP 456 / 550

DV

INVOICE NO.	DATE	ORIGINAL INVOICE
322186	4/21/21	7670100
REG NO.	CUST. DEA NO.	ORDER NO.	CUSTOMER P.O. NUMBER
ASC02469	FB1195038	1412987	420CARPG
	ORDER DATE	CONF. NO.	
	4/20/21	03947	

BILL TO
PDF ONLY
BOX CANYON SURGERY CTR BILL TO
2555 BOX CANYON DR
LAS VEGAS, NV 89128

SHIP TO
BOX CANYON SURGERY CENTER LLC
2555 BOX CANYON DR
LAS VEGAS, NV 89128

ITEM NUMBER	NDC/UPC	QTY ORDERED	QTY SHIPPED	SU	PK	DESCRIPTION	SIZE	FORM	CLASS			UNIT PRICE	EXTENSION	LOT# EXP
	TOTE# 2					ASN# 18-611-1302								
5409040	50742-0233-01	4	4	EA		ACETAZOLAMIDE ER 500MG 100	100	CP				40.80	163.20	CT
			4			TOTAL PIECES SHIPPED								
						---------- S U M M A R Y ----------								
						Total RX			163.20					
						NET AMOUNT			163.20					

INVOICE SHIP DATE: 4/20/2021

For SDS Visit: http://www.mycardinalsdspd.com

PLEASE REMIT YOUR PAYMENTS TO FOLLOWING ADDRESS:
CARDINAL HEALTH 110, LLC
C/O BANK OF AMERICA LOCKBOX
5303 COLLECTIONS CENTER DRIVE
CHICAGO, IL 60693

Note Codes:			
T	Taxable	CT	Contract
CO	Contract Item Override	SN	Special Net
SP	Special Pricing	OV	Price Override
		CS	Source Contract

Omit Codes:		
C Dropship	4 Not stocked	7 Drug Recall
2 DC Out	5 Mfr Disc	8 New item/stock unavail.
3 Mfr Out	6 DC Disc	9 Restricted Item
		S Regulatory Review

List Chemical Designations
E - Ephedrine
P - Phenylpropanolamine
S - Pseudoephedrine
L - Other List Chemical

456 / 550

5/25/21
DUE DATE

163.20

Customer is a final dispenser purchasing for own use and will not redistribute prescription pharmaceuticals into the secondary market.

The prices shown on this invoice are net of discounts provided at the time of purchase. Some of the products listed on this invoice may be subject to additional discounts or rebates. Please refer to your contract for any specific additional discounts or rebates that may apply to these purchases. You may have an obligation pursuant to 42 USC §1320a-7b to report discounts and rebates to Medicare, Medicaid or other governmental health care programs.

Effective January 1, 2015, DSCSA Transaction Data for qualified prescription drugs can be accessed via your usual ordering platform, such as Order Express or Med eCommerce, or at cardinalhealth.com/trace.

2580

Invoice Details (18-322186)

Invoice #:	7574632	**Order #:**	1314329	**Confirmation #:**	08378
Invoice Date:	03/26/2021	**Order Date:**	03/25/2021	**Order Method:**	OrderExpress
Customer #:	322186	**PO Memo:**		**PO #:**	0325CARJN
Cust.DEA#:	FB1195038	**Reg #:**	ASC02469	**Shipping Address:**	BOX CANYON SURGERY CENTER LLC 2555 BOX CANYON DRLAS VEGAS, NV, 891280000
Billing Address:	BOX CANYON SURGERY CENTER LLC 2555 BOX CANYON DRLAS VEGAS, NV, 891280000			**Distribution Center:**	ST. CHARLES (636) 443-8700

View Less...

Service Request:

Received Status: N/A

Invoice Lines

Columns Print Export .xls

1 Lines - Total Cost: $315.00

SEL	CIN	SUB	NDC	UPC	ORIG QTY	ORDER QTY	SHIP QTY	OMIT	U/M	TRADE NAME	MFR	STRENGTH	FORM	SIZE	COST	TOTAL COST
	3691888		00409-9094-22	304099-094224		20	20			FENTANYL CITRATE	PFIZER	50MCG/ML	SDPF	25X2 ML	$15.75	$315.00

For Selected, add to:

Summary

Total Pieces Shipped 20
Amount $315.00

Vinky Re/U 3/29/21

Omit Codes:

1: Mfg S.O	4. Not Stocked	7. Drug Recall
2. Whse Out	5. Mfg Disc.	8. New Item
3. Mfg Out	6. Whse Disc	9. Restricted
C. Dropship	S. Regulatory Review	

3-24-21 Fentanyl X 500 100 mcg/2ml

e222

View, edit, print and download the e222.

UTN 21XCO0002 - DEA# FB1195038

To:
CardinalHealth-ST. LOUIS,
2840 ELM POINT IND. DRIVE,
ST. CHARLES, MO, 63301-0000
Supplier DEA Registration #:
RW0283452
Order Purchase Date:
03/25/2021

Name Of Registrant:
BOX CANYON SURGERY CENTER,
2555 BOX CANYON DR,
LAS VEGAS, NV, 89128-0000
Buyer DEA Registration #:
FB1195038
Purchase Order #:
0325carjn

Your changes have been saved

* Please check the Date Received as it might default to the Order Date or the Invoice Date depending on what time of day you place your order

Line #	Order Qty	Ship Qty	Received Qty	CIN	NDC	Trade Name	Strength	Form	Size	Type	Date Received	Last Updated By	Notes
1	20	20	20	3691888	00409-9094-22	FENTANYL CITRATE	50MCG/ML	SDPF	25X2 ML	C2	03/29/2021	norberte_joann02	PG/pl 3/29/21

1 # of Lines Completed

2582

Stockholders (Members) and Percent Ownership for Box Canyon Surgery Center LLC[1]

1. Medical Management Resource Group, L.L.C.: 60.00%[2]
2. Dr. Peter DeBry: 22.80%
3. Dr. Raimundo Leon: 9.86%
4. ALZA CREW, LLC: 5.00%[3]
5. Dr. Kent Wellish: 2.34%

[1] This includes all stockholders who hold 10% or more of the shares.

[2] There are no direct or indirect individual /natural persons who directly or indirectly hold 10% or more of the stock of this entity.

[3] This entity is owned 100% by Dr. Anthony Ruggeroli.

Personal History Record Applications for Box Canyon Surgery Center, LLC

Attached for:

- Peter W. Debry, M.D.
- Raimundo Leon, M.D.
- Anthony Charles Ruggeroli, M.D. (the sole owner/member of ALZA Crew, LLC)
- Kent L. Wellish, M.D.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler BOX CANYON SURGERY CENTER

Physical Address 2555 BOX CANYON DRIVE

City LAS VEGAS State NV Zip 89128

Mailing Address (if different from physical address) SAME AS above.

City _____ State _____ Zip _____

Telephone 702-316-4400 Website NONE

Licensing Company Email JNORBERTE@BOXCANYONSC.COM

Section 2: Personal Information

First PETER Middle WINSTON Last DEBRY

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] ROBIN OAKS DR.

City LAS VEGAS State NV Zip 89117

Telephone [redacted] Email [redacted]@YAHOO.COM

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
UNIVERSITY OF UTAH SCHOOL OF MEDICINE			1992 – 1996	
Address	City		State	Zip
30 N, 1900 E,	SALT LAKE CITY		UT	84132
Diploma/Degree obtained, If any				
MD				

School Name			From - To (MM/YY – MM/YY)	
BRIGHAM YOUNG UNIVERSITY			86-87 89-92	
Address	City		State	Zip
CAMPUS DR.	PROVO		UT	84602
Diploma/Degree obtained, If any				

School Name			From - To (MM/YY – MM/YY)	
LONGMONT HIGH SCHOOL			85 – 86	
Address	City		State	Zip
1040 SUNSET ST.	LONGMONT		CO	80501
Diploma/Degree obtained, If any				

School Name			From - To (MM/YY – MM/YY)	
KINGSTON HIGH SCHOOL			83 – 85	
Address	City		State	Zip
403 BROADWAY	KINGSTON		NY	12401
Diploma/Degree obtained, If any				

School Name			From - To (MM/YY – MM/YY)	
Address	City		State	Zip
Diploma/Degree obtained, If any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/20 –	[redacted] ROBIN OAKS DR	LAS VEGAS	NV	89117
2018 – 7/20	[redacted] STELLAR VIEW	LAS VEGAS	NV	89117
2003 – 2018	[redacted] OAK HOLLOW CT	HENDERSON	NV	89074
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler _____

Physical Address _____

City _____ State _____ Zip _____

Mailing Address (if different from physical address): _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First PETER Middle WINSTON Last DEBRY

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] ROBIN OAKS DR.

City LAS VEGAS State NV Zip 89117

Telephone [redacted] Email [redacted]@YAHOO.COM

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials _____

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: NV eye surgery			From - To (MM/YY – MM/YY): 2013 - Present	
Business Address: 2390 W. Horizon Ridge Pkwy	City: Henderson		State: NV	Zip: 89052
Phone: 702-825-2065	Title: Physician			
Description of Duties: Patient care				

Business Name: Westgreen eye center			From - To (MM/YY – MM/YY): 2011 - 2013	
Business Address: 2575 Linnell Rd	City: Las Vegas		State: NV	Zip: 89146
Phone	Title: Physician			
Description of Duties: Patient care				

Business Name: Box canyon surgery center			From - To (MM/YY – MM/YY): – Present	
Business Address: 2555 Box canyon Dr	City: Las Vegas		State: NV	Zip: 89128
Phone: 702 316-4400	Title: Shareholder			
Description of Duties: N/A				

Business Name: Debry Property Services			From - To (MM/YY – MM/YY): 2015 - Present	
Business Address: 2390 W. Horizon Ridge	City: Henderson		State: NV	Zip: 89052
Phone: 702-219-3770	Title: President			
Description of Duties: Property management				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	City		State	Zip
Phone	Title			
Description of Duties				

Continue on next page if additional space is needed.

Applicant's initials _____

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name	From - To (MM/YY – MM/YY)
NV eye surgery	2013 - Present

Business Address	City	State	Zip
2390 W. Horizon Ridge Pkwy	Henderson	NV	89052

Phone	Title
702-825-2085	Physician

Description of Duties: Patient care

Business Name	From - To (MM/YY – MM/YY)
Westgreen eye center	2011 - 2013

Business Address	City	State	Zip
2575 Linnell Rd	Las Vegas	NV	89146

Phone	Title
	Physician

Description of Duties: Patient care

Business Name	From - To (MM/YY – MM/YY)
Box Canyon Surgery center	- Present

Business Address	City	State	Zip
2555 Box Canyon Dr.	Las Vegas	NV	89128

Phone	Title
702 316-4400	Shareholder

Description of Duties: N/A

Business Name	From - To (MM/YY – MM/YY)
Debry Property Services	2015 - Present

Business Address	City	State	Zip
2390 W. Horizon Ridge	Henderson	NV	89052

Phone	Title
702-219-3770	President

Description of Duties: Property management

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties:

Continue on next page if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Section 8: Arrests, Detentions, Litigations, Arbitrations:	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

PETER DERRY

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/5/22

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clar

I, Randy Caldwell, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/5/22

Date

Subscribed and Sworn to before me this 5 day of April.

Notary Public Signature

RANDY CALDWELL
NOTARY PUBLIC
STATE OF NEVADA
Appt. No. 17-2310-1
My Appt. Expires APRIL 22, 2025

(Seal)

Applicant's initials

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Box Canyon Surgery Center LLC

Physical Address 2555 Box Canyon Drive

City LV State NV Zip 89128

Mailing Address (if different from physical address) Same as above

City _____ State _____ Zip _____

Telephone 702 316 4400 Website N/A

Licensing Company Email jnorbeck@boxcanyonsc.com

Section 2: Personal Information

First Raimundo Middle Francisco Last Leon

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN _____ Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Crimson Canyon Drive

City LV State NV Zip 89128

Telephone [redacted] Email [redacted]gmail.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Chaparral H.S			9/83 - 6/87	
Address		City	State	Zip
3850 Annie Oakley Drive		L.V.	NV.	89121
Diploma/Degree obtained, if any				
Diploma				

School Name			From - To (MM/YY – MM/YY)	
Univ. of Nevada Las Vegas			9/87 - 5/91	
Address		City	State	Zip
4505 S. Maryland Pkwy		LV	NV.	89154
Diploma/Degree obtained, if any				
B.S. Biology				

School Name			From - To (MM/YY – MM/YY)	
Ross University School of Medicine			11/92 - 5/96	
Address		City	State	Zip
485 US Hwy 1 south/Bld #4		Iselin	NJ	08830
Diploma/Degree obtained, if any				
MD				

MAIL

School Name			From - To (MM/YY – MM/YY)	
Univ. of New Mexico School of Medicine			6/98 - 5/2001	
Address		City	State	Zip
University of New Mexico ~~Univ School of Medicine MS~~		Albuquerque	NM	87131-001
Diploma/Degree obtained, if any				
MD Anesthesiologist				

School Name			From - To (MM/YY – MM/YY)	
Univ. of New Mexico school of Medicine			6/2001 - 5/2002	
Address		City	State	Zip
1 University of New Mexico		Albuquerque	NM	87131-001
Diploma/Degree obtained, if any				
Pain Management				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/2007 - present	[redacted] Cherry Creek Cir	Las Vegas	NV	89135
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Advanced Pain Consultants			07/02 - present
Business Address	**City**	**State**	**Zip**
2650 Crimson Canyon Drive	LV	NV	89128
Phone	**Title**		
702-	owner / Medical Director		
Description of Duties			
Physician			

Business Name			From - To (MM/YY – MM/YY)
Box Canyon Surgery Center			7/2010 - present
Business Address	**City**	**State**	**Zip**
2535 Box Canyon Drive	LV	Nev.	89128
Phone	**Title**		
702 316-4400	co-manager.		
Description of Duties			
assist in the operation of the center			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials _____

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

N/A

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

04/4/23

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Raimundo Leon
Print Name (First, Last)

Original Signature (~~electronic~~, copies or stamps not accepted)

04/06/2022
Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Raimundo Leon, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

04/06/2022
Date

Subscribed ~~and~~ Sworn to before me this 6 day of April.

Notary Public Signature

RANDY CALDWELL
NOTARY PUBLIC
STATE OF NEVADA
Appt. No. 17-2310-1
My Appt. Expires APRIL 22, 2025

(Seal)

Applicant's initials

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler BOX CANYON SURGERY CENTER

Physical Address 2555 BOX CANYON DRIVE

City LAS VEGAS State NV Zip 89128

Mailing Address (if different from physical address) (SAME AS ABOVE)

City _____ State _____ Zip _____

Telephone 702-316-4400 Website NONE

Licensing Company Email JNORBERTE@BOXCANYONSC.COM

Section 2: Personal Information

First ANTHONY Middle CHARLES Last RUGGEROLI

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted]2 SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted]SO FORT APACHE RD, STE [redacted]

City LAS VEGAS State NV Zip 89148

Telephone [redacted] Email [redacted]@lvcoxmail.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials AR

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
CREIGHTON UNIVERSITY SCHOOL OF MEDICINE		09/88-05/92	
Address	City	State	Zip
	OMAHA	NE	
Diploma/Degree obtained, if any			
M.D.			
School Name		From - To (MM/YY – MM/YY)	
SOUTHERN UTAH STATE COLLEGE		06/86-06/87	
Address	City	State	Zip
	CEDAR CITY	UT	
Diploma/Degree obtained, if any			
NONE			
School Name		From - To (MM/YY – MM/YY)	
UNIVERSITY OF NEVADA LAS VEGAS		09/82-05/86	
Address	City	State	Zip
	LAS VEGAS	NV	
Diploma/Degree obtained, if any			
NONE			
School Name		From - To (MM/YY – MM/YY)	
GORMAN HIGH SCHOOL		08/79-05/80	
Address	City	State	Zip
	LAS VEGAS	NV	
Diploma/Degree obtained, if any			
HIGH SCHOOL DIPLOMA			
School Name		From - To (MM/YY – MM/YY	
WESTERN HIGH SCHOOL		08/77-05/79	
Address	City	State	Zip
	LAS VEGAS	NV	
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/99-CURRENT	[redacted]GLEN ORA AVE	LAS VEGAS	NV	89134
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials AR

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
ANTHONY C RUGGEROLI, M.D., LTD			01/98-PRESENT
Business Address	**City**	**State**	**Zip**
6070 SO FORT APACHE RD STE 100	LAS VEGAS	NV	89148
Phone	**Title**		
702-307-7700	PRESIDENT		
Description of Duties			
MEDICAL DOCTOR			

Business Name			From - To (MM/YY – MM/YY)
BOX CANYON LLC			11/21-CURRENT
Business Address	**City**	**State**	**Zip**
	LAS VEGAS	NV	
Phone	**Title**		
	SHARE HOLDER		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials AR

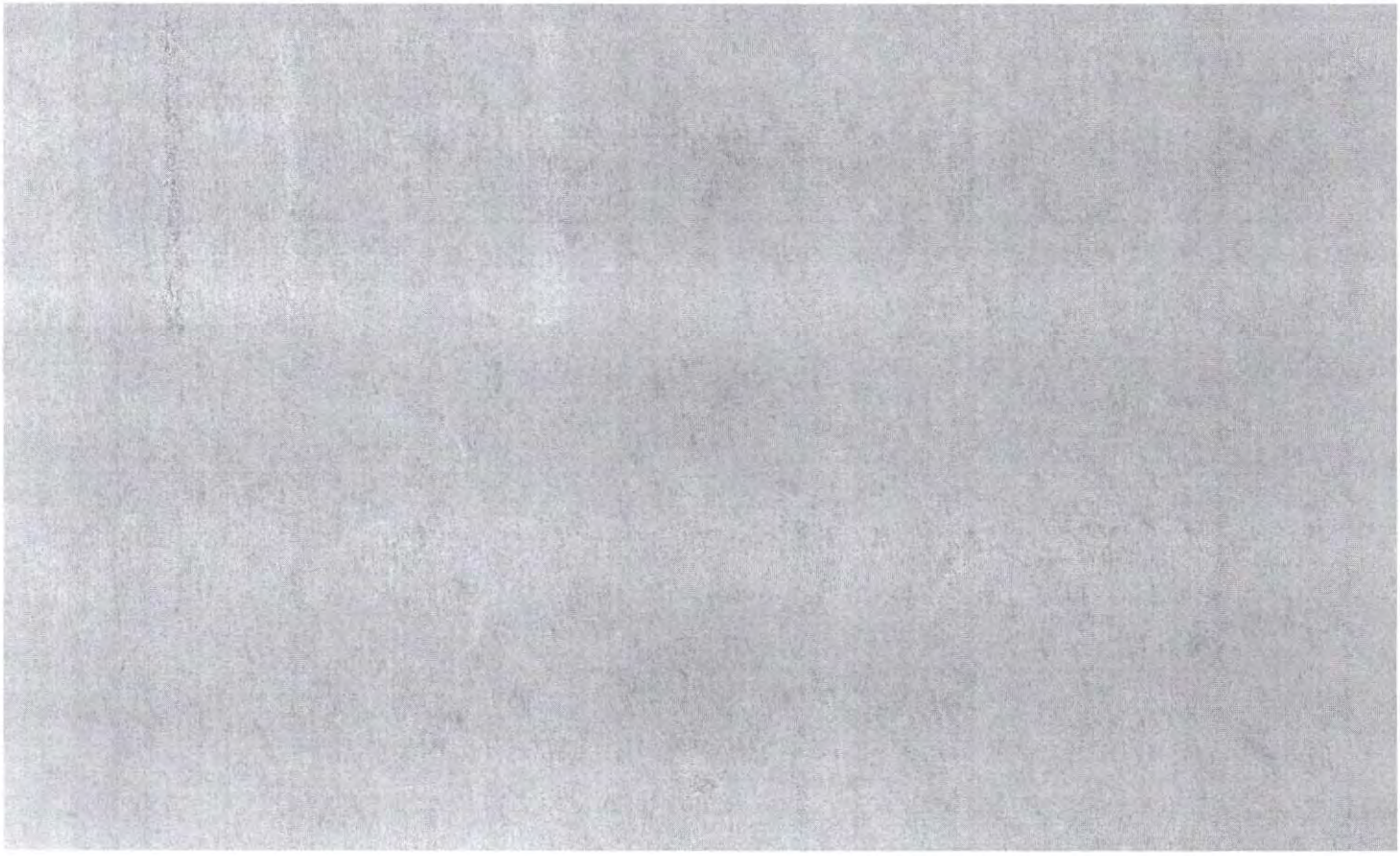
Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:



Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials AR

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

ANTHONY RUGGEROLI
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/05/2022
Date

Please have this section completed in the presence of a Notary Public.

State of NEVADA, ss. County of CLARK

I, ANTHONY RUGGEROLI, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/5/22
Date

Subscribed and Sworn to before me this 5 day of April 2022

Eileen M Rinaldi
Notary Public Signature

EILEEN M. RINALDI
Notary Public, State of Nevada
Appointment No. 03-84762-1
My Appt. Expires Nov 29, 2023

(Seal)

Applicant's initials AR

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

4

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Box Canyon Surgery Center LLC

Physical Address: 2555 Box Canyon Drive

City: Las Vegas State: NV Zip: 89128

Mailing Address (if different from physical address): same as above

City: State: Zip:

Telephone: (702) 316-4400 Website: none

Licensing Company Email: jnorberte@boxcanyonsc.com

Section 2: Personal Information

First: Kent Middle: Lewis Last: Wellish

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Wedgewood Drive

City: Henderson State: NV Zip: 89014

Telephone: [redacted] Email: [redacted]@mac.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty: _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

N/A

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's initials: KL

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Univ of California Los Angeles - UCLA		07/1992 - 06/1994	
Address	**City**	**State**	**Zip**
100 Stein Plaza - UCLA	Los Angeles	CA	90095
Diploma/Degree obtained, if any			
Fellowship: Cornea and Refractive Surgery			

School Name		From - To (MM/YY – MM/YY)	
University of Kansas		07/1988 - 06/1992	
Address	**City**	**State**	**Zip**
3901 Rainbow Blvd.	Kansas City	KS	66160
Diploma/Degree obtained, if any			
Residency: Ophthalmology			

School Name		From - To (MM/YY – MM/YY)	
Univ of Arizona College of Medicine		08/1982 - 05/1987	
Address	**City**	**State**	**Zip**
P.O. Box 245017	Tucson	AZ	85724
Diploma/Degree obtained, if any			
M.D.			

School Name		From - To (MM/YY – MM/YY)	
Brandeis University		08/1978 - 05/1982	
Address	**City**	**State**	**Zip**
415 South St.	Waltham	MA	02453
Diploma/Degree obtained, if any			
Bachelor of Arts			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/95 - present	[redacted] Wedgewood Drive	Henderson	NV	89014
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Eye Associates of Nevada: Wellish, P.C.			12/1994 - present	
Business Address	**City**		**State**	**Zip**
2110 E. Flamingo Rd., Ste 210	Las Vegas		NV	89119
Phone	**Title**			
(702) 733-2020	President			
Description of Duties				
Work together with our Practice Administrator Tony Sterrett to oversee strategic planning and day to day functioning of our Clinic and Practice.				

Business Name			From - To (MM/YY – MM/YY)	
Box Canyon Surgery Center LLC			09/2008 - present	
Business Address	**City**		**State**	**Zip**
2555 Box Canyon Drive	Las Vegas		NV	89128
Phone	**Title**			
(702) 316-4400	Chief Manager			
Description of Duties				
Work together with the other manager Dr. Ray Leon and Nurse Administrator Joann Norberte to oversee strategic planning and day to day functioning of the ASC.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✔	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

6

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
11/14/2013	11/14/2013	NV	Reno	Washoe

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
BME Case 12-13732	Nevada State Board of Medical Examiners

Reason/Charge
Request for Records/Explanation of Care

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
See below	n/a - See below

Name of Business/Industry/Entity
See below

Provide explanation below:

On April 18, 2012, the above Board sent a request for records and explanation of care regarding a complaint by a patient. A Second and a Final Request were sent on June 29, 2012, and August 28, 2012, respectively. In September 2012, Board Investigator, Monica Gustafson, contacted our then Practice Administrator by phone regarding the lack of a response. I was told by my Practice Administrator that in order to be compliant, only the copies of the records of this patient needed to be sent to the Board, since the surgeon whose care precipitated the complaint was no longer with our practice. Under this mistaken belief, my Practice Administrator sent only the requested copied records to the Board on September 7, 2012.

What I did not realize (since my Administrator never forwarded to me the above Requests and due to her misunderstanding of what was Requested) was that the Requests also included a Request to provide an explanation of the care provided with regard to the patient's complaints. Therefore as a result of my failure to respond to the latter part of the Request, the Board issued an Order dated June 28, 2013, requiring me to appear before the Investigative Committee. I appeared before the Investigative Committee on November 14, 2013.

After I appeared before the Committee in Reno, NV, on November 14, 2013, and reviewed and explained the above, the Confidential Investigative Committee decided to close the matter without any further action(s).

As part of this process, I expressed my sincere apologies to the Board for my Administrator not reading the Requests carefully enough and for not forwarding any of them to me for review. I explained the corrective action steps our Practice has taken to avoid such a gaffe in the future. These steps include the fact that the Practice Administrator responsible for not forwarding these Board requests is no longer with our practice.

Original Signature (electronic, copies or stamps not accepted)

4/6/2022
Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Kent, Wellish

Kent Wellish

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/4/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Kent Wellish, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Date 04/06/2022

Subscribed and Sworn to before me this 6 day of April.

Notary Public Signature

RANDY CALDWELL
NOTARY PUBLIC
STATE OF NEVADA
Appt. No. 17-2310-1
My Appt. Expires APRIL 22, 2025

(Seal)

Applicant's initials _____

The Investigative Committee of the Board of Medical Examiners of the State of Nevada

* * * * *

In the Matter of the Investigation of Kent Wellish, MD License No. 7032	Case No. 12-13732

ORDER

TO: Kent Wellish, MD
[redacted]E. Flamingo Rd. #[redacted]
Las Vegas, NV 89119

The Investigative Committee of the Nevada State Board of Medical Examiners, pursuant to NRS 630.311(1) may issue an order compelling a physician to appear before it to aid in an investigation of a matter. The Investigative Committee requires your appearance before it regarding the above identified investigative case. The Investigative Committee in its investigation of the case identified above in which you are named as the Respondent requires you to appear before the Investigative Committee to discuss the facts regarding BME case 12-13732.

At the time of your appearance, please be prepared to discuss the facts involved in the above referenced case and also be prepared to answer questions regarding your practice in general, your specialty, the community standard of care regarding your specialty, and your complaint history with the Board. You have been previously notified of all prior complaints files in which you have been named.

Therefore, it is hereby **ORDERED**, that:

You shall appear before the Investigative Committee of the Nevada State Board of Medical Examiners on **Thursday, November 14, 2013 at 9:30 a.m.,** at the offices of the Nevada State Board of Medical Examiners, located at 1105 Terminal Way #301, Reno, NV 89502. At said appearance you shall be expected to discuss the matters set forth above with the members of the Investigative Committee.

Be advised that NRS 630.3065(2) (a) provides in part, that the willful failure to comply with an Order committee designated by the Board to investigate a complaint against a physician is grounds for disciplinary action against the licensee:

Compliance with this Order is deemed compulsory and shall not be deemed to be cooperation subject to the whistle-blower protections provided to physicians in NRS 630.3064 (3).

DATED this 4th day of October 2013

NEVADA STATE BOARD OF MEDICAL EXAMINERS
INVESTIGATIVE COMMITTEE

Theodore B. Berndt

Theodore Berndt, M.D., Chairman
Nevada State Board of Medical Examiners
Investigative Committee

Morris Polich & Purdy LLP
ATTORNEYS AT LAW
www.mpplaw.com

November 6, 2013

Writer's e-mail address:
jhunt@mpplaw.com

Via email and Federal Express
***Email – mcgnsbme@medboard.nv.gov* (w/o exhibits)**

Nevada State Board of Medical Examiners
Monica C. Gustafson, Certified Medical Board Investigator
Investigative Committee Members
Board Counsel
1105 Terminal Way, Suite 301
Reno, NV 89502

Re: ***BME Case # 12-13732***
Licensee: ***Kent L. Wellish, M.D.; License No. 7032***
Patient: [redacted]

Ms. Gustafson, Investigative Committee Members, and Board Counsel:

At the outset Dr. Wellish wants to extend his sincerest apology and takes full responsibility for the necessity of the Investigative Committee to issue an Order requiring Dr. Wellish to appear before the Investigative Committee on November 14, 2013.

Dr. Wellish acknowledges the initial complaint of [redacted] **(Exhibit 1)** was sent to his office on April 18, 2012. Dr. Wellish further acknowledges a Second Request and Final Request to respond was sent to his office respectively on June 29, 2012 and August 28, 2012. See **Exhibits 2 & 3.** In September 2012, Board Investigator, Monica Gustafson, contacted Yvonne Martin, Dr. Wellish's Administrator by phone regarding the lack of a response. Dr. Wellish was told by his administrator to be compliant, only the copies of the records of Ms. [redacted] needed to be sent to the Board. Under this mistaken belief Dr. Wellish's administrator sent Ms. [redacted] copied records to the Board on September 7, 2013. See **Exhibit 3,** second page (annotated copy of August 28, 2012, final request letter. Please see attached Dr. Wellish's correspondence to Ms. Gustafson regarding his facts surrounding his failure to respond. **Exhibit 4.**

Hopefully the above information satisfies the Investigative Committee's concerns regarding Dr. Wellish's failure to respond timely to the complaint of [redacted]. Again Dr. Wellish apologizes for the confusion. As a result of Dr. Wellish's failure to respond the Board issued an Order dated June 28, 2013 requiring Dr. Wellish to appear before the Investigative Committee on August 16, 2013. See **Exhibit 5.** Thereafter, the undersigned, Dr. Wellish's attorney, prepared a notice of appearance to the Board and requested a continuance of the appearance before the Investigative Committee. See **Exhibit 6.** The request for the continuance was granted and currently Dr. Wellish is scheduled to appear before the Investigative Committee on November 14, 2013. See **Exhibit 7.**

In anticipation of the appearance before the Investigative Committee, Dr. Wellish has prepared a factual response below to the twenty-seven (27) allegations submitted in the letter complaint of [redacted] dated April 18, 2012. See **Exhibit 1.**

ALLEGATION #1. The complaint alleges that the patient presented to the Wellish Eye Institute (sometimes referred to as the "clinic") in or around March 2011 to April for cataract surgery on both her right and left eyes.

RESPONSE TO ALLEGATION #1. In reviewing the patient's chart, the first office visit at the Wellish Vision Institute appears to be one dated February 2, 2011, when she was seen by Dr. Peter-DeBry. At that time, it appears the patient was referred for evaluation of decreased vision and on review of systems reported problems with her thyroid and allergies. In her entry questionnaire, she reported headaches, shortness of breath, history of heart attacks, heart failure, high blood pressure and heart rhythm problem. She also reported a history of a lazy eye. **At this first visit, before her surgery, she complained of "Diplopia** (double vision) when reading chart." **She also complained of ocular redness on her history intake sheet – before her surgery.**

Her glasses prescription and refraction both indicated mild to moderate astigmatism. Her vision with her present glasses was 20/60-2 in her right eye and 20/40-1 in her left eye, improving to 20/50+ in her right eye and to 20/25 in her left eye on refraction. On biomicroscopy, Dr. DeBry noted the presence of "1+ MGD." This is a standard abbreviation for **Meibomian Gland Dysfunction, also known as Meibomitis, MGD and/or Posterior Blepharitis**. Dr. DeBry also noted the presence of bilateral cataracts, optic nerve asymmetry suggestive of "glaucoma suspect," and "PVD" (posterior vitreous detachment)." MGD is a very common finding in this patient's age group. The decision as to whether or not treatment is necessary before cataract surgery is on a case by case basis, based on the level of severity, and based on the judgment of the surgeon at the time of evaluation. Based on a review of the chart, it appears that Dr. DeBry did not feel that the level of severity warranted treatment prior to surgery.

In summary, it appears the patient presented to the Wellish Vision Institute on February 2, 2011, for cataract surgery on both her right and left eyes.

On February 9, 2011, the e-prescribing for the Pred Forte 1% and Zymaxid eyedrops was printed out. The patient's chart notes Ciloxan drops were called in by the Wellish Vision Institute

("office" or "clinic") by Eric M. The chart says "per pt Zymaxid not covered under insurance)." It appears a less expensive medication was called in that has not quite the same anti-bacterial coverage in protecting against post-operative infections, but is less expensive.

ALLEGATION #2. The first surgery was performed on her right eye and then seven weeks later on her left eye.

RESPONSE TO ALLEGATION #2. The clinic chart contains an operative report dated February 14, 2011, regarding cataract surgery in the right eye, as well as an operative report dated April 4, 2011, regarding cataract surgery in the left eye. That calculates out to around 3 weeks between surgeries.

ALLEGATION #3. It is alleged that during the weeks prior to surgery another physician prescribed several medications to prepare the patient's eyes for the procedures. The medications prescribed for her right eye were Zymar, Pred Forte, and Bromday and were administered by the patient in eye drop form.

RESPONSE TO ALLEGATION #3. Zymar, Pred Forte and Bromday are standard eye drops that would be typically prescribed before cataract surgery at that time. Zymar is an antibiotic, Pred Forte is a steroid, and Bromday is a nonsteroidal anti-inflammatory drug, or NSAID. These would typically be started not weeks, but days before surgery. Dr. Wellish saw no evidence that the patient was instructed to start these medications "weeks" before surgery. Given that the patient was first examined on February 2, 2011, and had surgery on February 14, 2011, the notes in the chart do not support the claim of having these medications started "weeks prior to surgery" for the patient's right eye. The chart contains a print out of an eRX, electronic prescription for Pred Forte and Zymaxid eye drops on February 8, 2011, which appears to be the day of the patient's pre-operative exam. This printed page also contains a note from February 10, 2011 @ 11:17 am re: "per pt Zymaxid not covered under insurance. Called in Ciloxan...sw Eunice. /ok per Eric M." (Eric is an Ophthalmic technician at the clinic, not another physician as alleged by the patient).

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Patient: [redacted]

ALLEGATION #4. It is alleged that in conjunction with this pre-medication regime the other physician also had another type of drops administered the day of first surgery.

RESPONSE TO ALLEGATION #4. The chart, in part, provides: "Standing orders for cataract surgery" ordered not by another physician as is alleged, but by Dr. DeBry, dated February 14, 2011. There appear to be 5 different types of pre-medication eye drops ordered by Dr. DeBry for the day of surgery, to be administered at the surgery center. The types of drops administered on the day of the first surgery appear to be standard medications that a responsible, reasonable eye surgeon would typically prescribe for this type of surgery.

ALLEGATION #5. When the patient returned for her follow up after the surgery on her right eye she told the physician that if she looked to the side she could see the edge of the lens.

RESPONSE TO ALLEGATION #5. As noted in the clinic chart, the first post-operative exam for the patient's right eye occurred on February 15, 2011, when the patient was examined by Dr. Jefferson Langford. According to the chart notes, at that time the patient stated "OD (right eye) comfortable: No pain/discomfort noted. Vision still blurry." There is no mention of the above complaint that if she looked to the side she could see the edge of the lens at this visit. On this date, one day after surgery, uncorrected visual acuity was noted to be 20/30= in the right eye without correction, indicating that after surgery, ***the patient was reading letters roughly half the size (much smaller) than she was able to read without glasses before the surgery and two lines better than she could read with glasses before the surgery which is good enough to pass a driver's test without glasses.***

According to the chart, the patient apparently was next seen on February 22, 2011, again by Dr. Langford. The chart states: "Recent History: States OD (right eye) comfortable: Vision improving – sees a shadow temporally since surgery," She reported using the following eye drops: Prednisolone, Zymaxid, Bromday. Her uncorrected vision (in her right eye) was 20/30=. Refraction was -1.25 +1.00 x 170 = 20/20-. The PCIOL (lens implant appeared to be) clear, good position (all in the right eye).

ALLEGATION #6. She was told that her eye would adjust to not seeing it after a while.

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Patient: [redacted]

RESPONSE TO ALLEGATION #6. In reviewing the clinic chart, a notation is made on February 22, 2011: "lens adaptation." This likely denotes telling the patient her eye would adjust. However, Dr. Wellish was not present, so he can only speculate. Notwithstanding, the phenomenon of what the patient describes above is commonly referred to in the field as a "negative dysphotopsia." See Reference monographs from American Academy of Ophthalmology (**Exhibit 8**) and EyeWorld. The Newsmagazine of the American Society of Cataract & Refractive Surgery. See **Exhibit 9**. This visual disturbance typically does resolve over time and reassurance is the type of counseling recommended by many experts in the field. Unfortunately, there are some rare cases in which this disturbance does not resolve, in spite of a perfectly performed surgery and perfectly centered lens implant.

This topic of undesired optical images associated with intraocular lens implants, or "dysphotopsia," is a widely discussed topic in the field. The American Academy of Ophthalmology addresses this topic on its web site in the "Practicing Ophthalmologists Learning System," which, it is believed, is the source for many Board Certification and Re-certification questions. See **Exhibit 8.** The first medical therapy option listed by this trusted source is "Reassurance." This appears to be what was chosen by the doctor who saw the patient at February 22, 2011, visit. Again, Dr. Wellish was not present at the February 22, 2011, visit and, therefore, cannot know for certain whether the patient was told her eye would adjust to not seeing it after a while. Dr. Wellish believes, however, that in light of his knowledge of the clinic and Dr. Langford, he believes that no definitive statement would be made, other than "in most cases, the symptoms improve or resolve, but not all cases..."

ALLEGATION #7. It is alleged that after a year has passed the patient can still see the lens in her right eye.

RESPONSE TO ALLEGATION #7. It goes without saying that only the patient knows what she sees. Sadly and frustratingly, such disturbances can persist in some patients, despite performing a perfect surgery and using the highest quality lens implants. Please see again reference articles attached as **Exhibits 8** and **9.**

ALLEGATION #8. The cataract surgery for the left eye was performed in April 2011.

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Patient: [redacted]

RESPONSE TO ALLEGATION #8. The chart notes provide the patient was examined by her surgeon, Dr. DeBry, on March 23, 2011. At that time, it is recorded the patient stated; "OD (right eye) doing great. Happy with result. Wants to schedule Surg OS (left eye) in Apr(il)." There was no mention of burning, red eyes, or being bothered by "seeing the lens." It is noted that Dr. DeBry instructed the patient that it was "OK to use PF (Pred Forte) prn, tenderness."

A documentation sheet in the chart notes on March 23, 2011, someone from the clinic spoke to someone at Walgreens regarding calling in prescriptions for Pred Forte and Ciloxan. A procedure note dated April 4, 2011, indicates the patient had cataract surgery in the left eye.

ALLEGATION #9. Prior to the procedure once again the patient was required to pre-medicate the eye. The drops used prior to the left eye surgery were Nevanac, Zymaxid and Pred Forte.

RESPONSE TO ALLEGATION #9. Nevanac, Zymaxid and Pred Forte are typical drops one would use or prescribe to pre-medicate the eye for cataract surgery. Nevanac and Bromday are used interchangeably. If a patient has better insurance coverage for one than the other, or if samples of one are more readily available, these factors could lead to using Bromday for the first eye and Nevanac for the second eye, or vice versa.

ALLEGATION #10. The patient asked why the medications were different and she was told by an office assistant, "The doctor likes the Nevanac better than the one he used in your right eye."

RESPONSE TO ALLEGATION #10. Dr. Wellish was not present and, therefore, cannot affirm or deny this allegation. However, it is noted that some doctors do prefer Nevanac but might use Bromday instead if a sample is readily available, as they are felt to be equivalent by many. Also, as noted above, if a patient has better insurance coverage for one than the other, or if samples of one are more readily available, these factors could lead to using Bromday for the first eye and Nevanac for the second eye, or vice versa.

Staff at the clinic are trained to respond to questions like this in a more professional way than what is described above. While Dr. Wellish was not present and, therefore, can neither confirm nor deny what an office assistant allegedly told the patient on the above occasion, **the mere fact that a patient would perceive having something explained in a way that was**

disturbing is reason enough for the Wellish Vision Institute to plan extra staff training dedicated to this topic and how questions such as this are answered in a way that does not diminish the patient's experience and level of satisfaction in the clinic.

ALLEGATION #11. After the surgery the patient noticed a "significance" (? Significant difference?) in the way her left eye felt in comparison with her right eye. Her left eye, specifically the top of her lid, hurt to the touch.

RESPONSE TO ALLEGATION #11. The one day post-operative note dated April 5, 2011, does state "Pt c/o FB (foreign body) sensation OS (left eye)," but makes no mention of the top of her lid hurting to the touch. A foreign body sensation is a very common symptom in the first few days after cataract surgery.

ALLEGATION #12. Approximately two to three months after the surgeries the patient began to see double in her right eye and her left eye was still in pain. She presented to the Wellish Institute again and was given Pred Forte and told to use to soothe the eyes.

RESPONSE TO ALLEGATION #12. The patient noted double vision on post-op day #1 (April 5, 2011), which would be expected for someone having pre-existing astigmatism. This would be expected to resolve with glasses, typically prescribed after one month following surgery, when the refraction is typically more stable. Some patients choose to have their astigmatism corrected at the time of their cataract surgery. Based on the chart notes, it appears that this patient elected not to correct her astigmatism. This pre-existing astigmatism is the most likely cause of her double vision, and would be expected to be readily corrected with glasses, starting about a month after surgery is performed on the second eye.

There is a telephone encounter sheet dated April 11, 2011. The patient evidently called in stating she had cataract surgery on Monday, April 4, 2011. She requested to speak to a tech regarding her prescriptions. One of the clinic's senior techs, Rob Ramirez, noted he called the patient back the same day and advised her to continue Pred Forte qid and Bromday QD. He advised her to stop the Ciprofloxacin. He noted he spoke with the patient at 15:31.

The patient was also seen on April 14, 2011, when she reported: "OS (left eye) vision still blurry. No pain/discomfort noted." The uncorrected vision was noted to be 20/40 in the right eye and 20/40- in the left eye, improving in the left eye to 20/20- with a refraction of -1.00 +1.75 x 165 (in the right eye). The +1.75 signifies 1.75 diopters of astigmatism, which explains the double vision and is typically remedied with glasses.

The patient was then seen on May 5, 2011, when she complained at her one month post-op visit of increased tearing & soreness to touch OS (left eye) on/off since sx (surgery). The patient also stated: "Still seeing something temp (temporally) OD (right eye) since surgery." At that time astigmatism was noted in each eye, as it was noted as a pre-existing condition before surgery. The patient corrected to 20/20 in the right eye and 20/20- in the left eye at this visit with refraction. **A mild rebound iritis was noted in the left eye at this time, which is the most likely cause of the above symptoms.** For this reason, the Prednisolone drops were restarted BID, and the patient was instructed to follow-up in 1 month. It is noted that **glasses** (spec Rx) **were prescribed to the patient at this visit.**

The patient returned, as instructed, on June 7, 2011, when she was evaluated by Dr. Langford. At this time, the chart states she reported "**OU (both eyes) comfortable. No pain/discomfort**. Wants glasses Rx rechecked and needs reading Rx today." She reported taking "no gtts/ung (no eye drops or ointment)" at this time. She was refracted and her refraction had indeed changed, as can happen. Her astigmatism appears to have increased in both eyes. **Since her eyes were comfortable and no conjunctival injection or corneal problems were noted, no eye drops or ointments or pills were prescribed.** Dr. Langford ordered Glaucoma testing due to pre-operative findings, and she was instructed to follow up in 4 months for this. **This exam and plan are typical for a patient who is not complaining of anything and was now thought to be recovered from surgery.** The testing and follow-up were in regard to the pre-operative evaluation in which Dr. DeBry detected optic nerve asymmetry, suggestive of glaucoma suspect. Our ophthalmic technicians and doctors are trained to listen to and record in the medical record every symptom and complaint so that we are addressing everything. **No mention of the patient seeing the lens, redness or any tearing or discomfort was noted at this visit.**

ALLEGATION #13. The patient's condition worsened so she went back to the institute and was then instructed to stop taking the Pred Forte.

Nevada State Board of Medical Examiners
Monica C. Gustafson, Certified Medical Board Investigator
Investigative Committee Members
Board Counsel
November 6, 2013
Page 9
Re: ***BME Case # 12-13732***
Licensee: ***Kent L. Wellish, M.D.; License No. 7032***
Patient: [redacted]

RESPONSE TO ALLEGATION #13: In the chronology of the medical record, although the patient was instructed to discontinue the Pred Forte **at her final post-operative visit of June 7, 2011, rather than the condition worsening as is alleged, the symptoms of redness, tearing and discomfort appear to have RESOLVED by this visit**, as the recorded history states: "Stated OU (both eyes) comfortable. No pain/discomfort. Want glass(es) Rx rechecked and needs reading Rx today." There was no stated complaint of "seeing the lens." **The chart notes that at that office visit of June 7, 2011, the patient reported she was no longer taking any eye drops or ointment by June 7, 2011** - at the previous visit one month prior (May 5, 2011), the prescribed treatment was for Prednisolone BID for 4 weeks. By June 7, 2011, the 4 weeks had passed and the Pred drops were no longer to be used or needed.

There is a big difference between "the condition worsening so she went back to the institute" and "OU (both eyes) comfortable, no pain/discomfort." This discrepancy raises the question as to whether the patient made an honest mistake in her recollection or was "spinning a tale."

What the patient refers to as her condition "worsening" coincides with a phone call and office visit of September 12, 2011. The remaining allegations and complaints seem to follow the same pattern in that they roughly correlate with the clinical course, but the allegations are not consistent with the facts documented in the medical record and in the consultation report from the Oculoplastics Consultant, Dr. Steven Leibowitz.

In order to clarify the facts and timeline, Dr. Wellish has reviewed the clinic notes, consultation requests and reports, and telephone encounter sheets. The same are addressed and explained below in chronological order to facilitate the Board's review. Also, included with this letter are Reference "preferred practice pattern" materials and monographs regarding Blepharitis **(Exhibit 10)**, Meibomian Gland Dysfunction **(Exhibit 11)** and Dry Eye Syndrome **(Exhibit 12)**, from the website of the American Academy of Ophthalmology, a monograph from the American Academy of Ophthalmology on Tearing **(Exhibit 13)** and a Report of the Subcommittee on Management and Treatment of Meibomian Gland Dysfunction **(Exhibit 14)**, which relate to the patient's conditions and recommended diagnostic and treatment options. The above referenced materials demonstrate that the Wellish Vision Institute's treatments were in line with national and local standards and were unlikely to have caused any worsening of the patient's redness, blurriness and tearing. See **Exhibits 10, 11, 12, 13, 14, 18, and 20.**

As addressed above, a relevant chronological timeline is as follows.

A telephone encounter sheet dated September 12, 2011, states the patient called in with a three (3) day history of teary eyes. She was added on for a same day "add on" for Dr. Langford. In contrast to a chronic problem that never went away, as is alleged or implied in the complaint, **this history is of a new onset of a new problem.**

At that time (September 12, 2011), the patient presented to the clinic with "tearing" and "red eyes." Remember, when she was previously seen at the clinic three (3) months prior, her eyes had returned to being comfortable and she was continuing off of all ocular medications. **Her condition appeared to have resolved by June 7, 2011, off of all medications. Three months had passed, during which she apparently was symptom free off of all ocular medications.**

The history the patient gave on September 12, 2011, when she was **seen by Dr. Jefferson Langford** in the clinic, rather than that of a chronic condition worsening as her at-issue complaint alleges, was as follows: "pt reports having a cold, first started (about) 10 days ago. Eyes are red, painful x 1 week. Saw PCP (primary care physician), Rx'd (prescribed) Tobramycin OD (right eye) first, then OS (left eye)...Tobramycin drops not helping, d/c (discontinued) 3 days ago." "Tender sensation, worse OS than OD. Watery discharge, especially after waking up or watching TV." No mention is made of "seeing the lens." She reported discontinuing the Tobramycin drops "on Friday." At this visit, an examination, finding and **diagnosis** was made by Dr. Langford of follicular conjunctivitis and the patient was started on Zylet ou QID (both eyes 4x/day). A note was made to allow use of Maxitrol in place of Zylet "if (patient) can't afford Zylet."

The way the patient's allegation is stated makes it sound like the "condition" never improved or resolved after her surgery – that it only worsened. The facts documented in the medical records, however, contradict such allegations.

There is a telephone encounter sheet dated September 15, 2011, which notes the patient called in. The note states: Patient prescription too expensive. Neopodex doesn't work. **Zylet sample was working**. Need alternative prescription called into Walgreens...please let patient know. On September 19, 2011, one of the clinic's senior Ophthalmic Technicians (BAB) noted she called and left a message for the patient to call the clinic back – she was not sure which medication the patient wanted an alternative for.

On September 22, 2011, the patient returned for re-evaluation of her follicular conjunctivitis. Rather than the "condition worsening," or failing to improve, as is alleged, the patient reported: "States feeling **Zylet helped a lot but due to cost was unable to fill**. Maxitrol made OU (both eyes) tear a lot more & Tobradex doesn't help at all." The patient also reported: "Denies vision changes." Review of systems reiterated her history of allergies, a thyroid condition and other medical problems, which were noted. She reported that she was taking Tobradex drops in both eyes 4x/day (more prn.). On examination 2+ follicles and corneal ABM (anterior basement membrane) changes were noted; a diagnosis of follicular conjunctivitis and allergies was made. At this visit, the Tobradex drops were discontinued and Pred Forte was started OU QID (both eyes, 4x/day), with plans for follow-up in 1 week.

The patient was seen in follow-up on September 29, 2011. At that time, rather than "the condition worsening" as the patient alleges in her complaint, the medical records state: "pt feels improvement with Pred Forte. No tearing. No itching. No pain. No discomfort. Pt has no further complaints at present." **There was no mention of any complaint of "seeing the lens." There was no mention of "the condition worsening."**

There is a telephone encounter sheet dated October 6, 2011, where the patient called complaining of blurry vision and teary eyes and noted she has been having this for 4 weeks. She was added on to Dr. DeBry's schedule at the Box Canyon office for a same day appointment at 2:35 pm. The date of October 6, 2011, may have been noted in error in that the actual date was October 5, 2011.

On October 5, 2011, the patient presented to see Dr. DeBry. At this time, the patient stated: "OD>OS still red, tearing, causing blurry vision. **Some tenderness to corners of OU (both eyes) x 4 weeks**. Feels OU (both eyes) started to clear up, but now OU (both eyes) flared up again. According to the chart, there was no mention of "seeing the lens." The patient reported that she was taking Pred Forte 1% QID OU (both eyes, 4x/day). On exam, Dr. DeBry noted 2+ MGD (Meibomian gland dysfunction), 1+ lid laxity, ½+ fine conjunctival injection. He diagnosed the problem as floppy eyelid syndrome. According to the medical record, he reviewed with patient and changed Pred Forte to FML BID (2x/day) OU (both eyes), with plans for follow-up in 6 weeks.

There is a note in the chart that on October 19, 2011, the patient called in and cancelled her October 20, 2011, appointment that she had scheduled with Dr. DeBry. The note states that: She stated she will call back to reschedule her appointment.

On October 24, 2011, the patient called in and stated she would like to speak to Dr. DeBry only. According to the telephone encounter sheet, she stated that on her last visit she mentioned to Dr. DeBry the tearing she was having after cataract surgery and Dr. DeBry told her that in 3 months she was going to feel better. Now it has been one month after cataract surgery (?) and she is not happy about the tearing. She went for a second opinion and **she was told that the tearing she is having is because of the eye muscle being stretched out at the time of surgery**. She needs to know what Dr. DeBry can suggest on how to correct this problem.

The October 24, 2011, telephone encounter sheet also contains a hand written note at the upper left side of the page, noting that the patient is seeing Dr. Leibowitz on November 1, 2011. At the clinic, this telephone encounter sheet would typically be attached to the front of the chart and placed on the responsible doctor's desk so the doctor can call the patient ASAP. Dr. Wellish, however, could not find any notes regarding Dr. DeBry's conversation with this patient.

It is believed that the opinion regarding the eye muscle being stretched out at the time of surgery was from Dr. David Malitz, since a week after the October 24, 2011, call, the patient was evaluated by Dr. Steven Leibowitz, after she was referred by Dr. Malitz. It is submitted that that Dr. Malitz' conclusion is not supported by the facts, as will be more fully addressed below.

On November 16, 2011, the clinic received a copy of a letter that Dr. Steve Leibowitz sent to Dr. David Malitz regarding the patient. The letter, dated November 1, 2011, stated this patient complains of tearing of both eyes and had lid laxity. He recorded her visual acuity as 20/40-2 in each eye, without glasses. On his examination he saw ectropion of both lower lids and that conjunctiva showed 2+ injection of both eyes. He also noted a superficial punctate keratopathy of both eyes. He listed his impressions were: 1. **Ectropion** of both eyes (presumably lower lids based on the above) with **punctal evertion**, and 2. **Dry eyes**. His recommended plan was: 1. Artificial tears four times a day, ointment at night, and 2. Bilateral ectropion repair and Bilateral plastic repair of canaliculus.

In my clinical training and experience, and in my review of the medical literature – (see **Exhibits 11, 18, 19, 20, 21, and 23**) I could find no published reports that the conditions diagnosed by Dr. Leibowitz were caused or worsened by the treatments provided by the doctors in our clinic.

On November 20, 2011, the patient spoke by phone directly with one of the clinic's doctors, Dr. Jefferson Langford. She stated she is frustrated with the tearing. She noted the Pred Forte helps for a few minutes and then wears off. It appears from Dr. Langford's note the patient also stated she was frustrated with the diagnosis of floppy eyelid. Dr. Langford

recommended the patient see Dr. Peter DeBry the following week to discuss the diagnosis with him. Dr. Langford also recommended she could see an oculoplastics specialist doctor for their opinion. He noted she may decide to call Dr. Myint (another local oculoplastics specialist) and see him as well. **Dr. Langford recommended the patient stop the Pred Forte until seen the following week.**

On November 21, 2011, the patient was seen by Dr. Wellish. **This is believed to be the first of three times that Dr. Wellish saw this patient.** At this visit, she reported she was originally referred to the Wellish Vision Institute with Dr. DeBry for cataract surgery. She stated her vision was miserable – "cannot see through tears ou. Have not stopped watering x 2 months." She also complained of "1/2 moon in VA (vision) OD (right eye)." She reported she has tried numerous meds for numerous diagnoses and nothing was working. She reported she has been told her eyes were stretched too far during her surgery and now her lower lids will not come back up and it is from her surgery, according to a second opinion she obtained. The patient also stated Dr. DeBry told her the problem will be fixed in 3 months and that she still has the problem. She stated that Dr. Langford (one of the doctors she had seen several times during the above visits) "is a sweetheart." She did not report any problems regarding "seeing the lens." She stated she was not using the FML drops. **She had stopped all ocular medications because they were not working**. On examination, her uncorrected visual acuity was 20/40-1 in her right eye and 20/40+2 in her left eye (good enough to pass a driver's test without glasses, but not perfect). Schirmer's tear testing (basal) was 17 in each eye – normal, but could be falsely high due to meibomitis. On slit lamp examination, Dr. Wellish found 1+ scurf, 1+ meibomitis, lower tarsal conjunctival follicles, and a superficial punctate keratitis (bilateral). **Dr. Wellish made and informed the patient of the following diagnoses**: Meibomitis, Squamous Blepharitis, Dry eye syndrome, Keratoconjunctivitis sicca, chronic follicular conjunctivitis, and floppy eyelid syndrome. **Noting that the patient had responded well to Zylet in the past but could not afford to purchase this medication (fortunately the clinic happened to have a sample at that time), Dr. Wellish re-started her on Zylet**, along with Lotemax drops OU QID (both eyes 4x/day). Dr. Wellish also planned to start her on Doxycycline 100 mg po BID for her chronic follicular conjunctivitis and chronic, recurrent meibomitis (also known as MGD – Meibomian gland dysfunction). Dr. Wellish ultimately decided not to use Doxycycline due to her being on Coumadin. Unfortunately, it appears if she had been able to take the Doxycycline or something equivalent, this would have been a necessary and critical treatment in combating her chronic and recurrent condition. The patient did not report any previous problems with a UTI (urinary tract infection on this medication) at this time. To Dr. Wellish's knowledge, the patient never took the

Doxycycline he originally prescribed due to being on Coumadin. The patient was instructed to return to see Dr: Wellish in 6-8 weeks.

There is a telephone encounter note dated November 28, 2011 at 10:18 am from the patient calling in and stating the eye drops she is taking are not helping. Her eyes were still feeling the same. The patent stated she was very frustrated. A same-day "add-on" appointment was made for her at 1 pm with Dr. Wellish.

The patient returned earlier than scheduled on November 28, 2011, to see Dr. Wellish in clinic. This is believed to be the second of three times Dr. Wellish saw this patient. At this time she reported no improvement with treatment. She complained of both eyes being red. She stated even with taking the Erythromycin, Lotemax and Systane prn, she is not improving. She complained of watery eyes and color "pink eyes." She also complained her vision was blurry and double. She confirmed she did not start the Doxycycline due to potential interference with Coumadin. **She also stated she has taken Z-pack (Oral Azythromycin) in the past and tolerated it well on Coumadin (this could have been an effective alternative to Doxycycline in treating her Meibomian Gland Dysfunction and Chronic Follicular Conjunctivitis).** She reported she was taking Lotemax drops in both eyes 4x/day, Systane artificial tears OU (both eyes) prn, and Erythromycin ointment OU qhs (both eyes at bedtime). Uncorrected visual acuity was 20/40 in each eye, not perfect but good enough to pass a driver's test without glasses. **She apparently did not bring her astigmatism-correcting glasses with her, which accounts for her double vision**. On slit lamp examination, 1+ meibomitis, 1+ scurf, inferior tarsal conjunctival follicles, 1+ conjunctival injection, superficial punctate corneal staining and floppy eyelids were present. Surgery on the floppy eyelids was felt to be problematic due to her need to be on Coumadin – this could potentially be overcome by the use of a CO2 laser for her surgery (See **Exhibit 17**) - **Dr. Wellish felt that there was a reasonable chance of controlling her symptoms medically, without surgery, if she could safely tolerate a Doxycycline substitute, such as Z-pack (Oral Azythromycin).** Dr. Wellish made and explained the following diagnoses to the patient: Meibomitis, Squamous Blepharitis, Dry Eye Syndrome, Floppy Eyelid Syndrome, Chronic Follicular Conjunctivitis, and Glaucoma Suspect (per Dr. DeBry). Dr. Wellish noted in the chart she was unable to take oral Doxycycline or Erythromycin. Dr. Wellish changed her Erythromycin ointment to Lotemax ointment OU qhs (both eyes at bedtime). **Dr. Wellish instructed her to see her cardiologist or PCP regarding the safety for using a Z-pack, which Dr. Wellish believed offered the best chance of treating one significant part of the root of the problem, and without which Dr. Wellish felt a main component of the underlying condition would not be addressed**. There were multiple causes

for the patient's symptoms. Many times, by controlling the Meibomian Gland Dysfunction, Dry Eye and Chronic Follicular Conjunctivitis, patients seem to be less bothered by mechanical eyelid conditions such as Floppy Eyelid Syndrome, Lid Laxity and Ectropion, as once sufficient oils from the Meibomian Glands coat the surface of the eye, this essential lubrication can compensate for the extra exposure resulting from the mechanical eyelid conditions. Hence, medical control of these conditions frequently avoids the need for surgery.

As Dr. Price notes in the AAO monograph on tearing, Ocular Surface Disorders such as keratoconjunctivitis sicca (dry eye syndrome) and chronic blepharitis (both present in this patient), are known causes of excess tearing. This mongraph states that the recommended treatment would be to correct the underlying problem – in this case, the Meibomian Gland Dysfunction, Dry Eye and Chronic Follicular Conjunctivitis. See **Exhibit 13.**

In Dr. Mainville's review of 150 consecutive pts referred to the University of Ottawa Eye Institute for excess tearing, he noted that: "Of particular interest is the fact that 40% of patients had dry eye with reflex tearing, and the majority of these improved with lubrication." See **Exhibit 19.** Our patient, who has asserted these numerous allegations, had indeed developed dry eye syndrome, exacerbated by her Meibomian gland dysfunction (MGD). Dr. Wellish believes it is likely that treating this patient's MGD would be a necessary part of improving her condition.

Moreover, chronic dry eye and Blepharitis are among the most common causes of not only tearing in general, but even the mechanical changes to the lacrimal system and eyelid position (ectropion) that can also cause excess tearing. See **Exhibits 21, 23, and 24.**

Hence, it seemed appropriate to treat these underlying conditions before jumping into surgery, especially for a patient on Coumadin.

The patient was instructed to follow-up in one (1) month.

The clinic received an authorization dated December 5, 2011, signed by the patient, to Release Medical/Vision Records to Clearvision Eye Centers. There is a note that the records were faxed to them on December 13, 2011.

Instead of seeing her Cardiologist or Primary Care Provider re: the safety of treating with a Z-pack and then following up in one (1) month with Dr. Wellish as recommended by Dr. Wellish to the patient, the patient evidently had decided to seek care elsewhere, as she reported

that she had had a lacrimal irrigation bilaterally by Dr. David Malitz, a general ophthalmologist who splits his time between his practice in Indiana and the practice he bought from Dr. Kurt Buzard in Las Vegas.

When the patient finally did follow-up with Dr. Wellish on March 5, 2012 (three (3) months after Dr. Wellish's last visit with her and six (6) months after the new-onset of this tearing problem in September 2011), she complained that her eyes were still watery and red, now for 8 months. The appointment on March 5, 2012 is believed to be the third of three times that Dr. Wellish saw the patient. The patient complained of blurry vision due to watery eyes (bilaterally). The patient noted the vision in her right eye was double since her cataract surgery and had weaker vision at that time. She also complained of seeing the edge of the lens in the right eye. She reiterated her complaint that she was told that it would go away or she would get used to it. She also reported she had been evaluated by Dr. Steve Leibowitz, (a Harvard Fellowship Trained Oculoplastic Surgeon), who recommended lacrimal punctum and eyelid surgery. She reported that **she had not been doing the prescribed hot compresses**, but that she had been using Optive drops in both eyes at bedtime. Her uncorrected vision was 20/25 in the right eye and 20/40 in the left eye, more than well enough to pass a driver's test without glasses. A refraction was performed and it was again found that she still had astigmatism (as expected, the likely cause of her double vision which would probably not be present if the patient were wearing the prescribed glasses), as was noted before surgery. **With proper refractive correction – if she would be willing to obtain and wear glasses, her vision would be excellent and most likely her double vision complaints would resolve**. Evidently, the patient continued to choose not to wear the prescribed glasses – hence her continued complaints of the double vision in her right eye. There were no eye muscle problems found on exam, so this was ruled out as a cause of her double vision.. One of the eye drops used during the exam is called Fluoress. She commented that these drops make her sick. (In Dr. Wellish's experience, this unfortunately can occur in one of several thousand patients.) The drops are critical in assessing the presence and severity of dry eye/wet eye conditions. On slit lamp examination, the patient had 1+ meibomitis with no Meibomian secretions seen in any of her 4 eyelid margins. She had trace conjunctival injection, an increased tear lake, and inferior conjunctivochalasis (bogginess to the conjunctiva which can block the outflow of tears and thereby cause excess tearing and/or dry eyes). Her corneas were clear. Her lens implants looked stable and well centered. Dr. Wellish made the following diagnoses, which he explained to the patient: Epiphora (excess tearing) in both eyes, Meibomitis, Dry eye syndrome, Keratitis sicca, and inferior conjunctivochalasis in both eyes. Dr. Wellish referred the patient to an oculoplastic specialist (Dr. Janice Eggert) for

evaluation. Dr. Wellish had her continue her Optive tears and also started Lotemax drops in both eyes 4x/day. She was instructed to restart the hot compresses to her lids twice a day, use Azasite in both eyes at bedtime, and to use Oasis Tears Plus (nonpreserved) in both eyes 4x/day, as these drops often can provide comfort and alleviate the redness in patients who do not respond to or are overly sensitive to the preservatives in eye drops. These treatments are consistent with those recommended by the American Academy of Ophthalmology. See **Exhibit 10, 11, and 12.**

Dr. Wellish also gave her a prescription for Doxycycline 50 mg po BID, with the understanding that she would coordinate with her cardiologist to see if this could be used safely. She declined to look into this. **Dr. Wellish shared with her his belief that her chronic Meibomian gland dysfunction/Meibomitis was not the only cause, but was a significant contributing factor to her chronic and recurring symptoms, and that Doxycycline or an equivalent medicine (i.e. oral Azythromycin) was her best chance at bringing her symptoms under control.**

Dr. Wellish's recollection was that on the way out, the patient told his staff that she had a history of developing a UTI after taking Doxycycline and was additionally reluctant to use it for this reason. **Because Dr. Wellish had never seen or heard of Doxycycline causing a UTI *(see* Exhibit 15), and because he did not want to give up on potentially using an important part of the treatment of her Meibomitis, to bring her condition under control and to bring relief to her – yet he did not want her to suffer any medical adverse consequences, Dr. Wellish recommended that she see a urologist to evaluate this history.** Dr. Wellish recommended and tried to arrange a consult with Dr. Avi Weiss (urology) to evaluate this history, to better enable us to decide if using Doxycycline would be safe for her from this perspective as well. Dr. Wellish really feels like he was trying to go the extra mile for her, to properly diagnose and to effective treat and bring relief to her, by recommending this consult. (Dr. Wellish acknowledges he did not document the full discussion and will take corrective action in this regard for future patients.) Dr. Wellish instructed the patient to follow-up with him in two (2) months.

The chart has a copy of a consultation request the clinic filled out for the patient to see a urologist named Dr. Avi Weiss, for assessment and treatment for: "Possible UTI after Doxycycline." It is noted on March 5, 2012 that the **patient did not want us to make the appointment for her. She wanted to make the appointment herself**. It doesn't appear the clinic ever received a letter from Dr. Weiss, so it is believed the patient never went to go see him to see if she could tolerate these types of medications.

The clinical chart contains a copy of a consultation request and an appointment our clinic made on behalf of the patient for her to see Dr. Janice Eggert to assess and provide treatment for the following condition: epiphora and ? inferior conjunctivochalasis OU (both eyes). It is noted that the clinic made an appointment for the patient to see Dr. Eggert on March 21, 2012 @ 1:00 pm.

There is a telephone encounter sheet in the patient's clinical chart dated March 8, 2012, at 8:05 am, where the patient called complaining of watery, tearing OD (right eye) with soreness around the eyes and redness in the right eye. The patient stated she would like to be seen ASAP. There is a second telephone encounter sheet from 8:38:30 AM that date. It is noted: "Emerg – eye constant tearing. Tender to touch. Very comfortable. Appt today at 10:30 AM Dr. Shen. Dr. Wellish was in surgery that day, so the clinic added her on to be seen by Dr. Christopher Shen, another Board Certified Ophthalmologist at the clinic.

The patient presented to the clinic on March 8, 2012, complaining of tearing (right eye greater than left eye), redness, and "hurts." She reported stopping the Lotemax 2 days prior due to her right eye hurting. She reported that she was not taking any eye drops because "no one works." On examination, she refused to allow her vision to be checked. It appears that **she was examined by Dr. Christopher Shen on that date**. The slit lamp exam found 1+ MGD (Meibomian gland dysfunction), trace conjunctival injection, trace superficial punctate corneal staining and decreased tear break-up time. Dr. Shen made the diagnoses of meibomitis, dry eye syndrome, keratoconjunctivitis sicca, and epiphora. It is noted in the chart that Dr. Shen explained to the patient that she needs long term treatment to help with her condition. He recommended restarting the Erythromycin ointment in each eye at bedtime for the meibomitis, along with hot moist pack and lid scrubs bilaterally twice a day and artificial tears 4-6 x per day. He specified the use of Ocusoft lid scrubs. He also discussed with her the option of IPL (intense pulsed light - which has been used very effectively to treat a number of our patients who have either not responded to or are not able to complete the usual medical therapy prescribed for meibomitis) if she did not improve with the current treatment within two (2) months. Although IPL has not yet made it to the Preferred Practice Pattern Monograph (they are updated every few years), all the other treatments he recommended are as per the following References: the American Academy of Ophthalmology's Preferred Practice Pattern and Practicing Ophthalmologists Learning System monographs for Blepharitis (see **Exhibit 10**), Meibomian Gland Dysfunction (see **Exhibit 11**), and Dry Eye Syndrome (see **Exhibit 12**).

The chart notes the following telephone encounters:

The patient's chart contains a telephone encounter sheet dated April 26, 2012, in which the caller is listed as Annetta – Dr. DeBry (on behalf of Dr. DeBry), regarding this patient. It is noted that Dr. DeBry needs the clinicals on this patient. He received a letter from the Board of Examiners and needs to respond on behalf of the patient. It is noted on April 27, 2012, that Gia @ Westfield (where Dr. DeBry was now working) received clinical notes for this patient. **We were under the impression that he would be sending all clinical notes to the Board and that the Board had received them by sometime in May 2012.**

ALLEGATION #14. The patient did as instructed (stopped the Pred Forte) and approximately two weeks later her eyes were watering constantly, were pink, irritated and sore.

RESPONSE TO ALLEGATION #14. Dr. Wellish could not discern where in the clinical history this occurred. So he reviewed the clinic records, noting each time the patient stopped the Pred Forte and what the clinical circumstances were before and after each time this occurred. Also, reference is made below to clinic records noting any occurrence when the patient reported pink, irritated, and sore eyes after stopping Pred Forte.

First, the times when the patient stopped taking Pred Forte:

1. As noted above, the patient was seen on May 5, 2011, when she complained at her one (1) month post-op visit of increased tearing & soreness to touch OS (left eye) on/off since sx (surgery). A mild rebound iritis was noted in the left eye at this time, which is the most likely cause of the above symptoms. For this reason, the Prednisolone drops were restarted BID, and the patient was instructed to follow-up in one (1) month.

The patient returned, as instructed, on June 7, 2011, when she was evaluated by Dr. Langford. At this time, the chart states **she reported "OU (both eyes) comfortable. No pain/discomfort**. She reported taking "no gtts/ung (no eye drops or ointment)" at this time. Since her eyes were comfortable and no conjunctival injection or corneal problems were noted, **no eye drops or ointments or pills were prescribed**. This exam and plan are typical for a patient who is not complaining of anything and was now thought to be recovered from surgery. **There was no mention of the patient having redness, pink, soreness or any tearing or discomfort noted at this visit. The patient was off all ocular medications.**

2. **On September 22, 2011, the patient returned for re-evaluation of her follicular conjunctivitis that appears to have started earlier that month**. Rather than the "condition worsening," or failing to improve, the patient reported: "States feeling **Zylet helped a lot but due to cost was unable to fill**. Maxitrol made OU (both eyes) tear a lot more & Tobradex doesn't help at all." She reported she was taking Tobradex drops in both eyes 4x/day (more prn.) On examination 2+ follicles and corneal ABM (anterior basement membrane) changes were noted; a diagnosis of follicular conjunctivitis and allergies was made. At this visit, the Tobradex drops were discontinued and **Pred Forte (less expensive since generic is available, albeit less effective than Zylet for this patient) was started** OU QID (both eyes, 4x/day), with plans for follow-up in one (1) week.

The patient was seen in follow-up on September 29, 2011. At that time, rather than "the condition worsening" as is alleged above, the medical record stated: **"pt feels improvement with Pred Forte**. No tearing. No itching. No pain. No discomfort. Pt has no further complaints at present." **There was no mention of "the condition worsening."**

A telephone encounter sheet dated October 6, 2011, notes the patient called complaining of blurry vision and teary eyes and noted she has been having this for 4 weeks. She was added on to Dr. DeBry's schedule at the Box Canyon office for a same day appointment at 2:35 pm. It is believed the date for the telephone encounter sheet is incorrect and instead should have been dated October 5, 2011.

On October 5, 2011, the patient returned to see Dr. DeBry. At this time, the patient stated: "OD > OS still red, tearing, causing blurry vision. Some tenderness to corners of OU (both eyes) x 4 weeks. Feels OU (both eyes) started to clear up, but now OU (both eyes) flared up again. The patient reported she was taking Pred Forte 1% QID OU (both eyes, 4x/day). On exam, Dr. DeBry noted 2+ MGD (Meibomian gland dysfunction), 1+ lid laxity, ½+ fine conjunctival injection. He diagnosed the problem as floppy eyelid syndrome. According to the medical record, he reviewed with patient and **changed Pred Forte to FML** BID (2x/day) OU (both eyes), with plans for follow-up in 6 weeks.

A chart note dated October 19, 2011, notes the patient apparently called in and cancelled her October 19, 2011, appointment she had scheduled with Dr. DeBry. According to the notes taken by our call center, the patient stated she will call back to reschedule her appointment.

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On October 24, 2011, the patient called in and stated she would like to speak to Dr. DeBry only. According to the telephone encounter sheet she stated that on her last visit she mentioned to Dr. DeBry the tearing she was having after cataract surgery and Dr. DeBry told her that in 3 months she was going to feel better. Now it has been one month after cataract surgery (sic) and she is not happy about the tearing. She went for a second opinion and **she stated that she was told that the tearing she is having is because of the eye muscle being stretched out at the time of surgery**. She needs to know what Dr. DeBry can suggest on how to correct this problem.

There was no mention at this time of **her eyes being pink, irritated and sore. She did mention the tearing.**

As Referenced - There are numerous causes of lid laxity & punctal ectropion (*see* Exhibit 24), lower lid ectropion (*see* Exhibit 23) and floppy eyelid syndrome (*see* Exhibit 25). These are the closest clinical entities resembling the phrase: "she was told that the tearing she is having is because of the eye muscle being stretched out at the time of surgery". I have provided some review articles and monographs. In my training, experience and literature review I could find no evidence of cataract surgery or the medications used by the doctors in our clinic causing any of these conditions that would correlate with the allegation that: "the tearing she is having is because of the eye muscle being stretched out at the time of surgery." The most common causes? Age, sun exposure, chronic dry eyes, chronic Blepharitis. The patient had many of these risk factors, but based on my training, experience, and literature review, cataract surgery and the very medicines needed to TREAT the dry eye and chronic blepharitis are NOT thought to cause this patient's tearing and/or eyelid conditions.

Remember, this patient's tearing started in September 2011, after the onset of a cold, before any ocular medications were started, following a 3 month period where she had no tearing or other complaints off all perioperative medications.

On November 16, 2011, our clinic received a copy of a letter that Dr. Steve Leibowitz sent to Dr. David Malitz regarding the patient. The letter dated November 1, 2011, stated the patient complains of tearing of both eyes and had lid laxity. He recorded her visual acuity as 20/40-2 in each eye, without glasses. On his examination he saw ectropion of both lower lids and that conjunctiva showed 2+ injection of both eyes. He also noted a superficial punctate keratopathy of both eyes. He listed his impressions were: 1. Ectropion of both eyes

(presumably lower lids based on the above) with punctal evertion, and 2. Dry eyes. His recommended plan was: 1. Artificial tears four times a day, ointment at night, and 2. Bilateral ectropion repair and Bilateral plastic repair of canaliculus.

Based on Dr. Leibowitz's letter and findings, he noted tearing but did not specify whether it was constant or intermittent. He noted that the conjunctiva had 2+ injection, but did not state whether the eyes were bad enough to be called pink, irritated and/or sore.

3. **On November 20, 2011, the patient spoke by phone directly with Dr. Jefferson Langford**. She stated she is frustrated with the tearing. **She noted that the Pred Forte helps for a few minutes and then wears off**. Based on this history, it appears the patient restarted the Pred Forte drops on her own, without being instructed to. It appears from Dr. Langford's note that the patient also stated she was frustrated with the diagnosis of floppy eyelid. Dr. Langford recommended the patient see Dr. Peter DeBry the following week to discuss the diagnosis with him. Dr. Langford also recommended she could see an oculoplastics specialist doctor for an opinion. He noted that she may decide to call Dr. Myint (another local oculoplastics specialist) and see him as well. **Dr. Langford recommended the patient stop the Pred Forte until seen the following week.**

On November 21, 2011, the patient was seen by Dr. Wellish. **As noted above, it is believed this was the first of three times Dr. Wellish saw the patient.** At this visit, the patient reported her vision was miserable – "cannot see through tears ou. Have not stopped watering x 2 months." She reported she has tried numerous meds for numerous diagnoses and nothing was working. She reported she has been told her eyes were stretched too far during her surgery and now her lower lids will not come back up and it is from her surgery, according to a second opinion she obtained. (As previously noted, this allegation is refuted by the medical literature and clinical experience that cataract surgery is not among the known causes of lid laxity, ectropion, punctal ectropion, or floppy eyelid syndrome. See **Exhibits 23, 24, and 25.**

The patient also stated at the November 21, 2011, visit that Dr. DeBry had told her the problem will be fixed in 3 months and that she still has the problem. She did not specify which problem she was referring to and when Dr. DeBry apparently said this. Dr. Wellish believes originally Dr. DeBry allegedly was referring to the "negative dysphotopsia" she was experiencing, which she referred to as "seeing the lens." Dr. Wellish is not aware of Dr. DeBry telling the patient her tearing would be fixed in three (3) months. (That would be for him to address). **Based on no tearing being present at all on June 7, 2011, and no reported**

complaints at all until she re-presented on September 9, 2011 with a **new onset**, ten (10) day history of tearing following an apparent cold, it appears to Dr. Wellish that the chronic, recurring **tearing, pink eyes, redness, soreness, blurry vision from tears** is **due not to the surgery or post-operative meds**, but to a **new-onset, new condition unrelated to surgery that began in early September 2011, three (3) months after her final and successful post-operative visit of Jnne 7, 2011**. In that sense, if Dr. DeBry told her soon after surgery that her tearing, red sore eyes would resolve, by June 7, 2011, it appears that they did.

On November 21, 2011, the patient stated she was not using the FML drops. **She reported she had stopped all ocular medications because they were not working**. On examination, her uncorrected visual acuity was 20/40-1 in her right eye and 20/40+2 in her left eye. Schirmer's tear testing (basal) was 17 in each eye – normal. On slit lamp examination, Dr. Wellish found 1+ scurf, 1+ meibomitis, lower tarsal conjunctival follicles, a superficial punctate keratitis (bilateral). **Dr. Wellish made and informed the patient of the following diagnoses**: Meibomitis, Squamous Blepharitis, Dry eye syndrome, Keratoconjunctivitis sicca, Chronic follicular conjunctivitis, and Floppy eyelid syndrome. (This refutes a later allegation #23 that "you were just trying to medicate the patient rather than diagnose the problem.)

Noting the patient had responded well to Zylet in the past but could not afford to purchase this medication (fortunately the clinic happened to have a sample of Zylet at that time), Dr. Wellish re-started the patient on Zylet, along with Lotemax drops OU QID (both eyes 4x/day). Dr. Wellish also planned to start her on Doxycycline 100 mg po BID for her chronic follicular conjunctivitis and chronic, recurrent meibomitis (also known as MGD – Meibomian gland dysfunction). Dr. Wellish ultimately decided not to use Doxycycline due to her being on Coumadin. Unfortunately, it appears if she had been able to take the Doxycycline, this would have been a necessary, critical, and helpful treatment in combating her chronic and recurrent condition. The patient did not report any previous problems with a UTI (urinary tract infection on this medication) at this time. To Dr. Wellish's knowledge, the patient never took the Doxycycline due to her being on Coumadin. The patient was instructed to return to see Dr. Wellish in 6-8 weeks.

A telephone encounter note dated November 28, 2011, at 10:18 am notes the patient calling in and stating the eye drops she is taking are not helping. Her eyes were still feeling the same. The patent stated she was very frustrated. A "same day add-on" appointment was made for her at 1 pm with Dr. Wellish.

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Based on this urgent phone call, she returned earlier than scheduled, November 28, 2011, to see Dr. Wellish in clinic. As addressed above, this is believed to be the second of three times Dr. Wellish saw this patient. At this time the patient reported no improvement with treatment. She complained of both eyes being red. She stated that even taking the Erythromycin, Lotemax and Systane prn, she was not improving. She complained of watery eyes and color "**pink eyes**." (this may be the specific episode regarding what the "pink" in the above complaint refers to).

On 11/28/11, the patient confirmed she did not start the Doxycycline (and she was also unable to take oral Erythromycin) due to potential interference with Coumadin. **She also stated she HAS taken a Z-pack (Oral Azythromycin) in the past and tolerated it well on Coumadin**. She reported she was taking Lotemax drops in both eyes 4x/day, Systane artificial tears OU (both eyes) prn, and Erythromycin ointment OU qhs (both eyes at bedtime). On slit lamp examination, 1+ meibomitis, 1+ scurf, inferior tarsal conjunctival follicles, 1+ conjunctival injection, superficial punctate corneal staining and floppy eyelids were present. **Surgery on the floppy eyelids was felt to be potentially problematic due to her need to be on Coumadin** and based on her reports earlier that Zylet and Pred Forte helped (in Dr. Wellish's experience, a purely mechanical cause such as lacrimal drainage apparatus stenosis or scarring, or lid laxity, or lower ectropion would not respond to medical therapy), Dr. Wellish felt that there was a reasonable chance of controlling her symptoms medically, without the risks of surgery (surgery might have to involve having to take her off of anti-coagulation (unless it could be performed with laser technology – see **Exhibits 16 and 17** - and Dr. Wellish felt this could pose even greater risks such as heart attack or stroke from thromboembolic causes), compared to if she could safely tolerate a Doxycycline substitute. **Dr. Wellish made and explained the following diagnoses to the patient**: Meibomitis, Squamous Blepharitis, Dry Eye Syndrome, Floppy Eyelid Syndrome, Chronic Follicular Conjunctivitis, and Glaucoma Suspect (per Dr. DeBry). Dr. Wellish noted in the chart that she was unable to take oral Doxycycline or Erythromycin. Dr. Wellish changed her Erythromycin ointment to Lotemax ointment OU qhs (both eyes at bedtime). **The patient was instructed to see her Cardiologist or PCP regarding the safety for using a Z-pack, which Dr. Wellish believed offered the best chance of treating one significant part of the root of the problem, and without which Dr. Wellish felt a main component of the underlying condition would not be addressed.** Dr. Wellish instructed her to follow-up in one (1) month.

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The history that Dr. Malitz performed a bilateral lacrimal irrigation contradicts whoever told the patient that her tear ducts were no longer there (see allegation #24). As best as it can be understood, one cannot irrigate a tear duct that is no longer there.

Perhaps Dr. Malitz and/or the patient were referring to an Acquired Nasolacrimal Obstruction as the cause of the tearing. According to my training, experience, and a review of the medical literature (see **Exhibits 18 and 20**), previous cataract surgery and the medications prescribed by the doctors in our clinic are not among the known or common causes. Moreover, Dr. Leibowitz, the Oculoplastics expert that Dr. Malitz referred the patient to, did not find a Nasolacrimal Obstruction or "tear ducts no longer there" to be the cause of the tearing of this patient.

The above clinical encounters are the only instances Dr. Wellish could find, where scenarios are noted that the patient could be referring to regarding: **The patient did as instructed (stopped the Pred Forte) and approximately two weeks later her eyes were watering constantly, were pink, irritated and sore.**

Based on Dr. Wellish's 1) training, including a 2 year Fellowship in Cornea and External Ocular Disease at the Jules Stein Eye Institute – UCLA, 2) his experience: One summer as a Visiting Consultant at the King Khaled Eye Surgical Hospital, and over 17 years of experience in practice in Las Vegas and who has not had a prior Board complaint with regard to patient care or a civil action with regard to patient care (see **Exhibit 26,** Dr. Wellish's CV), and 3) the literature – see **Exhibits 10-14, 18-25,** at each clinical encounter clinic personnel, including Dr. Wellish, made mainstream and reasonable choices in their rationale for starting Pred Forte when they did, and for stopping Pred Forte when they did.

ALLEGATION #15. She presented again and was given more drops, which just irritated her eyes.

RESPONSE TO ALLEGATION #15. The way this allegation is phrased, one might think prescribing the drops (topical ocular medication) was somehow wrong, insensitive, and/or below the standard of care, and either caused the problem, worsened the problem, or both. However, the topical eye drops and ointment this patient was prescribed and/or given samples of at the clinic are standard and mainstream choices based on the mainstream practice of medicine. See **Exhibits 10-14, 18-25.**

The patient's allegations can be interpreted to mean she is contending the causes of her tearing, soreness, redness, pink eyes, etc. were purely anatomic/mechanical. Such a contention is incorrect as it and the **patient would be under the misconception her anatomic conditions**, including "tear duct no longer were there," "eyelid pulling away from her eye," lid laxity, floppy eyelid syndrome, and Ectropion of both eyes with punctal evertion **are the sole cause of her tearing, redness and discomfort, when they are not.** It is also sounds like she is stating or implying that because the medications prescribed and in most cases used by her did not by themselves solve the problem, therefore they were either the cause of her tearing, soreness, etc., or at the very least were the wrong choices since they "**just irritated her eyes.**" Any such contention is flawed for several reasons, as addressed below.

As is common in middle aged to elderly patients, **at her first exam prior to surgery, Dr. DeBry noted the presence of MGD (Meibomian gland dysfunction** as a "pre-existing condition."). Evidently, she was not symptomatic yet (except for her history of red eyes), and evidently in his judgment did not require treatment, and so he did not prescribe treatment for this, but patients with MGD are more prone to develop Dry Eye Syndrome, along with its features of **redness, soreness, and tearing**.

While mild cases of MGD respond to topical therapies such as the ones prescribed, more severe cases require systemic treatment such as Doxycycline. The most severe cases might not even respond to Doxycycline or its equivalent. Unfortunately, the patient was not able to take Doxycycline because she was on Coumadin. Dr. Wellish tried to get her to see her Cardiologist or PCP to see if she could take oral Azythromycin in place of Doxycycline (see office note dated November 28, 2011, and discussion above) and she had stated that she had tolerated Azythromycin , but, as is best understood, she never followed through to get this assessment and clearance. Another reason she was reluctant to use the oral medications was because of her stated history of developing a UTI after taking Doxycycline in March 2012. Dr. Wellish had never heard or read of a UTI resulting from the use of Doxycycline (see **Exhibit 15** regarding urinary tract infections), so to be thorough, Dr. Wellish did suggest the patient see Dr. Avi Weiss, a urologist in Las Vegas, to see if she had some unusual underlying condition or circumstance that would make her prone to a UTI with Doxycycline, or perhaps whether the patient had made a mistaken connection between the two. Included with this letter is a review article on UTIs - (see **Exhibit 15**). Dr. Wellish was unable to find any references or case reports of UTIs resulting from the use of Doxycycline. It is Dr. Wellish's belief, that although MGD is a chronic condition, it can be controlled with continued treatment, but has exacerbations without continued treatment, and **the patient's lack of compliance in following up with our**

instructions re: the Z-pack and seeing the consultants Dr. Wellish referred her to became a significant barrier to her recovery.

By November 1, 2011, Dr. Malitz had referred the patient for evaluation and treatment, to a Harvard trained Oculoplastic Specialist, Dr. Steven Leibowitz, who diagnosed her with "Dry Eye" (this is a broad diagnostic category that includes both aqueous deficient and evaporative caused by MGD) and "Ectropion" of both eyes with punctal evertion. He recommended a surgical procedure that would have addressed the anatomical/mechanical part of her problem, would still have required medical therapy to address her MGD, possibly including the need for either Doxycycline or Azythromycin. By recommending to the patient that we look into this on November 28, 2011, Dr. Wellish made what is believed to be a reasonable attempt to have the patient see her cardiologist or PCP to evaluate her for the safety of her using Azythromycin. **If this patient had followed such instructions to see these doctors to see if there was a way to safely use Azythromycin,** AND **if the patient had been able to have the surgical procedure performed by Dr. Leibowitz** (understandably problematic with her need to be on Coumadin might have required using a CO@ laser to perform the procedures – see **Exhibits 16, 17), then she could have addressed the most likely causes of her problem within two (2) months of her presenting to our clinic in early September 2011 with new onset on tearing, redness, etc., which appears to have started about ten (10) days after developing a cold**.

The at-issue allegation makes it sound like Dr. Wellish and/or the clinic did not do an appropriate job of diagnosing and treating the problem. Based on the facts of this case and the standards of care in the field, it is submitted any such contention is simply inaccurate. The acute onset of severely bothersome symptoms in September 2011, immediately following a cold, suggests that her external ocular disease was a major contributing factor to her symptoms and her condition – not "overmedication" or "damage from her surgery."

In a patient with both 1) External Ocular Disease (such as Meibomitis and Dry Eye) and 2) Eyelid/ Mechanical causes of symptoms like the patient's, practitioners are trained first try to get the External Ocular Disease under control, as the vast majority of people who present the way the patient did, do respond to the medical treatment and can thereby avoid surgery. It is not uncommon for it to take months for the External Ocular Disease to respond to topical treatment, and it is not uncommon for Doxycycline or a similar antibiotic to be a necessary part of the treatment of the root of the problem - see **Exhibits 10-12.** Once the External Ocular Disease is adequately treated, if the Mechanical/Eye Lid Problems are still

causing significant problems, then Surgical repair of the eyelids is considered. In this patient's case, because she was on Coumadin, we were not able to use Doxycycline so easily. As addressed above, Dr. Wellish examined the patient for the first time on November 21, 2011. At that time, since her External Ocular Disease was not adequately responding to the topical treatment (eye drops), Dr. Wellish was going to start her on Doxycycline (in Dr. Wellish's opinion, a necessary step in treating part of the root of the problem), but ultimately she did not use the Doxycycline because she was on Coumadin. Dr. Wellish's second visit with the patient was on November 28, 2011. At that visit, he discussed with the patient that he thought that using oral Doxycline, Erythromycin, Azythromycin, etc., was going to be necessary to get most or all of her symptoms under control. That is when she informed Dr. Wellish she has taken a Z-pack in the past and has tolerated it well on Coumadin. At that visit, Dr. Wellish instructed her to see her cardiologist or PCP to assess the safety of her taking a Z-pack to help get her External Ocular Disease (Meibomitis and Chronic Follicular Conjunctivitis) under control. Instead of following such instructions to look into using a Z-pack to more effectively treat her condition within two (2) months of presenting in September 2011 with new onset of these symptoms, she instead decided to seek care elsewhere, where apparently Dr. Malitz, a general ophthalmologist without fellowship training in Cornea and External Ocular Disease and ClearVision, an optometry office, provided care and gave her apparently misleading information as to the cause of her problems. Whereas Dr. Wellish instructed her to follow-up with him in one (1) month, she did not return to see him until March 5, 2012. **It is believed that had she had followed Dr. Wellish's instructions and seen her cardiologist or PCP to assess the safety of her taking a Z-pack to help get her External Ocular Disease (Meibomitis and Chronic Follicular Conjunctivitis) under control, she would have been dramatically better within six (6) weeks of taking the Z-pack, instead of letting the problem linger on.**

ALLEGATION #16. It is alleged that the other physician prescribed the antibiotic Doxycycline and informed the patient that she may need to see a surgeon and that her left eyelid was pulling away from her eye and needed to be tightened.

RESPONSE TO ALLEGATION #16. It is true that Dr. Wellish initially prescribed Doxycycline on November 21, 2011, for the above reasons, but it was ultimately decided not to have her use it because she was on Coumadin. The fact that she did not start taking the Doxycycline is documented in the clinic's note of November 28, 2011. It is also true that Dr. Wellish told her that her eyelids may be contributing to the problem and that if she was still

symptomatic after her External Ocular Disease was controlled then a surgical procedure might be required. It appears the patient is making an inference that either Dr. DeBry with his cataract surgery or the clinic's doctors who prescribed her topical medication caused her mechanical eyelid dysfunction. While cataract surgery is known to cause a droopy eyelid caused by the lid speculum, Dr. Wellish has never heard of and could find no examples in the medical literature, of cataract surgery or the lid speculum causing floppy eyelid syndrome or lower lid ectropion, both of which would require a lid tightening procedure if the resulting symptoms are severe enough - see **Exhibits 18-25.** It also appears the patient is making an inference that the clinic's topical therapy caused or worsened her mechanical eyelid condition. Dr. Wellish is aware of no cases of drug induced ectropion being caused by any of the medications the clinic prescribed. See **Exhibits 18, 20.** Even if there had been reported cases, the incidence would be so low that it is submitted a well-trained clinician would still not have avoided any of the medications we prescribed for fear of them causing mechanical eyelid problems such as what Dr. Leibowitz diagnosed as Ectropion of both eyes with punctal evertion.

ALLEGATION #17. It is alleged that the constant tearing was beginning to interfere with the patient's life.

RESPONSE TO ALLEGATION #17. Only the patient can know if this is the case. The clinic routinely documented her vision as 20/40 or better without glasses and 20/20 with glasses at her post-operative visits. Curiously, she refused to allow the clinic to check her vision at her last visit. And she frequently arrived at her clinic visits without her prescribed glasses.

ALLEGATION #18. Her eyesight was continually blurry due to the tears.

RESPONSE TO ALLEGATION #18. At her first visit with Dr. DeBry on February 2, 2011, prior to her cataract surgery, the patient's vision was 20/60-2 in the right eye and 20/40-1 in the left eye with the glasses she was wearing. She was refracted to 20/50+ in the right eye and 20/25 in the left eye with spectacle correction of her astigmatism in the phoropter in the office. She was given a prescription for glasses on May 5, 2011, and a new one on June 7, 2011, when she stated that her eyes were comfortable, with no pain or discomfort. At her office visits of October 5, 2011, November 21, 2011, November 28, 2011, and March 5, 2012, her uncorrected vision was 20/40 or better without glasses at each visit. **At each of these visits she was not wearing**

and apparently did not bring her prescribed glasses which we believe would have corrected her to 20/20 in each eye and likely have corrected her double vision, based on the refractions performed on May 5, 2011, June 7, 2011, and March 5, 2012. It is curious that she refused to allow her vision to be checked at her final visit on March 8, 2012. It is impossible to speculate how much of her blurriness was due to her tearing vs. her decision not to wear glasses. As noted above, the patient also failed to see her cardiologist or PCP as Dr. Wellish instructed her to in November 2011 to see if she could have taken the Z-pack to help with her External Ocular Disease. However, the surgical repair of her lids would still have been problematic due to her need to be on Coumadin. Only a qualified Oculoplastic surgeon such as Dr. Leibowitz could specify whether the surgery he contemplated could be performed with lasers - see **Exhibits 16, 17** - to avoid the risks that would go along with stopping this patient's Coumadin.

ALLEGATION #19. Because she could not see very well she could no longer drive or cook recipes.

RESPONSE TO ALLEGATION #19. As someone who has dedicated his career to saving vision and restoring eyesight, often working nights and weekends for his patients, Dr. Wellish is truly saddened to hear that a patient, especially a patient of the clinic, would suffer to this degree. **Dr. Wellish can only wonder if the patient, in her current state of mind, realizes that by wearing glasses, her vision could actually improve to a normal 20/20.** Dr. Wellish also wonders how much of her tearing, vision, and other symptoms would have improved if she had followed his instructions and seen her cardiologist or PCP as instructed in November 2011, to see if she could have taken the Z-pack to help with her External Ocular Disease. **Since she reported to Dr. Wellish on November 28, 2011, she was able to tolerate a Z-pack while on Coumadin in the past, Dr. Wellish believes that had she followed his instructions as above, a path could have been found to treat her with a Z-pack and brought her External Ocular Disease under control much sooner and without all suffering she has had to endure. It is believed this would have improved her symptoms by restoring the deficient lipid layer to her tear film thereby making her ocular surface less vulnerable to other influencing factors such as her lower lid ectropion.**

While one wishes there was an easy and risk free way for a surgical repair of the patient's eyelids, as recommended by Dr. Leibowitz on November 1, 2011, the need for her to be on

Coumadin seems to have been an barrier that as noted above, only a qualified Oculoplastic surgeon such as Dr. Leibowitz could decide whether the surgery he contemplated could be performed with lasers - (see **Exhibits 16, 17**) to avoid the risks that would go along with stopping this patient's Coumadin.

It is always frustrating to have within our grasp the solution to a patient's problems, yet be unable to execute the plan due to:

1) **affordability** issues (the patient reported that her symptoms initially responded well to the Zylet eyedrops, but she was unable to continue due to cost; see telephone encounter sheet dated September 15, 2011: ***"pt prescription too expensive...zylet sample was working, need alternative prescription called into Walgreen's..."*** It appears that at the very first visit of the patient's new onset of tearing, redness, etc., following her cold, the doctor she saw at the clinic prescribed an eye drop that worked. She was given a sample, she called in to say it worked, but only because of affordability did a search have to be undertaken for a substitute that was affordable enough for her. Despite trying and trying, unfortunately none of the lower cost substitutes worked well enough for her.); or

2) **patient follow-through** issues (i.e., not going to her cardiologist to assess and figure out a safe way for her to take the Z-pack Dr. Wellish recommended – instead, she disappeared from the office for over three (3) months, seeking her eye care elsewhere (her second and third opinions) while her condition apparently did not improve with their care either and apparently worsened.

ALLEGATION #20. The patient then presented to you at the Wellish Institute in or around February 2012 and once again was prescribed Doxycycline.

RESPONSE TO ALLEGATION #20. After Dr. Wellish saw the patient on November 28, 2011, and instructed her to see her cardiologist or PCP to see if he could treat her with a Z-pack (which she evidently chose not to do), and when Dr. Wellish instructed her to follow-up with him in one month (which she evidently chose not to do), she did follow-up with Dr. Wellish on March 5, 2012. (No medical record or patient ledger items for February 2012 were found.) The patient gave a history that her eyes had been watery, red for 8 months. She mentioned that she had had a lacrimal irrigation by Dr. Malitz, which evidently did not work. She stated that she saw Dr. Leibowitz, who recommended eye lid and lacrimal punctum surgery, which she evidently did not pursue or try to find a way to accomplish. Dr. Wellish reviewed the letter sent by Dr. Leibowitz from when he saw the patient on November 1, 2011, and recommended

artificial tears, ointment at night, and Bilateral ectropion repair, Bilateral plastic repair of canaliculus.

Dr. Wellish compared the gold standard treatment of Meibomitis, which appeared to Dr. Wellish to be a major contributing factor her condition, with the treatments she was actually able to execute. Dr. Wellish tried to identify gaps between what is known to work best for this condition (see **Exhibits 10, 11, and 12:** Preferred Practice Patterns and Monographs published by the American Academy of Ophthalmology vs. what had actually been done. The American Academy of Ophthalmology recommends the use of warm compresses and antibiotic ointment such as Erythromycin ointment and/or topical Azythromycin. These had been tried in this patient without adequate success. The American Academy of Ophthalmology, in this publication, notes reported success with tobramycin/dexamethasone suspensions, such as Zylet. This was the first drop given to the patient as a sample when she first presented with the symptoms of tearing, redness, etc., about a week after the prior onset of a cold in September 2011. The patient evidently called a few days after we gave her this sample to state that this treatment was working, but she needed an alternative prescription called into Walgreen's..."[1] At subsequent office visits, Corticosteroid eye drops and/or ointments were tried, as suggested in this monograph. At each visit the patient had been examined, and diagnoses made, before trying various alternative approaches.

As this monograph from the American Academy of Ophthalmology states, "For patients with MGD whose chronic symptoms and signs are not adequately controlled with eyelid hygiene, an oral tetracycline can be prescribed...Doxycycline", etc. "Treatments can be intermittently discontinued and reinstated, based on the severity of the patient's Blepharitis and tolerance for the medication.... See **Exhibit 10,** p. 10. The rationale for the use of (oral) tetracycline is based in part on small clinical trials (see enclosed monographs for details - **Exhibits 10, 11).**

Hence, the one major compouent of treatment missing for the treatment of this patient's MGD was indeed Doxycline. So yes, Dr. Wellish did discuss this with the patient

[1]See telephone encounter sheet dated September 15, 2011: "pt prescription too expensive...zylet sample was working, need alternative prescription called into Walgreen's..." It appears that at the very first visit of the patient's new onset of tearing, redness, etc., following her cold, the doctor she saw at the clinic prescribed an eye drop that worked, but the patient stated she could not continue taking it due to cost.

again on this date. However the patient declined pursuing this option for reasons discussed previously and elsewhere in this document. And again, the patient didn't or wouldn't see her Cardiologist to see if she could use Azythromycin, which works well as a substitute and which she had earlier stated she had tolerated.

ALLEGATION #21. She informed you that the last round of this antibiotic caused her to develop a urinary tract infection (UTI) and you replied, "If you get a UTI you need to see a Urologist."

RESPONSE TO ALLEGATION #21. When a patient tells us something in the exam lane, it is the clinic's policy to record it in the clinical note of that day. Dr. Wellish's recollection is that in this case, the patient told the clinic's staff about this on the way out, then Dr. Wellish met with the patient in a side room, where he suggested to the patient that this would be a highly unusual cause for a UTI, and that he would really like her to see a very bright Urologist named Dr. Avi Weiss, to evaluate this history so that it could be determined if this would be a valid reason for avoiding the use the Doxycycline in her case. **Dr. Wellish felt the use of Doxycycline or a Z-pack was such an important missing component of the treatment of one of the most significant roots of her problems that they tried to call to make the appointment for her, but she refused to let them do so** – the copy of the referral note we kept in the chart states: "Wants to make appt herself." The patient was given the original so she could call herself. Dr. Wellish never received a consultation report from Dr. Weiss, so he is under the impression she never followed through on this aspect of her care.

The way the complaint/allegation is stated sounds very insensitive and cold. Dr. Wellish takes pride in being a conscientious, caring, kind and compassionate human being and physician. He cares deeply about his patients, even to the point of having his office staff personally call consulting doctors' offices to make the appointment for the patient in most cases when referring a complicated patient for consultation.

At this same visit, Dr. Wellish also referred this patient to an Oculoplastic specialist, Dr. Janice Eggert, for evaluation of her epiphora (excess tearing) and inferior conjunctivochalasis. Fortunately, this patient allowed us to make this appointment for her, to be seen on 3/21/12 @ 1:00 pm. Sadly, Dr. Wellish never received a consultation report from Dr. Eggert either. For this reason, Dr. Wellish is under the impression this patient also chose not to follow through with

this recommendation, which could have allowed an independent assessment of her eyelid condition and options for treating the root of this aspect of her condition.

ALLEGATION #22. You then prescribed the same medication that the other physician had prescribed to her, despite the fact that the patient told you that it just irritated her eyes.

RESPONSE TO ALLEGATION #22. As noted above, and in the enclosed References: monographs about Blepharitis (**Exhibit 10**) (MGD is a sub-type) and Meibomian Gland Dysfunction (**Exhibit 11**) from the American Academy of Ophthalmology, there are only so many types of medication that work to treat this condition. As the monograph on Blepharitis states, "...there is insufficient evidence to make definitive recommendations for the treatment of Blepharitis, and...a cure is not possible in most cases." And "...symptoms often recur if treatment is discontinued." (**Exhibit 10**, p. 10). As noted previously, the monograph – **Exhibit 10** also states: **"For patients with MGD whose chronic symptoms and signs are not adequately controlled with eyelid hygiene, an oral tetracycline can be prescribed...Doxycycline."**

Dr. Wellish's thought process was that the patient was never able to execute the complete treatment plan for her MGD and the resulting mechanical causes of her tearing, redness, etc. She never complied with his instructions to see her Cardiologist or PCP to determine whether a short course of oral azythromycin or a longer course of doxycycline could be tried in coordination with close monitoring of her anticoagulation with her Coumadin. To his knowledge, she never looked into the possibility of getting off her Coumadin for a brief time to allow for surgical lid procedure that Dr. Leibowitz thought would help the problem. She never saw the Urologist we tried to refer her to regarding her association of Doxycycline with her UTI, and she never kept the appointment our office made for her with another oculoplstic specialist, Dr. Janice Eggert.

The medications Dr. Wellish started or re-started her on, on March 5, 2012, which he believed is the day she is referring to, are the tried and true treatments that work the best (and are noted in the enclosed references: monographs (**Exhibits 10-12**)), when used in coordination with oral Doxycycline and in conjunction with addressing the eyelid/mechanical causes of her condition – **Exhibits 10-12.**

By wanting to look into the use of Doxycycline or a Z-pack, and by arranging for a consultation with Oculoplastic Surgeon, Dr. Janice Eggert, Dr. Wellish felt he was doing far more than just using the same medications – he felt he was offering a comprehensive

treatment plan for her condition. The fact that she 1) refused to look into using Doxycycline and/or Azythromycin, and the fact the she 2) evidently did not look into finding out if there was a way to follow Dr. Leibowitz' recommended treatment plan for Bilateral ectropion repair, Bilateral plastic repair of canaliculus and 3) apparently did not keep her appointment to consult with Dr. Eggert on any alternative approaches to her malpositioned eyelids and/or puncta, are certainly within her rights as a patient, but Dr. Wellish **believes that her own lack of follow through in these areas served as a the most significant barrier to her recovery.**

As a physician, Dr. Wellish tries to do everything in his power to evaluate, diagnose, prescribe a treatment plan, and persuade his patients to follow through with a rational plan. In this case, Dr. Wellish was unable to persuade the patient to follow through on looking into understandably challenging treatments, but he felt like the failure of her clinical improvement had more to do with the daunting task of using Doxycycline or Azythromycin on someone who needed to be on Coumadin, and the challenging task of also performing a possibly needed Bilateral ectropion repair, Bilateral plastic repair of canaliculus also on someone who needed to be on Coumadin.

ALLEGATION #23. It is alleged that you were just trying to medicate the patient rather than diagnose the problem.

RESPONSE TO ALLEGATION #23. At each office visit at the clinic, the attending doctor took a careful history, examined the patient, made diagnoses, and then prescribed a treatment plan. To say that Dr. Wellish and/or the clinic were just trying to medicate the patient rather than diagnose the problem is simply not true.

Accompanying this letter is a summary (from a Medline search) of a review article written by Dr. Mainville, a leading Oculoplastic specialist – **Exhibit 19** on the **Etiology of tearing: a retrospective analysis of referrals to a tertiary care oculoplastics practice.** It appears that he found that in 48.7% of cases of excess tearing referred to their oculoplastics clinic (at the University of Ottawa), dry eye with reflex tearing was the responsible cause, and the majority of these improved with lubrication. Hence, Dr. Wellish believes that bringing this patient's dry eye (exacerbated by MGD) under control was a critical and necessary part of her treatment, and yes, medication was part of the necessary treatment of her condition.

ALLEGATION #24. It is further alleged that the patient finally went to several other physicians for second and third opinions as to why her eyes were constantly watering and found that her tear ducts were no longer there.

RESPONSE TO ALLEGATION #24. In Dr. Wellish's experience, if the tear ducts were no longer there, 1) it would not be possible to insert a probe into the tear ducts to perform the probing and irrigation that Dr. Malitz performed, and 2) the treatment for this problem would be creating a new opening for the tears to drain into, called a DCR (dacryocystorhinostomy).

The fact the patient stated that she had seen Dr. Malitz and that he performed probing and irrigation is one piece of evidence that the tear ducts were still there. The second is that Oculoplastic expert Dr. Leibowitz evidently did not find this patient to have closed tear ducts and did not recommend any procedures to open them up or to perform a bypass operation such as DCR (dacryocystorhinostomy) or tear duct reconstruction with silastic tubing.

As previously noted, the medications prescribed by the doctors in our clinic are not known to cause any of the conditions contemplated by Dr. Malitz or Dr. Leibowitz – **Exhibits 18-25.**

Dr. Wellish believes that either the patient misunderstood the second and third opinions, or they were simply wrong. He would be curious to learn directly from Oculoplastics expert Dr. Leibowitz if he felt whether her tear ducts were present, and if the medications we prescribed caused her eyelid and tearing condition, or if they were the result of her age and chronic Blepharitis, or other factors, as are the more typical causes.

Even if her tear ducts did scar down and were no longer there, Dr. Wellish is aware of no study or evidence that links this event with any of the treatments he or the clinic prescribed (see enclosed References on causes of drug induced ectropion (**Exhibits 18, 23**), punctal ectropion (**Exhibit 24**), lacrimal punctal stenosis (**Exhibit 21**), and drug related sides effects of clinical importance to the ophthalmologist (**Exhibit 20**).

Based on a review of the medical record, it appears that the patient saw Dr. Malitz, who may have told the patient her tear ducts were no longer there. He then referred the patient to Oculoplastics specialist Dr. Leibowitz, who apparently saw her on 11/1/11. Dr. Leibowitz sent a letter with his findings to Dr. Malitz, and a copy to Dr. DeBry. The letter states Dr. Leibowitz' findings: Ectropion of both eyes with punctal evertion. Dry eyes. Plan: AFTS, ointment at night. Bilat ectropion repair. Bilat plastic repair of canaliculus.

The Oculoplastic specialist Dr. Malitz referred the patient to, Dr. Steve Leibowitz, made no mention in the letter he sent to Dr. Malitz and copied Dr. DeBry on regarding: "tear ducts no longer there." If the tear ducts no longer were there, Dr. Wellish believes a different surgery would have been recommended: DCR, Dacryocystorhinostomy), or some type of canalicular reconstruction with silicone tubing. The fact the Dr. Leibowitz apparently only planned a plastic repair of the lower lids and to rotate the lower lids and lacrimal punctal inward, and no creation or enlargement of the tear ducts supports the fact that **the "second and third opinions who told her that her tear ducts no longer were there, were not only mistaken, but also responsible for unnecessarily inflaming and angering an already frustrated and confused patient.**

ALLEGATION #25. You and the other physicians overmedicated the patient's eyes causing permanent damage to her tear ducts, thinning of her eyelids, painful, itchy, red and watery eyes and loss of vision due to the constant tears.

RESPONSE TO ALLEGATION #25. The two clinically distinct scenarios this patient presented with were:

1. For the evaluation and treatment of her cataracts on February 2, 2011, and

2. For the evaluation and treatment of eyes that were red & painful for about a week (preceded by a cold), a "tender sensation," left eye greater than right eye, and watery discharge, especially after waking up or watching TV, on September 12, 2011. **This new onset problem** occurred about **five months after cataract surgery**, and about **3 months after her last post-operative visit of June 7, 2011, when she stated that her eyes were comfortable, with no pain or discomfort, off all ocular meds**. This new onset problem which occur BEFORE we started any medication in September, then lingered and apparently worsened after the patient did not follow through on a treatment plan recommended by Dr. Wellish and by Dr. Leibowitz.

With regards to Dr. Wellish's perspective on **the accusation of overmedication as it relates to the cataract surgery,** Dr. Wellish has reviewed the chart and **all of the medications prescribed before and after surgery are the mainstream choices for preoperative care, day of surgery care, and post-operative care**, with **no evidence of overmedication**. The patient appeared to present with a rebound iritis on May 5, 2011. This seems to occur more frequently in patients using the less expensive generic version of Pred Forte, but Dr. Wellish cannot say for

certain whether the patient was using the generic version of Pred Forte or the real Pred Forte. Nonetheless, at the visit of May 5, 2011, she was seen, evaluated and diagnosed by Dr. Langford (who she later called "a sweetheart" on November 21, 2011), and he increased the Pred Forte to twice a day for 4 weeks. Increasing or restarting Pred Forte is a standard treatment for rebound iritis. And **judging by the results of her returning on June 7, 2011, with the problem resolved and stating that her eyes were comfortable, with no pain or discomfort, off all ocular meds, it appears that this treatment worked**.

If the patient had been overmedicated at the time before, during, or after cataract surgery to the extent she is claiming, and if the medication prescribed from February 2, 2011 through May 5, 2011, had caused **permanent damage to her tear ducts, thinning of her eyelids, painful, itchy, red and watery eyes and loss of vision due to the constant tears,** one would expect that these **symptoms would not have resolved off of all ocular meds by June 7, 2011.**

The facts of this case are that by June 7, 2011, since the medications prescribed during February 2, 2011, through June 7, 2011, were no more and no different than would typically be prescribed for routine cataract surgery (see response to allegations 1, 3, 4, 9, and 10 above), followed by rebound iritis, and because she had no tearing, pain, red, watery eyes or loss of vision by her last post-operative visit of June 7, 2011, Dr. Wellish could find no evidence to support her claim of overmedication causing her problematic symptoms during the peri-operative period.

The next phase of her clinical course appears to have started in early September 2011. At her office visit of September 12, 2011, she stated that **her eyes became red and painful - she was not taking any ocular medications at the time – after the onset of a cold** and that she saw her PCP who prescribed Tobramycin eyedrops, which were not helping. Dr. Wellish believes that in the patient's complaints/allegations, she is making it sound like this new-onset problem was continuously present since her surgery. This is not supported by the facts that 1) she was free of these symptoms when she was off of all ocular medications on June 7, 2011, and 2) she was not taking any ocular medications when this new-onset of these symptoms of tearing and redness, etc. appeared after her cold in September 2011.

This history shows that the above symptoms and problems she is blaming on "overmedication" actually occurred BEFORE the use of any medications that we

prescribed starting in September 2011, since she had been free of these reported symptoms and off all ocular medications for over 3 months, since June 7, 2011.

With regards to the treatment of the new-onset of the symptoms referred to in this particular allegation, it is noted above in response to allegations 13, 14, 18, 19, and 24, that it appears that at the very first visit of the patient's new onset of tearing, redness, etc., following her cold, the doctor she saw in our clinic prescribed an eye drop (Zylet) that we gave her a sample of Zylet, and it worked, but the patient stated she could not continue taking it due to cost. If the main cause of the patient's tearing, redness, etc. was **permanent damage to her tear ducts, thinning of her eyelids, etc.,** (these are mechanical causes), one would not expect such a quick and successful response to the Zylet (antibiotic-steroid combination) prescribed on September 12, 2011. On such a point, see the ***telephone encounter sheet dated September 15, 2011, which states, "pt prescription too expensive...zylet sample was working, need alternative prescription called into Walgreen's..."*** It appears that at the very first visit of the patient's new onset of tearing, redness, etc., following her cold, the doctor she saw at the clinic prescribed an eye drop that worked, but the patient stated she could not continue taking it due to cost. This is also corroborated by the office record of September 22, 2011, when the patient reported that **Zylet helped a lot but due to cost, unable to fill.**

Dr. Wellish recently completed an Ophthalmology Board Recertification Review Course. The section on causes of excess tearing relating to Punctal Stenosis, Lower Lid Ectropion, etc., was taught by Dr. Jeffrey Nerad, who in the past has held the position of professor of ophthalmology and otolaryngology at the University of Iowa in Iowa City for more than 20 years, and has served as the American Academy of Ophthalmology's secretary for ophthalmic knowledge since 2008. He is currently president-elect of the American Society of Ophthalmic Plastic and Reconstructive Surgery. At the break, Dr. Wellish went up to him to present him with a fact pattern like this patient and asked if he had ever heard of the medications used in this case had ever caused damage to the tear ducts and/or lower lid ectropion and he stated that he had not in all his years and experience.

Dr. Wellish has performed a literature search looking for drug induced causes of lacrimal punctal or canalicular stenosis and/or lower lid ectropion, and he could not find the medicines he or others in his clinic used to be known causes. Dr. Wellish did find a review article published by the American Academy of Ophthalmology (AAO) on lacrimal punctal stenosis – **Exhibit 21,** the closest description to what the patient refers to as "...permanent damage to (her) tear ducts." **This review article does not list any of Dr. Wellish's and/or the clinic's treatments as being**

known to causes lacrimal punctal stenosis. However, the article does describe the etiology of this condition and lists several causes: chronic conjunctival exposure and keratinization (e.g. ectropion), dry eye with low tear outflow, **chronic blepharitis**, recurrent or severe conjunctivitis, and tumor. **Of these known causes, this patient is known to have chronic blepharitis** (independent of our treatment), as evidenced by the pre-operative finding of MGD at her first exam in February 2011, before her first cataract surgery. None of the medications prescribed in the clinic and none of the surgeries Dr. DeBry performed are identified as causes in this review article published by the American Academy of Ophthalmology (AAO) – **Exhibit 21** and a review of Drug Related Adverse Effects of Clinical Importance to the Ophthalmologist (**Exhibit 20**).

Dr. Wellish also found a review article on Ectropion - published by the American Academy of Ophthalmology (AAO). See **Exhibit 23**. It lists as **risk factors**: Advanced **Age**, Chronic Eyelid Rubbing, Facial Nerve Palsy, Previous Trauma, and Previous eyelid surgery for skin cancer. **It does not list any of the medications the clinic's doctors prescribed**. Dr. Wellish could find only one article on ectropion caused by ocular topical medications – See **Exhibit 18**. The article listed several glaucoma medications as known causes of ectropion, but none of the medications prescribed by the doctors in the clinic were among those mentioned to cause Ectropion. Dr. Wellish could find no **articles mentioning the medications prescribed by any of the clinic's doctors as known causes of Punctal stenosis or Eyelid ectropion.**

Even if a reported case could be found, the incidence would be so rare that it would not be realistic to withhold the recommended treatments the clinic's doctors used (the same treatments they have used successfully on thousands of their patients, as recommended by the Academy of Ophthalmology – **Exhibits 10, 11, 12**) on the rare chance that they could cause these eyelid and tearing conditions. Although glaucoma medications have been reported to cause these conditions, in this field, this is not even typically considered as a reason to withhold the use of these eye drops in the treatment of glaucoma.

Finally, the loss of vision due to the constant tears would truly be a shame for anyone to endure. In this patient's case, **there are three things that were prescribed for her to do, as far back as November 2011, that she chose not to do, that could have, and perhaps most likely would have *prevented* this loss**:

1. The clinic's doctors prescribed glasses for her on May 5, 2011, and again on June 7, 2011. At both of these visits she corrected to a "normal 20/20." Curiously, at her visits of

September 12, 22, 29, October 5, November 21, 28, 2011, and March 5, 2012, the patient was not wearing her glasses at her office visits. On March 5, 2012, the patient was refracted to 20/20 vision in each eye with the proper glasses prescription and the clinic demonstrated to her this superior level of vision she would enjoy if she were to wear glasses. On March 8, 2012, at her final visit at the clinic, she refused to allow her vision to even be checked and documented.

2. On November 28, 2011, Dr. Wellish instructed the patient to see her Cardiologist or PCP to evaluate her re: the safety of using a Z-pack to help address more thoroughly her MGD and chronic follicular conjunctivitis. Earlier in that visit, the patient had reported that she HAD been able to tolerate this medication well on her Coumadin. To Dr. Wellish's knowledge, she never complied with his instructions to see her other doctors to see if there was a safe way for her to use an essential component of her therapy – Doxycycline or a Doxycycline equivalent such as Z-pack.

3. On November 1, 2011, the patient saw Oculoplastic Specialist, Dr. Steve Leibowitz. At that time his diagnoses were: Ectropion of both eye with punctal eversion and Dry eyes. The plan he recommended to the patient was: 1) Artificial tears four times a day, ointment at night, 2) Bilateral ectropion repair, along with Bilateral plastic repair of canaliculus. Please note that:

A. He did not find **"permanent damage to her tear ducts," or "thinning of her eyelids," or "tear ducts no longer there."** Dr. Wellish believes if he had, then he would have noted such findings and a different surgical plan would have been recommended, such as reconstruction of the tear ducts or a DCR (dacryocystorhinostomy).

B. The patient never followed through on his recommendations to have the above procedures, which, to the extent that the ectropion of both lower lids with punctal eversion was contributing to her symptoms, could have gone a long way in solving the problems she reports in these allegations.

If she had only followed through and complied with the treatments recommended by Dr. Leibowitz and Dr. Wellish, the latter believes this problem would have been under control by mid to late December 2011, and the patient could have avoided all the complaints of tearing, vision loss, redness, burning, etc., notwithstanding the fact that MGD is a chronic condition, and would only be successfully managed as long as the patient was compliant with the recommended treatments, including the periodic use of a Z-pack in place of the normally prescribed Doxycycline.

Dr. Wellish has also had great success in patients with moderate to severe MGD patients like this, with a type of IPL treatment for this condition. IPL (Intense Pulsed Light) is used (off label as it was originally approved by the FDA for skin rejuvenation, but in recent years has found to be useful in treating dry eye caused by MGD) to treat the abnormal blood vessels feeding the lower eyelids and to melt the hardened oil gland secretions stuck in her eyelids, thereby allowing her normal Meibomian oil secretions to coat the outer layer of her tears, as a protective layer, as nature intended. **It is the lack of this oily coating of her tears that make people with her condition suffer much more than others with similar eyelid position problems who are not at all bothered symptomatically.** At the patient's last visit to the clinic, when she called on March 8, 2012, the clinic got her in the same day to see Dr. Christopher Shen (Dr. Wellish was in surgery that day). This was the visit where the patient refused to allow her vision to be checked. At that time, after examining this patient and offering his diagnoses, according to medical record, **Dr. Shen explained to the patient that she needs long-term treatment to help with her condition.** He recommended restarting hot moist packs twice a day and Erythromycin ointment at bedtime – the same treatments as recommended by the American Academy of Ophthalmology – **Exhibits 10, 11, 12... He also discussed with her the IPL option for future treatment if there was no improvement by her next recommended visit with Dr. Wellish two (2) months later**. Our clinic has many patients just like this one who, by following up and eventually having IPL, experience a dramatic improvement in their MGD symptoms, including the very ones this patient is complaining about. **Dr. Wellish wishes this patient had followed up with him so that he also could have given IPL a chance to work for her, as the vast majority of those patients like her seem to find a dramatic improvement in their symptoms with this treatment**.

Dr. Wellish believes the physicians providing care at the clinic provided a high level of care in the evaluation, diagnoses, and recommended treatments. **It is believed if this patient had followed through on the above recommendations instead of continuing to search for more opinions (none of which seem to have solved her problems), she could have prevented all or most of her suffering**.

ALLEGATION #26. All together you and the other physicians prescribed a total of seventeen different medications to the patient.

RESPONSE TO ALLEGATION #26. Of the medications that Dr. Wellish and/or the other physicians at the clinic prescribed, the indications were 1) for the cataract surgery, and 2) for the new onset problem of pain, tearing, redness, etc., starting in September 2011. According to the medical record, the following medications were prescribed/used:

For the cataract surgery, the following "standard of care" medications were used:

1. Pred forte. A steroid eye drop used in both eyes peri-operatively.

2. Zymaxid (an antibiotic).

3. Bromday (an NSAID used to facilitate intra-operative dilation and prevent post-operative pain and decrease the risk of post-operative cystoid macular edema). Used in the right eye peri-operatively.

4 Nevanac (an alternative NSAID that is often used interchangeably with Bromday, based on patient tolerance, price, and availability of samples). Used in the left eye peri-operatively.

Standard "Day of Surgery" Medications:

5. Proparacaine (topical anesthetic).

6. Mydriacyl (to dilate the pupil for surgery).

7. Cyclogyl (to dilate the pupil for surgery, different mechanism of action than the other 2 dilating eye drops, used synergistically with the other 2 dilating eye drops).

8. Neosynephrine (Phenylephrine) (to dilate the pupil for surgery, different mechanism of action than the other 2 dilating eye drops, used synergistically with the other 2 dilating eye drops).

9. Xylocaine gel (a topical anesthetic used to make the surgery as pain free as possible).

Eyedrops noted to be used after surgery in addition to the above:

10. Soothe artificial tears. Often used for dry eye. Patient noted she was using these on March 23, 2011. Dr. Wellish did not see a note instructing her to use these.

By June 7, 2011, the patient reported being off all ocular medications.

11. Tobramycin. On September 12, 2011, the patient reported that her PCP had started her on this eye drop when she presented to her PCP with red, painful eyes after the onset of a cold. Dr. Langford stopped this medication and evidently gave the patient a sample of Zylet.

12. Zylet (a combination steroid/antibiotic). As noted above, the patient called in to report: "pt prescription too expensive...**zylet sample was working**, need alternative prescription called into Walgreen's..." To respond to the patient's request for a less expensive option (albeit not as effective).

13. Maxitrol (another combination steroid/antibiotic) not as effective for this type of problem as Zylet. On September 22, 2011, the patient reported that the Maxitrol made her eyes tear a lot, and she presented taking TobraDex, but had stopped taking the Maxitrol.

14. Tobradex ((another combination steroid/antibiotic) not as effective for this patient as Zylet. She reported on September 22, 2011, that the Tobradex drops were not helping her at all. At this visit a follicular conjunctivitis was noted on exam, diagnosed and discussed with the patient. For these reasons, the Tobradex was discontinued and the patient started on Ped Forte drops.

15. **Pred Forte** eye drops, a strong steroid used to prevent inflammation and to prevent scar tissue. **By September 29, 2011, the patient reported improvement with Pred Forte, with no tearing, no itching, no pain, no discomfort and no further complaints**. She was therefore instructed to taper off of the Pred Forte and to follow-up in 2 weeks. On October 5, 2011 (it is believed the telephone encounter sheet incorrectly states October 6, 2011), the patient called at 9:02 AM complaining of blurry vision and teary eyes that had been present for 4 weeks. She was added on as an emergency to be seen by Dr. DeBry that same day. His diagnoses were: MGD and lid laxity – floppy eyelid syndrome. He recommended changing the Pred Forte to...

Nevada State Board of Medical Examiners
Monica C. Gustafson, Certified Medical Board Investigator
Investigative Committee Members
Board Counsel
November 6, 2013
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Re: ***BME Case # 12-13732***
Licensee: ***Kent L. Wellish, M.D.; License No. 7032***
Patient: [redacted]

16. FML eye drops. According to the patient, these ultimately did not work either. On November 21, 2011, she presented for the first time to see Dr. Wellish and reported that she was not taking any ocular medications because they were not working. Dr. Wellish examined her and found squamous blepharitis and meibomitis (MGD), as well as other findings previously mentioned. Noting that the Zylet sample given to her on September 12, 2011, helped and that fortunately we had some samples in stock, Dr. Wellish gave her some samples of Zylet. Dr. Wellish also added...

17. Lotemax (steroid eye drops that are often effective and tolerated better **long term** (less side effects) than Pred Forte or FML). At this visit, Dr. Wellish wrote down Doxycycline, but ultimately the patient and Dr. Wellish decided not to use due to her issues being on Coumadin. Dr. Wellish also started her on ...

18. Artificial tears (Dr. Wellish gave her samples of Systane) and

19. Hot compresses twice a day and **Erythromycin ointment** at bedtime. The plan was to see her back in 6-8 weeks. She called on November 28, 2011, stating that the eye drops she was taking were not helping and that her eyes felt the same, and that she was frustrated. She was added on as a "same day" appointment to see Dr. Wellish. At this visit, it looked like her conjunctiva was inflamed, so Dr. Wellish thought changing the Erythromycin ointment (a mainstay of MGD treatment long term) to a short term course of ...

20. Lotemax gel would calm her eyes down so that she could tolerate and give the other treatments time to work. This was the visit where Dr. Wellish instructed the patient to see her cardiologist or PCP to assess for her the safety of using a Z-pack, which Dr. Wellish felt would be critical to improving her MGD, which he felt was a major component of her tearing, red eyes. To Dr. Wellish's knowledge, she never actually followed-up with any of this and never started the Z-pack.

21. On March 5, 2012, the patient reported using Optive drops (Dr. Wellish does not believe these were prescribed in his clinic). Dr. Wellish restarted the Lotemax drops and added a non-preserved artificial tear called ...

22. Oasis tears plus. Dr. Wellish also re-started her on hot compresses twice a day and prescribed a more expensive (yet more effective than Erythromycin ointment) called ...

23. Azasite. Dr. Wellish is not sure if she ever took any of this, because when she called and came in on March 8, 2012, she stated she was not using any ocular medications.

These medications were not the only treatments prescribed. Dr. Wellish and/or the physicians at the clinic also:

1. Urged the patient to see her PCP or Cardiologist to see if a way could be figured out for the patient to use a Z-pack to control her MGD.

2. Dr. Leibowitz recommended an eyelid procedure that, together with a Z-pack would likely have remedied this problem within a few months after its onset.

3. Dr. Shen discussed with the patient the IPL procedure and how this could help her.

ALLEGATION #27. Due to your negligent care, which has gone on for over a year, the patient's quality of life has deteriorated because of her inability to heal.

RESPONSE TO ALLEGATION #27. Sadly, the patient spent more time going for second and third opinions from doctors with less training - a "non-Fellowship Trained" ophthalmologist (Dr. Malitz) and an Optometrist (a request for records was received from the Clear Vision group of Optometrists, which rents previously unrentable space out to a competing Ophthalmologist and then refers patients to that Ophthalmologist) **than following the recommendations of Dr. Leibowitz** (a Harvard Fellowship trained Oculoplastics Specialist and part time UCLA Faculty) **and Dr. Wellish** (a two year UCLA Fellowship trained Cornea, External Ocular Disease & Refractive Surgery Specialist). See **Exhibit 26.** It appears these "competing doctors" may have inflamed the patient's frustrations by feeding her **misinformation** such as that her tear ducts were no longer there and/or that her tearing was due to her eye muscle being stretched out at the time of her the cataract surgery.

Out of respect to the other eye doctors she saw for extra opinions, she could be misquoting them or "misremembering" what they said, but the fact that her frustration level seemed to soar after seeing them makes one think their faulty explanations inappropriately

placed the blame for her condition on her cataract surgery and the medications Dr. Wellish and/or the physicians at the clinic prescribed instead of the real and most likely sources: advancing age and chronic blepharitis.

As the medical record shows, rather than negligent, Dr. Wellish believes he and the physicians at the clinic provided care that was well within the standard of care in a timely and compassionate manner.

There were multiple times when Dr. Wellish and/or the physicians at the clinic went the extra mile for the patient, as they try to do for all patients. Since the patient repeatedly raised cost and affordability of meds, she was frequently given samples. When the medications Dr. Wellish and/or the physicians at the clinic prescribed were too expensive, they called in less expensive options (although as it turned out, in cases such as the Zylet these generics and less expensive options did not work nearly as well and so in retrospect may have been counterproductive). When she called in several times expressing her frustration and discomfort, Dr. Wellish and/or the physicians at the clinic got her in the same day to see one of our doctors. They tried to arrange consultations with other specialists to better coordinate her care. They recommended that she see her PCP or Cardiologist to see if she could be safely started on a Z-pack for her MGD (given her history of being on Coumadin). Dr. Wellish only wishes he could have been as persuasive for her as he has been for the thousands of other patients he has successfully treated for this condition. After noting that she did not follow through with Dr. Leibowitz' recommendations, Dr. Wellish referred her to another Oculoplastics specialist, Dr. Janice Eggert, and Dr. Wellish/the clinic even made the appointment for her. This was to address and if possible fix her issues with her lid ectropion, punctal eversion, lid laxity, possible floppy eyelid, etc. After she raised the obstacle of her history of developing a UTI after previous use of Doxycycline, Dr. Wellish wrote out a referral, gave the original to the patient, and tried to have his staff call to set up an appointment with a brilliant Urologist, Dr. Avi Weiss, to determine if the patient had any unusual circumstances that would prevent the use of Doxycycline. The patient declined and said she would do it herself. Evidently, she did not follow through with this.

All in all, Dr. Wellish believes all of his and the clinic's prescribed treatments were mainstream for the patient's diagnoses and consistent with recommended practices by the American Academy of Ophthalmology and other leading sources (see **Exhibits 8-25**).

Morris Polich & Purdy LLP

Re: ***BME Case # 12-13732***
Licensee: ***Kent L. Wellish, M.D.; License No. 7032***
Patient: [redacted]

Thank you in advance for any consideration, should you have any questions please do not hesitate to call.

Sincerely,

MORRIS POLICH & PURDY, LLP

Bert Winston Jr. for
John A. Hunt, Esq.

Approved as to form and content:

By _____ this 6TH day of November, 2013
Kent L. Wellish, M.D.

H:\WDOCS\3494\36640\LV\114341.DOCX

Bibliography / References (**Exhibits 1-26**)

Ex. 1 Correspondence to Kent L. Wellish, M.D. from the Nevada State Board of Medical Examiners, dated April 18, 2012, re: BME Case # 12-13732-Patient: [redacted] DOB [redacted]

Ex. 2 Nevada State Board of Medical Examiners "SECOND REQUEST" to Kent L. Wellish, M.D., dated June 29, 2012, re: BME Case # 12-13732-Patient: [redacted]; DOB [redacted]

Ex. 3 Nevada State Board of Medical Examiners "FINAL REQUEST" to Kent L. Wellish, M.D., dated August 28, 2012, re: BME Case # 12-13732-Patient: [redacted]; DOB [redacted]

Ex. 4 Correspondence to Monica C. Gustafson, CMBI, Nevada State Board of Medical Examiners from Kent L. Wellish, M.D., dated July 26, 2013, re: BME Case # 12-13732-Patient: [redacted]; DOB [redacted]

Ex. 5 Order directed to Kent L. Wellish, M.D., re: Case No. 12-13732, issued by The Investigative Committee of the Board of Medical Examiners of the State of Nevada, dated June 28, 2013;

Ex. 6 Correspondence to Monica C. Gustafson, CMBI, Nevada State Board of Medical Examiners from John A. Hunt, Esq. of Morris Polich & Purdy, LLP, dated August 9, 2013, re: BME Case # 12-13732 - Licensee: Kent L. Wellish, M.D., License No. 7032 - Patient: [redacted];

Ex. 7 Order directed to Kent L. Wellish, M.D., re: Case No. 12-13732, issued by The Investigative Committee of the Board of Medical Examiners of the State of Nevada, dated October 4, 2013;

Ex. 8 Undesired Optical Images Associated with Intraocular Lens Implants. Monograph from the American Academy of Ophthalmology. Practicing Ophthalmologists Learning System 2013. "Dysphotopsia," is a widely discussed topic in the field. The American Academy of Ophthalmology addresses this topic on its web site in the "Practicing Ophthalmologists Learning System";

Nevada State Board of Medical Examiners
Monica C. Gustafson, Certified Medical Board Investigator
Investigative Committee Members
Board Counsel
November 6, 2013
Page 50
Re: ***BME Case # 12-13732***
Licensee: ***Kent L. Wellish, M.D.; License No. 7032***
Patient: [redacted]

Ex. 9 Uncovering the mystery of negative dysphotopsia. EyeWorld. The Newsmagazine of the American Society of Cataract & Refractive Surgery. November 2011;

Ex. 10 Blepharitis. Preferred Practice Pattern. American Academy of Ophthalmology. September, 2011. For specific treatments, see pp 10-12;

Ex. 11 Meibomian Gland Dysfunction. Monograph from the American Academy of Ophthalmology. Practicing Ophthalmologists Learning System 2013. For specific treatments, see pp 2-3;

Ex. 12 Dry Eye Syndrome. Preferred Practice Pattern. American Academy of Ophthalmology. September, 2011. For specific treatments, see pp 9-13;

Ex. 13 Price, et al. Ophthalmic Pearls. The Tearing Patient: Diagnosis and Management. Price, et al. EyeNet Magazine. American Academy of Ophthalmology. June 2009;

Ex. 14 The International Workshop on Meibomian Gland Dysfunction: Report of the Subcommittee on Management and Treatment of Meibomian Gland Dysfunction. Geerling, et al. DOI:10.1167/iovs.10-6997g. Investigative Ophthalmology & Visual Science, Special Issue pp. **2050-2064.** 2011, Vol. 52, No. 4. Copyright 2011 The Association for Research in Vision and Ophthalmology, Inc. For specific treatments, see pp 2051-2060;

Ex. 15 Zieve, et al. Urinary tract infection – adults. Medline Plus Medical Encyclopedia. 1/26/12. (See section: Causes. To our knowledge, our treatments are not among the known causes of Urinary tract infection. Hence our referral to a Urologist);

Ex. 16 Nainiwal S, et al. Laser conjunctivoplasty: a new technique for correction of mild medial ectropion. Orbit. 2003 Sep; 22(3):199-201;

Ex. 17 **Carbon dioxide laser repair of medial ectropion.** Korn EL, Glotzbach RK. Ophthalmic Surg. 1988 Sep;19(9):653-7. (Abstract);

Ex. 18 Hedge, et al. Drug-Induced Ectropion: What Is Best Practice? Ophthalmology. Volume 114, Issue 2 , Pages 362-366, February 2007;

Ex. 19 Mainville N, Jordan DR. Etiology of tearing: a retrospective analysis of referrals to a tertiary care oculoplastics practice. Ophthal Plast Reconstr Surg. 2011 May-Jun;27(3):155-7. (Abstract);

Ex. 20 Fraunfelder FW. Drug Related Adverse Effects of Clinical Importance to the Ophthalmologist. AAO. November 2012. (Dr. Fraunfelder runs a national registry of complications resulting from topical and systemic medications. None of the medications we prescribed to this patient are mentioned in the list of those reported to cause this patient's problems);

Ex. 21 Punctal stenosis. Monograph from the American Academy of Ophthalmology. Practicing Ophthalmologists Learning System 2013;

Ex. 22 Acquired Nasolacrimal Duct Obstruction in Adults. Monograph from the American Academy of Ophthalmology. Practicing Ophthalmologists Learning System 2013.

Ex. 23 Ectropion. Monograph from the American Academy of Ophthalmology. Practicing Ophthalmologists Learning System 2013;

Ex. 24 Punctal Ectropion. Monograph from the American Academy of Ophthalmology. Practicing Ophthalmologists Learning System 2013;

Ex. 25 Floppy Eyelid Syndrome. Monograph from the American Academy of Ophthalmology. Practicing Ophthalmologists Learning System 2013;

Ex. 26 Kent L. Wellish, M.D. Curriculum Vitae.

4LLL

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Ambulatory Surgical Center (ASC) and Recovery Center (RC) Application
Non-Refundable $500.00 Fee

Rev (09/02/2021)

Type of Facility

- ■ Ambulatory Surgical Center (ASC)
- ☐ Recovery Center (RC)

Type of Application (check applicable box)		Ownership Type (check applicable box)
■ New ASC/RC	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 7, 8, 9)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 4, 7, 8, 9)
☐ Location Change *		☐ Partnership (complete sections 1, 2, 5, 7, 8, 9)
☐ Name Change*	_____	■ Sole Owner (complete sections 1, 2, 6, 7, 8, 9)

Section 1: General Information

ASC/RC Name: Coronado Surgical Recovery Suites

Physical Address: 2779 W. Horizon Ridge Parkway #130

City: Henderson State: NV Zip: 89052

Mailing Address (if different from physical address): same

City: Henderson State: NV Zip: 89052

Telephone: 702-589-4975 Fax: 702-331-2839

Contact Email: mschilder@crovettiortho.com Website crovettioorthopeadics.com

Nevada Business License # NV20181667469

Employed/Contracted Pharmacist Name: Glenys Castro, Pharm D NV Pharmacist License #: 19797

Medical Director Name: Michael Crovetti

Days of Operation

■ Monday	■ Tuesday	■ Wednesday	■ Thursday	■ Friday	☐ Saturday	☐ Sunday

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 3: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 4: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of members or stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 5: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Sole Owner

Owner's Name: Michael Crovetti

Business Name: Coronado Surgical Recovery Suites

Business Address: 2779 W. Horizon Ridge Parkway #130

City: Henderson State: NV Zip: 89052

Telephone: 702-589-4975 Email: mcrovettiortho@crovettiortho.com

Section 7: Employed/Contracted Pharmacist (MUST BE COMPLETED BY the Employed/Contracted Pharmacist)

Pharmacist Name: Glenys I. Castro, PharmD NV Pharmacist License #: 19797

As the employed/contracted pharmacist, for (ASC/RC Name): Coronado Surgical Recovery Suites :

I understand that I am responsible for establishing policies and procedures which (NAC 639.4996):

a) Are consistent with the policies and procedures developed pursuant to NAC 639.447;
b) Require to maintain records in accordance with the provisions of NAC 639.485 and 639.485;
c) Address the purchase, storage, maintenance of records and dispensing of drugs and investigational drugs;
d) Require maintenance of a perpetual inventory of all controlled substances;
e) Prescribe the procedure for quarantining and destroying drugs and investigational drugs that are expired, adulterated, mislabeled or otherwise unsafe for human use;
f) Require the storage of drugs and investigational drugs in accordance with the specifications of the manufacturer;
g) Ensure that the ASC and RC dispenses drugs and investigational drugs pursuant to chart orders and in accordance with applicable state and federal laws; and
h) Ensure that all compounding is
    a. Performed by a registered pharmacist in accordance with the provisions of NRS and NAC 639; or
    b. If performed by an employee of the ASC or RC, other than a registered pharmacist, performed:
        i. In accordance with the provisions of NRS and NAC 639;
        ii. In a location designated for compounding that is clean and disinfected before each act of compounding; and
        iii. By a person who has completed training for the type of compounding that will be performed.

I understand that I shall (NAC 639.4998):

a) Visit the ASC or RC at least once each month to:
    a. Evaluate the effectiveness of the policies and procedures established pursuant to NAC 693.4996; and
    b. Confirm that the ASC or RC is complying with those policies and procedures, the below provisions.
b) Maintain documentation of each visit that the pharmacist makes;
c) Conduct an audit at least once each month using a sufficient number of records of the ASC or RC, including, without limitation, records of patients and records relating to the purchasing, storing and dispensing of drugs and investigational drugs, which must be randomly selected, to determine whether:
    a. The records indicate that the drugs and investigational drugs are dispensed in a safe and effective manner in accordance with accepted standards of practice and the specifications of the manufacturer;
    b. Drugs and investigational drugs are diluted in accordance with accepted standards of practice or pursuant to the specifications of the manufacturer;
    c. The records demonstrate:
        i. That a discrepancy does not exist in the number of drugs and investigational drugs that are in vials designated by the manufacturer for a single use which are dispensed and the number of patients who receive such drugs and investigational drugs; and
        ii. That drugs, not including investigational drugs, which are in vials designated by the manufacturer for a single use and any remaining medication in those vials are discarded after use;
    d. The records demonstrate that drugs, not including investigational drugs, which are in vials designated by the manufacturer for more than one use are discarded when the medication in the vials has expired or not more than 28 days after the initial breach of the vial;
    e. The employees of the ASC or RC properly maintain accurate records relating to drugs and investigational drugs; and
    f. The employees of the ASC or RC properly monitor and maintain the perpetual inventory required pursuant to paragraph (d) of subsection 1 of NAC 639.4996; and
d) Submit a written report, including, without limitation, a written explanation, to the Board not later than 5 business days after the pharmacist determines that:
    a. The ASC or RC is violating a state or federal law which affects the care and safety of a patient;
    b. There is a discrepancy of 5 percent or more between the actual quantity of a controlled substance in the possession of the ASC or RC and the amount of the controlled substance that should be in the possession of the ASC or RC according to the records of the ASC or RC, including, without limitation:
        i. Purchase orders and invoices for the controlled substance;
        ii. Records which indicate the removal of the controlled substance from the storage area;
        iii. Patient records;
        iv. Records which indicate the return of the controlled substance to the manufacturer;
        v. Records which indicate that the controlled substance was destroyed; and
        vi. Any other record for the controlled substance;
    c. The recovery center or surgical center has intentionally or recklessly failed to create or maintain a record required by the policies and procedures established pursuant to NAC 639.4996;
    d. The recovery center or surgical center is administering a drug or an investigational drug in violation of accepted standards of practice or the specifications of the manufacturer; or
    e. The recovery center or surgical center is engaged in a practice which endangers the health, safety or welfare of a patient or employee of the recovery center or surgical center.

Section 8: Personal and Professional History of the Employed/Contracted Pharmacist	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original signature of Employed/Contracted Pharmacist (copies or stamps not accepted)

2/24/22
Date

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List <u>all</u> Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the <u>top four</u> stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List <u>all stockholders</u> who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** o **All General Partners;** o **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/member/owner. Form found at <u>http://bop.nv.gov/Services/newapps/Business/</u>		✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your ASC or RC by the Nevada Division of Public and Behavioral Health of the Department of Health and Human Services.**	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

MICHAEL J. CROVETTI, DO

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

2/24/22

Date

Board Use Only	Date Received: _____	Amount: 500 cc ✓ Paid

3/16/22

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **SURGICAL RECOVERY SUITES LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 09/17/2018, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 02/24/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202202242433450
You may verify this certificate online at http://www.nvsos.gov

Effective Date : 01/01/2022
Expiration Date : 12/31/2022

State of Nevada
Department of Health and Human Services
Division of Public and Behavioral Health

License Number
6188-RCF-15

Should you have any changes such as a Please display this license conspicuously

This license was printed from an online licensing system. VERIFY LICENSE IS VALID BY GOING TO: https:// nvdpbh.aithent.com/login.aspx. Go to License Verification, Facility Locator & Inspection Reports "Click Here" and look up by license number (Credential Number) to verify that the license is active and valid.

Should you have any changes such as Name, Administrator, Location, Change of Ownership or Number of Beds go to: https://nvdpbh.aithent.com/login.aspx.

This Is To Certify That

CORONADO SURGICAL RECOVERY SUITES

2779 W HORIZON RIDGE PKWY STE 130
HENDERSON, NV 89052

Is hereby permitted as a(n)

OUTPATIENT FACILITY (OPF)

as provided for in Chapters 439 and 449 of the Nevada Revised Statutes and the Nevada Administrative Code and the standards, rules and regulations adopted by the Board of Health.

This facility is permitted to provide the following:

OUTPATIENT FACILITY – PERMITTED IN ACCORDANCE WITH NRS 449.442

SHANNON GOLIGHTLY / Administrator

CORONADO SURGICAL / Owner
RECOVERY SUITES, LLC

Lisa Sherych / Administrator

If your license is not completely accurate, Please contact us at (775) 684-1030 so that we may resolve any problems.

2676

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler _____

Physical Address _____

City _____ State _____ Zip _____

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First Michael Middle J. Last Crovetti, Jr.

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address 2779 W Horizon Ridge Pkwy #130

City Henderson State NV Zip 89052

Telephone 702-589-4975 Email mschilder@crovettiortho.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials MC

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Medicine & Dentistry of NJ School of Medicine		01/94-06/95	
Address	**City**	**State**	**Zip**
One Medical Center Dr	Stratford	NJ	08084
Diploma/Degree obtained, if any			
Internship, surgery			
School Name		**From - To (MM/YY – MM/YY)**	
UMDNJ School of Osteopathic Medicine		01/90-01/94	
Address	**City**	**State**	**Zip**
One Medical Center Dr	Stratford	NJ	08084
Diploma/Degree obtained, if any			
D.O.			
School Name		**From - To (MM/YY – MM/YY)**	
Albright College		01/84-01/88	
Address	**City**	**State**	**Zip**
1621 N 13th St	Reading	PA	19612
Diploma/Degree obtained, if any			
B.S.			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials VR

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Crovetti Orthopaedics & Sports Medicine			08/00 - current
Business Address	**City**	**State**	**Zip**
2779 W Horizon Ridge Pkwy #200	Henderson	NV	89052
Phone	**Title**		
7029902290	Owner		
Description of Duties			
Surgeon, owner of practice			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials ME

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials MC

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

2/23/2022
Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Dr Michael Crovetti

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/23/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Dr. Michael Crovetti, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

2/23/2022

Date

Subscribed and Sworn to before me this 23rd day of February 2022

Donna Tribble

Notary Public Signature

DONNA TRIBBLE
NOTARY PUBLIC
STATE OF NEVADA
Appt. No. 11-5189-1
My Appt. Expires JUNE 21, 2023

(Seal)

Applicant's initials MAC

CURRICULUM VITAE
(as of May 2019)

Michael J. Crovetti, Jr., DO
[redacted] Reims
Henderson, NV 89012
[redacted]

Business Crovetti Bone & Joint Institute of Southern Nevada

dba Crovetti Orthopaedics and Sports Medicine
2779 W. Horizon Ridge Parkway, Suite 200
Henderson, NV 89052
702-990-2290
Aug. 2000 to current

Date of Birth [redacted]

Spouse Karen Rae Crovetti

Children Brielle Rae
Chelsea Renee
Michael James III

EDUCATION

Institution	**Graduation/Degree**
Albright College Reading, PA	1988/B.S.
University of Medicine and Dentistry of NJ School of Osteopathic Medicine Stratford, NJ	8/90 – 6/94 DO

Internship

University of Medicine and Dentistry of NJ School of Osteopathic Medicine Stratford, NJ	7/94 – 6/95 Chief Intern

Residency

Ohio University – Dayton, OH	7/95 – 7/99 Chief Resident
Grandview Hospital and Medical Center	

Fellowship Subspecialty Training

Reconstruction of the Hip, Knee and Shoulder, Revision Surgery Todd Swanson, MD Desert Orthopedic Center Las Vegas, NV	8/99 – 7/00 Fellow

Licensure

Nevada #834	1997-present
California # 20A 11872	

Hospital Privileges

St. Rose Dominican Hospital Siena & DeLima Campus, Henderson, NV
Henderson Hospital, Henderson, NV

Board Status

Part I	Passed 1999
Part II	Passed 1999
Part III	Certified 9/18/02 – 12/31/12
Recertification	01/1/13 – 12/31/22
Certificate Number 1404	

Professional Affiliations

American Academy of Orthopaedic Surgeons
American Osteopathic Association
American Osteopathic Academy of Orthopaedics
Clark County Medical Society
Nevada Medical Association
Nevada Orthopedic Society
Nevada Osteopathic Medical Association
Touro University-NV Adjunct Faculty

Business Affiliations

Founder, Crovetti Orthopaedics and Sports Medicine, Henderson, NV
Founder, Coronado Surgical Center, LLC, Henderson, NV
Founder, Outpatient Surgical Specialist of America, LLC, Henderson, NV
Founder, Coronado Surgical Recovery Suites, LLC, Henderson, NV
Founder, Outpatient Surgical Recovery Suites of Colorado, LLC, Denver, CO
Founder, Outpatient Surgical Recovery Suites of St. Louis, LLC, St. Louis, MO
Founder, Outpatient Surgical Recovery Suites of Western Florida, LLC, Bradenton, FL
Founder, Epic Training Center, LLC, Henderson, NV

Awards/Recognition

2013 Top Doctors, Las Vegas Life
2012 Top Doctors, Las Vegas Life
2006 Healthcare Heroes Innovator of the Year
2005 Henderson Person of the Year, *Private Sector*, Henderson, NV

Consultant Positions

Previous
Cardo Medical, Beverly Hills, CA, Consultant for Total Joint Replacement
Stryker Orthopaedics, Mahwah, NJ, Consultant for Total Joint Replacement
Smith & Nephew, Memphis, TN, Consultant for Minimally Invasive Joint Replacement
DePuy Orthopaedics, Inc, Warsaw, IN, Consultant for Mini Incision Total Hip and Total Knee Arthroplasty
PLUS Orthopedics, San Diego, California, Consultant for the *Gliding Nail* for intramedullary nailing of peritrochanteric hip fractures.

Media Exposure

Summer 2014 – MyVegas Magazine – *Top Docs & Dentists Profile*

Summer 2014 – Las Vegas Life – *Top Doctors 2014*

May 2014 – Fox 5 More TV – *Patient testimonial following a double hip replacement*

February 2014 – Fox 5 More TV – *Coverage of patient walking 3 hours following Total Hip Replacement*

January 2014 – MyVegas Magazine Top Docs Profile

September-December 2013 – Spirit Magazine Health Issue with Advertorial

Fall 2013 – MyVegas Magazine – *Recovery: Crovetti Orthopaedics and Sports Medicine Celebrates Their 500th Patient*

Summer 2013 – MyVegas Magazine – *My Top Docs & Dentists*

Spring 2013 – Las Vegas Life – *Top Doctors 2013*

April 23, 2013 – Las Vegas Review Journal - *Las Vegas doctor streamlines popular knee, hip replacement procedures*

April 19, 2013 – ABC Channel 13 Vegas Morning Blend – *Innovative Outpatient Hip and Knee Replacement*

March 15, 2013 – ABC Channel 13 Vegas Morning Blend – *Innovative Outpatient Hip and Knee Replacement*

January 28, 2013 – ABC Channel 13 Vegas Morning Blend – *Innovative Outpatient Hip and Knee Replacement*

Spring, 2012, Las Vegas Life – *Top Doctors 2012*

May, 2012 – Vegas, Inc. – *Recovery Suites Model Takes Root In Las Vegas*

May, 2012 – Las Vegas Review Journal - *"Doctors look to control outcomes with own surgical centers, staff"*

May 8, 2003 - KLAS TV CBS 8 Las Vegas News - Your Health *Minimally Invasive Hip Replacement Surgery & Oxinium*

January 13, 2003 - KTNV TV ABC 13 Las Vegas News - Inside Health- *Supartz*

January 11, 2003 - Injections ease pain from ailing knees – Newly approved fluid therapy cause fewer side effects for osteoarthritis sufferers. *Las Vegas Review Journal*

January 10, 2003 - KLAS TV CBS 8 Las Vegas News - Your Health - *Supartz*

Publications

Crovetti, M.J. (2012, November) Outpatient Hip and Knee Replacement Surgery: A Unique and Innovative Model

Crovetti, M.J. (2010 April – September) Cardo Medical Minimally Invasive Total Knee Arthroplasty technique, *Cardo Medical Surgical Technique Guide*

Crovetti, M.J. Minimally Invasive Hip Replacement Through the Posterior Approach, Smith *& Nephew Surgical Technique Guide*

Crovetti, M.J. (2004, April – June) Set yourself apart – give surgeons the tools for success. *Articulate pg.6*

Crovetti, M.J. (2003, October-December) Minimally Invasive Hip Surgery. *Articulate, pg.* 7-8

Crovetti MJ and Bamberger HB. Common Hand Emergencies: Part I: Compartment syndromes, frostbite and infections, *Hospital Practice* 33 (10), 1997

Crovetti MJ and Bamberger HB. Common Hand Emergencies: Part II: Open, high pressure injection and flexor and extensor tendon injuries, *Hospital Practice* 33 (11), 1997

Crovetti MJ et al, The Accuracy of MRI in the Community Setting, *AAOS*, 1994.

Clinical/Faculty Positions

2001-2005 Clinical Faculty, Smith and Nephew Orthopaedics, Posterior Minimally Invasive Hip Replacement Technique.

a. Designed and implemented Cadaveric Training program for new approach to the hip

2003-2005 International Design Team for Mini Hip Stem, Smith and Nephew Orthopaedics

a. American, German, and Italian surgeons design new Hip stem, released 2008

2003-2005 Designer Platform Hip Stem, Smith and Nephew Orthopaedics

a. Royalty based agreement

2004-2006 Clinical Faculty Birmingham Hip Resurfacing Team

a. Designed and Implemented Cadaveric Training Program

b. Travelled internationally to learn technique in Belgium, Ireland, and Birmingham

2005-2010 Chairman, Co-Chairman and Clinical Faculty Stryker Orthopaedics Cormet Hip Resurfacing Team

a. One of Four Surgeons commissioned to Introduce, Design and Implement Cadaveric training program

2005 – 2007 Consultant Designer HipStar Femoral Stem, Stryker Orthopaedics

2009 – 2010 Instrument and Implant Designer Consultant – CardoMedical, Inc

a. Designed Knee Replacement Instruments and Retractor System for Total Hip Arthroplasty
b. Design Input Poly Insert Total Knee Arthroplasty

2005 Guest Speaker Japanese Orthopedic Association Okinawa, Japan
a. Minimally Invasive Hip and Knee Replacement Surgery

2004 – 2010 Chairman Nevada Bioresearch Foundation, Medical Education And Research Institute of Nevada (MERIN)

a. Designed, Built, MERIN facility in Henderson, Nevada
b. Established Cadaveric Training program and Donation program for State of Nevada
c. MERIN trained more than 10,000 surgeons from 26 different countries

2005-2007 Team Physician UNLV Football, Las Vegas, Nevada

2005- Current Clinical Adjunct Professor of Orthopaedics Touro University, Henderson, Nevada

2006 – 2008 Chief of Surgery, St. Rose Dominican, San Martin Campus, Las Vegas, NV

Clinical and Scientific Presentations

McDermott, Will and Emery, ASC Symposium, Additional revenue Streams in the Ambulatory Surgery Center, Miami, Fla., February, 2013

McDermott, Will and Emery, ASC Symposium, Additional revenue Streams in the Ambulatory Surgery Center, Miami, Fla., February, 2012

Arthrex Design Surgeon Meeting, Unicompartmental and Total Knee Arthroplasty Instrument and Product Design, Naples, Fla., November, 2011

"Presented the New Cardo MIS Total Knee Arthroplasty instrument platform to a group of 6 surgeons"
Cardo
Scottsdale, AZ August 2010

"Designed Cardo Constrained Total Knee Arthroplasty poly liner"
Cardo
Henderson, NV 2010

"Designed Cardo Total Knee MIS instrument platform"
Cardo
Henderson, NV 2010

"Primary Hip Skills Training Rejuvenate Trident"
Stryker
Mahwah, NJ July 2010

"Advanced Hip Skills Training-Cormet Hip Resurfacing"
Stryker
Mahwah, NJ April 2010

"Otis Med Knee Replacement Training Lab"
Stryker
Mahwah, NJ April 2009

"Cormet Hip Replacement Training Lab"
Stryker
Mahwah, NJ March 2009

"Advanced Hip Skills Training-Cormet Hip Resurfacing"
Stryker
Mahwah, NJ August 2009

"Advanced Hip Skills Training-Cormet Hip Resurfacing"
Stryker
Mahwah, NJ September 2009

"Triathalon Knee Replacement Product Training Lab"
Stryker
Mahwah, NJ September 2009

"Cormet Hip Resurfacing Lab"
Srtyker
Mahwah, NJ March 2009

"Advanced Hip Skills Training-Cormet Hip Resurfacing"
Stryker

Mahwah, NJ April 2009

"Cormet Hip Resurfacing Training Lab"
Stryker
Mahwah, NJ May 2009

"Cormet Hip Resurfacing Training Lab"
Stryker
Mahwah, NJ July 2009

"Hipstar DVD" Instructional DVD on how to complete implementation of Hipstar system.
Stryker
Mahwah,NJ June 2007

"North American Hip and Knee Symposium" Smith & Nephew Surgical Approached and Current Controversies
Copper, CO February 2006

"Japanese MIS Synergy Total Hip System Learning Center" Smith & Nephew
Henderson, NV January 2006

"Minimally Invasive Hip and Knee Surgical Techniques" Smith & Nephew Innovations in MIS Joint Surgery.
Henderson, NV October 2005

"Minimally Invasive Hip and Knee Surgical Techniques". Smith & Nephew Innovations in MIS Joint Surgery.
New Orleans, LA June 2005

"Minimally Invasive Hip and Knee Surgical Techniques", "Supartz: A Nonsurgical Option" Smith & Nephew Innovations in MIS Joint Surgery.
Santa Barbara, CA June 2005

"Minimally Invasive Hip and Knee Surgical Techniques" Smith & Nephew Innovations in MIS Joint Surgery.
Henderson, NV May 2005

"Minimally Invasive Hip and Knee Surgical Techniques" Smith & Nephew Innovations in MIS Joint Surgery.
Henderson, NV April 2005

"Minimally Invasive Hip and Knee Surgical Techniques" Smith & Nephew Innovations in MIS Joint Surgery.
Japan, February 2005

"Minimally Invasive Hip and Knee Surgical Techniques" Smith & Nephew Innovations in MIS Joint Surgery.
Memphis, TN December 2004

"Minimally Invasive Hip Surgical Techniques" Smith & Nephew Innovations in MIS Joint Surgery.

Phoenix, AZ November 2004

"Minimally Invasive Hip and Knee Surgical Techniques" Smith & Nephew Innovations in MIS Joint Surgery.
Phoenix, AZ August 2004

"Advanced Hip Training" Smith & Nephew
Chicago, IL August 2004

"Minimally Invasive Hip and Knee Surgical Techniques" Led the cadaver lab. Smith & Nephew Innovations in MIS Joint Surgery.
Orlando, FL May 2004

"Minimally Invasive Hip and Knee Surgical Techniques" Led the cadaver lab. Smith & Nephew Innovations in MIS Joint Surgery.
Phoenix, AZ April 2004

"Knee Pain Management" & "MIS Techniques" Smith & Nephew
Phoenix, AZ February 2004

"Minimally Invasive Hip and Knee Surgical Techniques" Smith & Nephew Sales Training Class.
Phoenix, AZ February 2004

"Benefits of MIS Surgery" Smith & Nephew National Sales Meeting.
San Diego, CA February 2004

"Minimally Invasive Hip and Knee Surgical Techniques" Led the cadaver labs. Smith & Nephew Innovations in MIS Joint Surgery.
Phoenix, AZ January 2004

"Mini Hip Surgery Techniques" & "Practice Enhancement Opportunities" Smith & Nephew American Hip & Knee Symposium.
Beaver Creek, CO January 2004
"Minimally Invasive Surgical Techniques" Led the cadaver labs. Smith & Nephew Innovations in MIS Joint Surgery.
Memphis, TN December 2003

"Practice Enhancement Tools" Smith & Nephew MIS Surgeon Training Meeting.
Phoenix, AZ November 2003

"Minimally Invasive Hip Surgical Techniques" Led the cadaver labs. Smith & Nephew Innovations in MIS Joint Surgery.
Phoenix, AZ November 2003

"Minimally Invasive Surgical Techniques" Led the cadaver labs. Smith & Nephew Innovations in MIS Joint Surgery.
Memphis, TN October 2003

"Minimally Invasive Hip Surgical Techniques" Led the cadaver labs. Smith & Nephew Innovations in MIS Joint Surgery.

Phoenix, AZ September 2003

"Minimally Invasive Hip Surgical Techniques" Led the cadaver labs. Smith & Nephew Innovations in MIS Joint Surgery.
Memphis, TN July 2003

"Minimally Invasive Hip & Knee Surgical Techniques" Smith & Nephew Innovations in MIS Joint Surgery.
Los Cabos, Mexico June 2003

"MIS Joint Surgery" Smith & Nephew North American Hip & Knee Symposium
Beavercreek, CO January 2003

New Developments in Hip & Knee Arthroplasty- Smith & Nephew
Naples, FL November 2002

"Leg Length & Offset Restoration in Total Hip Arthroplasty"- Smith & Nephew The Great Lakes Joint Arthroplasty Symposium.
Onekama, MI September 2002

Joint Arthroplasty- Smith & Nephew
Coeur D'Alene, ID August 2002

"Minimally Invasive Hip Surgical Techniques" Smith & Nephew Innovations in MIS Joint Surgery.
Los Cabos, Mexico June 2002

"MIS Joint Surgery" Smith & Nephew North American Hip & Knee Symposium
Beaver Creek, CO February 2002

"Joint Reconstruction" Plus Orthopedics
12th International Symposium on Joint Reconstruction,
Ritz Carlton Hotel in Dana Point, CA. April 2001.

"Intramedullary Nailing of Peritrochanteric Hip Fractures,"
Presented to the Arizona Orthopedic Society meeting.
Phoenix, AZ. November 2000

Mini-incision Total Hip Arthroplasty. Grand Rounds
Maricopa County Medical Center. Phoenix, AZ November 2000

"Intramedullary Nailing of Peritrochanteric Hip Fractures,"
Presented at the 11Th International Zweymuller Symposium
Boston Harbor Hotel, Boston, MA. October 2000.
"Gliding Nail Workshop" Plus Orthopedics National Sales Meeting.
San Diego, CA. September 2000.

"Intramedullary Nailing of Stable and Unstable Peritrochanteric Hip Fractures;"
presented at University Medical Center of Fresno, CA, December 1999.

"Intramedullary Nailing of Stable and Unstable Peritrochanteric Hip Fractures;" presented at the 9th International Zweymuller Symposium, Rancho Bernardo Inn, Rancho Bernardo, CA, November 1999.

"The Use of MRI in the Community Setting for the Knee and Shoulder. American Osteopathic Association of Orthopedics Meeting May 1998, Kansas City, MO.

"Accuracy of MRI for the Knee in the Community Setting" American Academy of Orthopedic Surgeons 61st Annual Meeting in New Orleans, LA, February 1994

Train Visiting Surgeons from the USA and Australia on MIS Joint Surgery

August 2010
4 surgeons training on Cardo Total Knee System
Henderson, NV

August 2010
4 surgeons training on Cardo Total Hip System
Henderson, NV

August 2010
4 surgeons training on Cardo Unicompartmental Knee System
Henderson, NV

August 2010
4 surgeons training on Cardo Patellofemoral Arthroplasty
Henderson, NV

July 2010
4 surgeons training on Cardo Total Knee System
Henderson, NV

July 2010
4 surgeons training on Cardo Total Hip System
Henderson, NV

July 2010
4 surgeons training on Cardo Unicompartmental Knee System
Henderson, NV

July 2010
4 surgeons training on Cardo Patellofemoral Arthroplasty
Henderson, NV

June 2010
4 surgeons training on Cardo Total Knee System
Henderson, NV

June 2010
4 surgeons training on Cardo Total Hip System
Henderson, NV

June 2010
4 surgeons training on Cardo Unicompartmental Knee System
Henderson, NV

June 2010
4 surgeons training on Cardo Patellofemoral Arthroplasty System
Henderson, NV

May 2010
2 surgeons training on Cardo Total Knee System
Henderson, NV

May 2010
2 surgeons training on Cardo Total Hip System
Henderson, NV

May 2010
2 surgeons training on Cardo Unicompartmental Knee System
Henderson, NV

May 2010
2 surgeons training on Cardo Patellofemoral Arthroplasty System
Henderson, NV

April 2010
2 surgeons training on Cardo Total Knee System
Henderson, NV

April 2010
2 surgeons training on Cardo Total Hip System
Henderson, NV

April 2010
2 surgeons training on Cardo Unicompartmental Knee System
Henderson, NV

April 2010
2 surgeons training on Cardo Patellofemoral Arthroplasty System
Henderson, NV

March 2010
1 surgeon training on Cardo Total Knee System
Henderson, NV

March 2010
1 surgeon training on Cardo Total Hip System
Henderson, NV

March 2010
1 surgeon training on Cardo Unicompartmental Knee System

Henderson, NV

March 2010
1 surgeon training on Cardo Patellofemoral Arthroplasty System
Henderson, NV

February 2010
2 surgeons training on Cornet Hip Resurfacing
Henderson, NV

February 2009
2 surgeons training on Cornet Hip Resurfacing
Henderson, NV

May 2009
2 surgeons training on Cornet Hip Resurfacing
Henderson, NV

December 2008
2 surgeons training on Cornet Hip Resurfacing
Henderson, NV

November 2008
2 surgeons training on Cornet Hip Resurfacing
Phoenix, AZ

July 2008
1 surgeon training on Cornet Hip Resurfacing
Tucson, AZ

July 2008
1 surgeon training on Cornet Hip Resurfacing
North Hollywood, CA

February 2008
2 Surgeon Cadaver Training technique training hip and knee replacement
Henderson NV

March 2008
1 Surgeon Training Hip replacement
Henderson NV

April 2008
3 Surgeon Training Hip Resurfacing
Henderson, NV
1 Surgeon Training Hip Resurfacing training

November 2007
3 surgeons training on Cornet Hip resurfacing
3 surgeon cadaver lab training on resurfacing hip
Phoenix, AZ

Utah

October 2007
3 surgeons training triathlon knee and accolade hip training
Utah

September 2007
1 surgeon training Accolade Hip System, Triathlon Knee and Cornet Hip resurfacing system
Las Vegas, NV
1 surgeon skills development program
Fort Lauderdale, FL

August 2007
2 surgeon Presentation hip resurfacing
San Diego, CA
2 surgeons Presentation Triathlon Knee and Accolade Hip System
Mahwah,NJ
1 surgeon Training Cornet implant
Los Angeles, CA

July 2007
1 surgeon presentation of hip resurfacing lab Miami Florida
15 surgeon presentation hip and knee replacement
Las Vegas, NV

June 2007
Stryker training session for development of an Activity Expectation Scoring system
1 surgeon training session on the Accolade Hip Stem
Arkansas
1 surgeon training with cadaver and detailed the benefits of Triathlon knee systems
1 surgeon training regarding Triathlon knee system
Phoenix, AZ

May 2007
Teaching seminar for the HIPStar implant program and resurfacing implant
5 surgeons Mahwah, NJ

Feb 2007
1 surgeon training seminar and cadaver interactive training
Los Angeles, CA

December 2007
1 surgeon from Colorado Springs, CO
1 surgeon from Fort Lauderdale, FI
15 surgeon seminar training Fort Lauderdale, FL

November 2006
1 surgeon from Michigan

June 2006

1 surgeon from Tucson, AZ

January 2006
1 surgeon from Anderson, IN
4 surgeons from Nagasaki, Japan

October 2005
1 surgeon from Toronto, Canada
1 surgeon from Sterling, IL

September 2005
1 surgeon from Edinburgh, UK

August 2005
1 surgeon from Fredericksburg, TX

July 2005
1 surgeon from Sidney, OH

May 2005
1 surgeon from Montreal, Quebec, Canada
1 surgeon from Port Angeles, WA

April 2005
1 surgeon from Muncie, IN

March 2005
2 surgeons from Lafayette, IN
1 surgeon from Louisville, KY

February 2005
2 surgeons from Austell, GA
1 surgeon from Anderson, Indiana
1 surgeon from Melbourne, FL
1 surgeon from Taos, NM

January 2005
1 surgeon from Mequon, WI

November 2004
1 surgeon from Indiana
2 surgeons from CA

September 2004
1 surgeon from Idaho

August 2004
2 surgeons from Cous Bay, OR

July 2004
2 surgeons from Indianapolis, IN

2 surgeons from Springfield, MO
1 surgeon from Houston, TX

June 2004
1 surgeon from Munster, IN

May 2004
1 surgeon from Scottsdale, AZ

March 2004
1 surgeon from Tuscaloosa, AL
1 surgeon from Birmingham, AL
1 surgeon from Lancing, MI

February 2004
2 surgeons from Jasper, AL
1 surgeon & 1 PA-C from Houston, TX
January 2004
2 surgeons from Decatur, AL

December 2003
1 surgeon from Australia
1 surgeon from Pleasanton, CA

September 2003
1 surgeon from MI

July 2003
1 surgeon from Birmingham, AL

March 2003
1 surgeon from Phoenix, AZ

February 2003
1 surgeon from Birmingham, AL

5

MATRIX GUIDELINE FOR DISCIPLINARY ACTIONS

	1st Action	2nd Action	3rd Action
Non ingested error	Letter	Letter	Hearing
No counseling	$750.00	Counseling CE + $1000.00	Hearing
Attorney Fees and Costs	Actual	Actual	Actual
Ingested no potential harm	$500.00	$1000.00	Hearing
Ingested with potential harm or adverse outcomes	$1000.00	Hearing	Hearing
Ingested with negative outcome or patient discomfort. No institution intervention	Hearing	Hearing	Hearing
Ingested with significant negative health circumstance. With institution admit	Hearing	Hearing	Hearing
Ingested with death related to inappropriate drug therapy	Hearing	Hearing	Hearing

The investigative committee will review each case individually and may recommend a board hearing, particularly with mitigating circumstances such as inappropriate technician involvement or pharmacist malfeasance.

In certain cases with ingested errors and significant negative health circumstances requiring institutional care, the investigative committee recommendation will be a board hearing.

In all death cases resulting from inappropriate drug therapy a board hearing will occur.

Attorney fees and costs may be added in contested disciplinary actions requiring extensive attorney preparation and presentation and are not described in the above matrix.

The board has directed that ownership may be charged in disciplinary cases. In non-ingested errors copies of admonition letters will be sent to management. Accumulative actions for ownership monitoring will be based upon a 3 year period. All actions including non-ingested errors will be given a case number and monitored.

The Board has the authority to fine from $0.00 to $10,000 for each Cause of Action.

Updated May 2019

ANNUAL DISCIPLINE CASES Reporting Period: January 2022 – April 2022			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
SS: Failure to meet controlled substance reporting requirements; failure to maintain adequate or accurate controlled substance records; inappropriate or unauthorized dispensing of medication; inappropriate acquisition or diversion of controlled substances/dangerous drugs. Practicing as a wholesaler without a license.	N/A	SS voluntarily surrendered his Pharmacist Certificate of Registration on August 2, 2021. SS may not apply for reinstatement of his pharmacist registration for a period of two (2) years; fined $5,000 and $595 in attorney's fees and costs.	PR: $10,000 fine; $1,785.77 in attorney's fees and costs.
KMC: Reprimanded for engaging in the business of furnishing medical devices in Nevada without a license.	N/A	N/A	Licensed suspended.
DF: Disciplined in CA for diversion and use of controlled substances, specifically Oxycodone and Amphetamine-dextroamphetamine from the pharmacy where he was employed as the pharmacist-in-charge.	N/A	Revocation; the revocation is stayed, and DF is placed on probation until April 27, 2025, with conditions.	N/A
LH-S: Practicing without a valid CS registration; failure to maintain adequate or accurate controlled substance records.	N/A	CS registration is suspended; the suspension is stayed and LH-S is placed on probation for one year; fined $5,000.00; $500.00 in attorney's fees and recoverable costs; and shall successfully pass quarterly inspections; LH-S to reimburse the Board for quarterly inspection costs.	N/A
RW: Failure to comply with Board Order; failure to comply with PMP monitoring requirements.	N/A	CS registration is suspended immediately for a period of 180 days. RW shall be re-trained as a prescriber in the PMP and the previous probation period shall be extended to 48 months beginning immediately.	N/A
MC: Practicing without a valid CS registration.	N/A	Revocation; $715.87 in attorney's fees and recoverable costs. MC	N/A

ANNUAL DISCIPLINE CASES Reporting Period: January 2022 – April 2022			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
		may not petition the Board for reinstatement for a period of one year from the effective date of the Order.	
MD: Practicing without a valid CS registration.	N/A	Fined $5,000.00 and $750.00 in attorney's fees and recoverable costs. Required to appear before the Board if he applies for renewal of his CS registration.	N/A
LO-S: Practicing without a valid CS registration.	N/A	Revocation. LO-S may not petition the Board for reinstatement for a period of two years from the effective date of the Order. In the event Respondent petitions for reinstatement, or applies for any other certificate, license or permit with the Board, she shall submit to an evaluation completed by the Nevada Professional Assistant Program or Professional Recovery Network.	N/A
AC: Practicing with expired TD registrations for 7 dispensing practitioners.	N/A	Fined $5,000; $250 in recoverable attorney's fees and costs.	N/A
SR, VR, EG, SA, TS, AB, JC: Respondents' TD practiced with expired TD registration for 145 days.	N/A	Fined $5,000.00; $250 in recoverable attorney's fees and costs.	N/A
UG: Failed to disclose on his renewal application for the years 2019 and 2021, a criminal indictment and conviction for violation of Controlled Substances Act.	N/A	Revoked; $384.13 in recoverable attorney's fees and costs.	N/A
VCP: Compounding violations.	N/A	Fined $5,000; $1,500 in recoverable attorney's fees and costs; undergo Board inspection.	N/A

ANNUAL DISCIPLINE CASES Reporting Period: January 2022 – April 2022			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
ES: Dispensed clinical trial medications without a valid dispensing practitioner registration.	N/A	Fined $2,000.	N/A
SM: Practicing without a valid CS license; inadequate security for controlled substances; failure to properly secure expired drugs.	N/A	CS is suspended; the suspension is stayed and SM is placed on probation 1 year; fined $5,000; $500.00 in recoverable attorney's fees and costs; undergo quarterly Board inspections for one year.	N/A
JS: Unauthorized access to PMP. PH: Failed to log out of the pharmacy computer to prevent unlawful access to the PMP.	N/A	JS: revoked; revocation is stayed and JS is placed on 1 year probation. JS shall complete 2 additional hours of CE (ethics/HIPAA); attend in-person, the disciplinary component of two board meetings during the one-year probation period; fined $500; $793.89 in recoverable attorney's fees and costs. PH: $500 in recoverable attorney's fees and costs.	N/A
NZ: Failed to discontinue a medication which caused the erroneous dispensing of said prescription via auto-refill on 4 occasions	N/A	Fined $1,000; $500 in recoverable attorney's fees and costs; complete two additional hours of CE on error prevention.	WG: Fined $1,000; $500 in recoverable attorney's fees and costs.
AK: Surrendered his DEA Certificate of Registration No. FD2904793 for cause: license No. 6899 to practice medicine in Nevada revoked for cause.	N/A	Revoked.	N/A

ANNUAL DISCIPLINE CASES Reporting Period: January 2022 – April 2022			
FINDING	HARM	DISCIPLINE INDIVIDUAL	DISCIPLINE FACILITY
GD, IW, KG, MM: Practicing with an expired CS license.	N/A	Fined $5,000; $750 in recoverable attorney's fees and costs.	N/A
RH, RH: Practicing with an expired CS license.	N/A	Revoked; fined $5,000; $594.30 in recoverable attorney's fees and costs.	N/A

5A

FILED
FEB 22 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **JAHNAVI RAO, DDS,** **Certificate of Registration No. CS26790,** **Respondent.**	**Case No. 21-226-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter and this respondent because at the time of the alleged events, Respondent Jahnavi Rao, DDS, ("Respondent"), held an expired Nevada controlled substance registration, Certificate of Registration No. CS26790, issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent failed to timely renew Certificate of Registration No. CS26790, which expired on October 31, 2018.

3. Respondent wrote one or more controlled substance prescriptions for Nevada patients after October 31, 2018, without a valid registration.

APPLICABLE LAW

4. It is unlawful to prescribe a controlled substance except as authorized by law. NRS 453.321(1)(a).

5. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction in

which he or she is licensed to practice his profession. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.226(1); NRS 453.321(1)(a); NRS 639.100(1); NRS 639.235(1).

6. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.321(1)(a); NRS 453.232; NRS 639.2813(1).

7. Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration constitutes unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

8. The Board may suspend or revoke a registration if the holder has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs. NRS 639.210(11).

9. The Board may suspend or revoke a registration if the holder has violated, attempted to violate, assisted or abetted in the violation of or conspired to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy. NRS 639.210(12).

10. The Board may suspend or revoke a registration if the holder has failed to renew a certificate of registration by failing to timely submit the application for renewal. NRS 639.210(13).

11. The Board may suspend or revoke a registration to prescribe a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest as determined pursuant to NRS 453.231. NRS 453.236(1)(e) and NRS 453.241(1).

FIRST COUNT

Failure to Time Renew Controlled Substance Registration

12. By failing to timely renew Certificate of Registration CS26790, Respondent is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(13).

SECOND COUNT
Violation of Federal Controlled Substances Act

13. By prescribing controlled substances without a valid registration as alleged herein, Respondent falsely represented herself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a) and/or 21 CFR § 1306.03(a)(1), and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(11).

THIRD COUNT
Violation of State Controlled Substances Act

14. By prescribing controlled substances without a valid registration as alleged herein, Respondent falsely represented herself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.226(1), NRS 453.232, NRS 453.321(1)(a), NRS 639.100(1), NRS 639.235(1) and/or NRS 639.2813(1), and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(12).

FOURTH COUNT
Unprofessional Conduct – Prescribing without a Valid Registration

15. By prescribing controlled substances without a valid registration as alleged herein, Respondent engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is subject to discipline pursuant to NRS 453.236(l) and/or NRS 639.210(4).

FIFTH COUNT
Commission of Acts that Render Registration Inconsistent with the Public Interest

16. By prescribing controlled substances without a valid registration as alleged herein, and by falsely representing herself as a practitioner entitled to write prescriptions in this state, Respondent has committed acts that render his Nevada controlled substance registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 22nd day of FEBRUARY, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **JAHNAVI RAO, DDS** **Certificate of Registration No. CS26790,** **Respondent.**	**CASE NO. 21-226-CS** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, June 1, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd.
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 22nd day of FEBRUARY, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **JAHNAVI RAO, DDS** **Certificate of Registration No. CS26790,** **Respondent.**	**CASE NO. 21-226-CS** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

JAHNAVI RAO, DDS

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 22 day of February, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Jahnavi Rao
6127 S Rainbow Blvd #105
Las Vegas, NV 89118

Darlene Nases
DARLENE NASES

5B

FILED
FEB 22 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ALAN D. MARVIN, MD,** **Certificate of Registration No. CS06301,** **Respondent.**	**Case No. 21-222-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter and this respondent because at the time of the alleged events, Respondent Alan D. Marvin, MD, ("Respondent"), held an expired Nevada controlled substance registration, Certificate of Registration No. CS06301, issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent failed to timely renew Certificate of Registration No. CS06301, which expired on October 31, 2014.

3. Respondent wrote one or more controlled substance prescriptions for Nevada patients after October 31, 2014, without a valid registration.

APPLICABLE LAW

4. It is unlawful to prescribe a controlled substance except as authorized by law. NRS 453.321(1)(a).

5. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction in

which he or she is licensed to practice his profession. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.226(1); NRS 453.321(1)(a); NRS 639.100(1); NRS 639.235(1).

6. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.321(1)(a); NRS 453.232; NRS 639.2813(1).

7. Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration constitutes unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

8. The Board may suspend or revoke a registration if the holder has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs. NRS 639.210(11).

9. The Board may suspend or revoke a registration if the holder has violated, attempted to violate, assisted or abetted in the violation of or conspired to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy. NRS 639.210(12).

10. The Board may suspend or revoke a registration if the holder has failed to renew a certificate of registration by failing to timely submit the application for renewal. NRS 639.210(13).

11. The Board may suspend or revoke a registration to prescribe a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest as determined pursuant to NRS 453.231. NRS 453.236(1)(e) and NRS 453.241(1).

FIRST COUNT

Failure to Time Renew Controlled Substance Registration

12. By failing to timely renew Certificate of Registration CS06301, Respondent is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(13).

SECOND COUNT
Violation of Federal Controlled Substances Act

13. By prescribing controlled substances without a valid registration as alleged herein, Respondent falsely represented himself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a) and/or 21 CFR § 1306.03(a)(1), and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(11).

THIRD COUNT
Violation of State Controlled Substances Act

14. By prescribing controlled substances without a valid registration as alleged herein, Respondent falsely represented himself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.226(1), NRS 453.232, NRS 453.321(1)(a), NRS 639.100(1), NRS 639.235(1) and/or NRS 639.2813(1), and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(12).

FOURTH COUNT
Unprofessional Conduct – Prescribing without a Valid Registration

15. By prescribing controlled substances without a valid registration as alleged herein, Respondent engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is subject to discipline pursuant to NRS 453.236(l) and/or NRS 639.210(4).

FIFTH COUNT
Commission of Acts that Render Registration Inconsistent with the Public Interest

16. By prescribing controlled substances without a valid registration as alleged herein, and by falsely representing himself as a practitioner entitled to write prescriptions in this state, Respondent has committed acts that render his Nevada controlled substance registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 22nd day of FEBRUARY, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ALAN D. MARVIN, MD** **Certificate of Registration No. CS06301,** **Respondent.**	**CASE NO. 21-222-CS-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, June 1, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd.
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 22nd day of FEBRUARY, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ALAN D. MARVIN, MD** **Certificate of Registration No. CS06301,** **Respondent.**	**CASE NO. 21-222-CS-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

ALAN D. MARVIN, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 22 day of February, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Alan Marvin
2720 N Tenaya Way
PO Box 15645
Las Vegas, NV 89114

Darlene Naser
DARLENE NASES

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ALAN D. MARVIN, MD,** **Certificate of Registration No. CS06301,** **Respondent.**	**Case No. 21-222-CS-S** **STIPULATION AND ORDER**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and Respondent ALAN D. MARVIN, MD, ("Respondent") Certificate of Registration No. CS06301, **HEREBY STIPULATED AND AGREE AS FOLLOWS:**

1. The Board has jurisdiction over Respondent and this matter.

2. On or about February 22, 2022, and again on or about March 14, 2022, Board Staff properly served Respondent with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. Respondent is fully aware of his right and has sought the advice of counsel in this matter prior to entering into this Stipulation.

4. Respondent is aware of his right to a hearing on the matters alleged in the Accusation, his right to reconsideration, his right to appeal and any and all other rights which may be accorded to him pursuant to NRS Chapter 233B ("Nevada Administrative Procedure Act"), NRS Chapter 622A ("Administrative Procedure Before Certain Regulatory Bodies"), and NRS Chapter 639 ("Nevada Pharmacy Act").

5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of paragraphs below, Respondent hereby freely and voluntarily waives his rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to him by NRS Chapter 233B ("Nevada Administrative Procedure Act"), NRS Chapter 622A

("Administrative Procedure Before Certain Regulatory Bodies"), and NRS Chapter 639 ("Nevada Pharmacy Act").

6. Respondent admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit,* that:

A. Respondent failed to timely renew his Certificate of Registration No. CS06301, which expired on October 31, 2014, in violation of NRS 639.210(13); and

B. While Respondent held an expired Nevada Controlled Substance Registration, he wrote seven (7) prescriptions for a controlled substances for Nevada patients after October 31, 2014, in violation of NRS 453.226(1), NRS 453.236(l), NRS 453.321(1)(a), NRS 639.100(1), NRS 639.2813(1) and/or 21 CFR § 1306.03.

7. Those violations are plead with particularity in the Accusation and are grounds for disciplinary action pursuant to NRS 639.210 and NRS 639.255.

8. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent stipulate to the following penalties. Respondent Alan D. Marvin, MD, Certificate of Registration No. CS06301, shall:

A. Pay a fine of Five-Thousand Dollars ($5000.00) for any and all controlled substance prescriptions written in violation of the above-reference laws since the expiration of Respondent's Controlled Substance Registration No. CS06301 on October 31, 2014, through the date of Respondent's signature on this Stipulation;

B. Pay Seven-Hundred and Fifty Dollars ($750.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and

C. In the event Respondent applies for renewal of his Certificate of Registration No. CS06301, or for any other certificate, license or permit with the Board, he shall appear before the Board to answer questions and give testimony regarding his application, his compliance with this Order, and the facts and circumstances underlying this matter.

9. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapter 639.

10. The Board's Assistant General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on June 1, 2022, in Las Vegas, Nevada. Respondent will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or his counsel are not present at the meeting.

11. The Board has may accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

12. If the Board rejects any part or all this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

13. Upon approval of this Stipulation by the Board, Respondent shall pay the $5,000.00 in agreed upon fines by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

14. Upon approval of this Stipulation by the Board, Respondent shall pay the $750.00 in agreed upon attorney's fees and costs by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

15. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 17 day of MARCH 2022.

Alan D. Marvin MD

ALAN D. MARVIN, MD
Certificate of Registration No. CS06301

Signed this ____ day of _____ 2022.

NEVADA STATE BOARD OF PHARMACY

_____

PETER K. KEEGAN, ESQ.
Assistant General Counsel
985 Damonte Ranch Pkwy., Ste. 206
Reno, Nevada 89502
775-850-1440

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Alan D. Marvin, MD, Certificate of Registration No. CS06301, in Case No. 21-222-CS-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of June 2022.

_____
Helen Park, President
Nevada State Board of Pharmacy

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FILED
FEB 22 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ANN K. KERSHNAR, MD,** **Certificate of Registration No. CS22138,** **Respondent.**	**Case No. 21-220-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter and this respondent because at the time of the alleged events, Respondent Ann K. Kershnar, MD, ("Respondent"), held an expired Nevada controlled substance registration, Certificate of Registration No. CS22138, issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent failed to timely renew Certificate of Registration No. CS22138, which expired on October 31, 2018.

3. Respondent wrote one or more controlled substance prescriptions for Nevada patients after October 31, 2018, without a valid registration.

APPLICABLE LAW

4. It is unlawful to prescribe a controlled substance except as authorized by law. NRS 453.321(1)(a).

5. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction in

which he or she is licensed to practice his profession. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.226(1); NRS 453.321(1)(a); NRS 639.100(1); NRS 639.235(1).

6. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.321(1)(a); NRS 453.232; NRS 639.2813(1).

7. Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration constitutes unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

8. The Board may suspend or revoke a registration if the holder has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs. NRS 639.210(11).

9. The Board may suspend or revoke a registration if the holder has violated, attempted to violate, assisted or abetted in the violation of or conspired to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy. NRS 639.210(12).

10. The Board may suspend or revoke a registration if the holder has failed to renew a certificate of registration by failing to timely submit the application for renewal. NRS 639.210(13).

11. The Board may suspend or revoke a registration to prescribe a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest as determined pursuant to NRS 453.231. NRS 453.236(1)(e) and NRS 453.241(1).

FIRST COUNT

Failure to Time Renew Controlled Substance Registration

12. By failing to timely renew Certificate of Registration CS22138, Respondent is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(13).

SECOND COUNT
Violation of Federal Controlled Substances Act

13. By prescribing controlled substances without a valid registration as alleged herein, Respondent falsely represented herself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a) and/or 21 CFR § 1306.03(a)(1), and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(11).

THIRD COUNT
Violation of State Controlled Substances Act

14. By prescribing controlled substances without a valid registration as alleged herein, Respondent falsely represented herself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.226(1), NRS 453.232, NRS 453.321(1)(a), NRS 639.100(1), NRS 639.235(1) and/or NRS 639.2813(1), and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(12).

FOURTH COUNT
Unprofessional Conduct – Prescribing without a Valid Registration

15. By prescribing controlled substances without a valid registration as alleged herein, Respondent engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is subject to discipline pursuant to NRS 453.236(l) and/or NRS 639.210(4).

FIFTH COUNT
Commission of Acts that Render Registration Inconsistent with the Public Interest

16. By prescribing controlled substances without a valid registration as alleged herein, and by falsely representing herself as a practitioner entitled to write prescriptions in this state, Respondent has committed acts that render his Nevada controlled substance registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1)(e) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 22nd day of FEBRUARY, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ANN K. KERSHNAR, MD** **Certificate of Registration No. CS22138,** **Respondent.**	**CASE NO. 21-220-CS-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, June 1, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd.
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 22nd day of FEBRUARY, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 22 day of February, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Ann Kershnar
8352 W Warm Springs Rd #210
Las Vegas, NV 89113

Darlene Nases

DARLENE NASES

I am both mortified and embarrassed that I failed to renew my DEA certificate at the appropriate time. It was not intentional. I was out of the office when renewal was due and did not realize it had not been paid. In past years the practice paid the DEA fees and I would reimbursed them.

2018 was a difficult year for me. I worked much of the year but had increasing problems withstanding and ambulating. In 2019 I attended extensive pain management classes with multiple physical therapy appointments and orthopedic evaluations. Ultimately both knees were replaced. This was followed again by physical therapy appointments and an exercise regimen which were of great help. I fully intended to return to work after recovering but then COVID was prominent and I was in a high-risk group for complications due to age, allergies and asthma. Ultimately, I did develop significant breathing difficulties requiring a visit to the Emergency Room where I was treated for asthma and bronchitis. Covid testing was negative. The illness lasted several weeks despite treatment with steroids, vasodilators and antibiotics.

I renewed my medical license in June of 2021 with the full intent of seeking employment as a pediatrician particularly with the reported shortages of pediatricians reported in the area. I loved my career in medicine and have been highly motivated to return to work.

Until now my medical record has been unblemished. I realize, in retrospect, that my prescribing was wrong. If I am allowed to reinstate my DEA license, I assure the Nevada Board of Pharmacy that I will be diligent in adhering to all regulations.

I hereby declare under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this 8th day of March, 2022.

Ann K. Kershnar, M.D.

ANN K. KERSHNAR. M.D.

FILED
MAR 8 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ANN K. KERSHNAR, MD** **Certificate of Registration No. CS22138,** **Respondent.**	**CASE NO. 21-220-CS-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

ANN K. KERSHNAR, MD

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FILED
JUL 23 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **KORD T. STREBEL, MD,** **Certificate of Registration Nos. CS13593 and PD00333, and** **THOMAS E. STREBEL, RPH,** **Certificate of Registration Nos. 18239 and TD01379,** **Respondents.**	CASE NO. 19-053-CS-S 19-053-RPH-S **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, R.Ph., in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because at the time of the events alleged herein, Respondent Kord T. Strebel, MD (Dr. Strebel), held a controlled substance registration, Certificate of Registration No. CS13593, and dispensing practitioner registration, Certificate of Registration No. PD00333; and Thomas E. Strebel, R.Ph. (pharmacist Strebel), held a pharmacist registration, Certificate of Registration No. 18239, and a dispensing technician registration, Certificate of Registration No. TD01379, all issued by the Board.

FACTUAL ALLEGATIONS

2. Respondents operate the Nevada Obstetrical Charity Clinic, located at 1950 Pinto Lane in Las Vegas.

3. On March 22, 2019, Board staff performed an annual inspection of the Nevada Obstetrical Charity Clinic and found violations of Nevada law.

4. Respondents failed to keep complete and accurate records of nonsterile compounded drug products. Board staff reviewed approximately 110 compounding records and all lacked any documentation of the individual that performed the compounding or the individual that checked the final product.

5. Dr. Strebel failed to verify the accuracy of dispensed compounded drug products.

6. Respondents failed to establish and follow policies and procedures for compounding and dispensing nonsterile drug products.

7. Respondents failed to properly and accurately label prescriptions. Prescriptions reviewed showed errors made on the number of refills ordered by Dr. Strebel. Some prescriptions written with "NO" refills indicated "refills" on the electronic record and medication label, while other prescriptions written with refills indicated "NO" refills in the electronic record. Other prescriptions specified a beyond use date that predated the date of the prescription. Prescriptions also lacked mandated auxiliary labels for alcohol consumption warning.

8. Respondents had possession of unlabeled bottles of medication.

9. Respondents failed to conduct and maintain an accurate biennial inventory of controlled substances.

10. Dr. Strebel permitted Thomas Strebel to order, receive and have unrestricted access to the inventory of controlled substances, dangerous drugs and drug products at the Nevada Obstetrical Charity Clinic.

11. Dr. Strebel failed to upload required information to the Prescription Monitoring Program when dispensing controlled substances to several patients from November 4, 2017 to November 4, 2019.

12. On or about June 11, 2020, Board staff performed an annual inspection of the Nevada Obstetrical Charity Clinic and found the violations of Nevada law detailed above ongoing.

13. On or about May 19, 2021, Board staff attempted to perform an annual inspection of the Nevada Obstetrical Charity Clinic and were denied entry.

14. On or about June 7, 2020, Board staff performed an annual inspection of the Nevada Obstetrical Charity Clinic and found the violations of Nevada law detailed above ongoing.

15. On at least two occasions Dr. Strebel filled prescriptions - Prescription Nos. 501818 and 501846 - written by another practitioner and failed to strictly follow the instructions of the practitioner when filling and dispensing the medication.

FIRST CAUSE OF ACTION
Failure to Keep Complete and Accurate Records of Nonsterile Compounded Drug Products

16. By failing to keep complete and accurate records of nonsterile compounded drug products in a readily retrievable manner, Respondents violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NAC 639.6701, NAC 639.67019, NAC 639.742(5) and/or 21 CFR § 211.113(a), engaged in unprofessional conduct as defined in NAC 639.945(1)(i) and/or (m), and are therefore subject to discipline pursuant to NRS 639.210(4), (11), (12) and/or (17).

SECOND CAUSE OF ACTION
Failure to Verify Accuracy of Dispensed Compounded Drug Products
(Respondent Kord T. Strebel, MD)

17. By failing to verify the accuracy of dispensed compounded drug products, Dr. Strebel violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NAC 639.742(5) and/or NAC 639.743(2) (a) & (b), engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and is therefore subject to discipline pursuant to NRS 639.210(4) and/or (12).

THIRD CAUSE OF ACTION
Failure to Establish Policies and Procedures for Compounding and Dispensing Nonsterile Drug Products

18. By failing to establish and follow policies and procedures for compounding and dispensing nonsterile drug products, Respondents violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NAC 639.67015 and/or NAC 639.67035,

engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and are therefore subject to discipline pursuant to NRS 639.210(4), (11) and/or (12).

FOURTH CAUSE OF ACTION
Failure to Properly and Accurately Label Prescriptions

19. By failing to properly and accurately label prescriptions, Respondents violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NAC 639.6703(1) and/or NAC 639.745(1)(a), engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and are therefore subject to discipline pursuant to NRS 639.210(4), (11) and/or (12).

FIFTH CAUSE OF ACTION
Possession of Unlabeled Bottles of Medication

20. By possessing and storing unlabeled bottles of medication, Respondents violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NAC 639.476 and/or NAC 639.510, engaged in unprofessional conduct as defined in NAC 639.945(1)(d), and are therefore subject to discipline pursuant to NRS 639.210(4), (11) and/or (12).

SIXTH CAUSE OF ACTION
Failure to Maintain Accurate Biennial Inventories of Controlled Substances

21. By failing to maintain at least two years' worth of biennial inventories of controlled substances in a readily retrievable manner, Respondents violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.246, NAC 453.475(1)(b) and (2), NAC 639.482(a) and (b), NAC 639.487(4), NAC 639.510, 21 U.S.C. § 842(a)(5) and/or 21 CFR § 1304.11, engaged in unprofessional conduct as defined in NAC 639.945(1)(i) and (m), and are subject to discipline pursuant to NRS 639.210(4), (11), (12) and/or (17).

SEVENTH CAUSE OF ACTION
Permitting Unrestricted Access to Drug Inventory
(Respondent Kord T. Strebel, MD)

22. By permitting Thomas Strebel to order, receive and have unrestricted access to the inventory of controlled substances, dangerous drugs and drug products at the Nevada Obstetrical Charity Clinic, Dr. Strebel violated, attempted to violate, assisted or abetted in the

violation of or conspired to violate NAC 649.742(3), NAC 639.743 and/or 21 CFR § 1301.71, engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and is therefore subject to discipline pursuant to NRS 639.210(4), (11) and/or (12).

EIGHTH CAUSE OF ACTION

Failure to Report Dispensing of Controlled Substances

(Respondent Kord T. Strebel, MD)

23. By failing to upload required information to the Prescription Monitoring Program when dispensing controlled substances, Dr. Strebel violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.163, engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and is therefore subject to discipline pursuant to NRS 639.210(4) and/or (12).

NINTH CAUSE OF ACTION

Unlawful Dispensing

(Respondent Kord T. Strebel, MD)

24. Dr. Strebel violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NAC 639.742 and engaged in unprofessional conduct in violation of NAC 639.945(1)(d) and (i) when he verified data entry as accurate and the final product on prescriptions as accurate when they were not and dispensed prescriptions written by other practitioners, and is subject to discipline pursuant to NRS 639.210(4) and (12).

TENTH CAUSE OF ACTION

Failure to Permit Access for Inspection

25. By denying Board staff entry to perform an annual inspection on or about May 19, 2021, Respondents violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.226(6), NAC 453.300, NRS 454.286, NRS 454.291, NRS 639.090, NRS 639.236-.239, NRS 639.289, NAC 639.245, NAC 639.482-.489 and/or NAC 639.935(4) engaged in unprofessional conduct as defined in NAC 639.945(1)(i) and (m), and are subject to discipline pursuant to NRS 639.210(4), (11), (12) and/or (17).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of license/registration of these Respondents.

Signed this 23rd day of July, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENTS

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board, and to submit an answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, then the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **KORD T. STREBEL, MD,** **Certificate of Registration Nos. CS13593 and PD00333,** **Respondent.**	CASE NO. 19-053-CS-S **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, September 1, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency

Directive 044 and AB 253, the meeting can be listened to or viewed live over Zoom remotely or at the following location:

Home2 Suites Las Vegas Strip South
7740 Las Vegas Blvd. South
Las Vegas, NV 89123

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 23rd day of July, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 28th day of July, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Kord T Strebel, MD
[redacted] Pinto Ln
Las Vegas, NV 89106

KRISTOPHER MANGOSING

JOSHUA M. DICKEY
Nevada Bar No. 6621
REBECCA L. CROOKER
Nevada Bar No. 15202
BAILEY❖KENNEDY
8984 Spanish Ridge Avenue
Las Vegas, Nevada 89148-1302
Telephone: 702.562.8820
Facsimile: 702.562.8821
JDickey@BaileyKennedy.com
RCrooker@BaileyKennedy.com

Attorneys for Respondent
Kord T. Strebel, M.D.

FILED
DEC 15 2021
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

KORD T. STREBEL, MD,
Certificate of Registration Nos. CS13593 and PD00333, and

THOMAS E. STREBEL, RPH,
Certificate of Registration Nos. 18239 and TD01379,

Respondents.

CASE NO. 19-053-CS-S
19-053-RPH-S

RESPONDENT KORD T. STREBEL, M.D.'S ANSWER AND NOTICE OF DEFENSE

BAILEY❖KENNEDY
8984 SPANISH RIDGE AVENUE
LAS VEGAS, NEVADA 89148-1302
702.562.8820

Respondent Kord T. Strebel, M.D. ("Dr. Strebel"), by and through his counsel of record, Bailey❖Kennedy, hereby answers the Nevada State Board of Pharmacy's Notice of Intended Action and Accusation as follows:

JURISDICTION

1. Answering paragraph 1, Dr. Strebel states that the allegation "The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because at the time of the events alleged herein" constitutes a legal conclusion to which no response is required; to the extent a response is required, Dr. Strebel denies it to the extent it is contrary to or inconsistent with the law. Dr. Strebel admits that he held a controlled substance registration (Certificate of Registration No.

CS13593) and a dispensing practitioner registration (Certificate of Registration No. PD00333) issued by the Board. With respect to the remaining allegation Dr. Strebel states that no response is required as it is directed to Thomas E. Strebel, R.Ph.

2. Dr. Strebel admits the allegations contained in paragraph 2.

3. Answering paragraph 3, Dr. Strebel admits that on March 22, 2019, Board staff performed an annual inspection of the Nevada Obstetrical Charity Clinic. Dr. Strebel further admits that Board staff identified areas of correction which Respondents promptly corrected. The remaining allegations in paragraph 3 call for legal conclusions to which no response is required; to the extent a response is required, Dr. Strebel denies it to the extent it is contrary to or inconsistent with the law.

4. Dr. Strebel denies the allegations contained in paragraph 4.

5. Dr. Strebel denies the allegations contained in paragraph 5.

6. Dr. Strebel denies the allegations contained in paragraph 6.

7. Answering paragraph 7, Dr. Strebel denies that he failed to properly and accurately label prescriptions. Dr. Strebel further states that in a past inspection in 2017, two isolated errors were identified and were corrected.

8. Answering paragraph 8, Dr. Strebel denies that he has possession of unlabeled bottles of medication. Dr. Strebel further states that the two unmarked bottles identified in the 2019 inspection were mixing containers that were cleaned and were empty.

9. Dr. Strebel denies the allegations contained in paragraph 9.

10. Dr. Strebel denies the allegations contained in paragraph 10. Dr. Strebel further states that he was involved in the ordering of any controlled substances, dangerous drugs, and drug products. Dr. Strebel further states that Thomas Strebel, although a pharmacy tech with Nevada Obstetrical Charity Clinic, is, in fact a registered pharmacist.

11. Dr. Strebel denies the allegations contained in paragraph 11.

12. Answering paragraph 12, Dr. Strebel admits that on or about June 11, 2020, Board staff performed an annual inspection of the Nevada Obstetrical Charity Clinic. Dr. Strebel further admits that Board staff identified areas of correction which Respondents promptly corrected. Dr.

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Strebel denies that areas identified for correction were ongoing. The remaining allegations in paragraph 12 call for legal conclusions to which no response is required; to the extent a response is required, Dr. Strebel denies it to the extent it is contrary to or inconsistent with the law.

13. Answering paragraph 13, Dr. Strebel admits that on or about May 19, 2021, Board staff attempted to perform an annual inspection of the Nevada Obstetrical Charity Clinic. Dr. Strebel denies that Board staff was denied entry.

14. Answering paragraph 14, Dr. Strebel admits that on or about June 7, 2021, Board staff performed an annual inspection of the Nevada Obstetrical Charity Clinic. Dr. Strebel further admits that Board staff identified areas of correction which Respondents promptly corrected. The remaining allegations in paragraph 14 call for legal conclusions to which no response is required; to the extent a response is required, Dr. Strebel denies it to the extent it is contrary to or inconsistent with the law.

15. Dr. Strebel denies the allegations in paragraph 15.

FIRST CAUSE OF ACTION
Failure to Keep Complete and Accurate Records of Nonsterile Compounded Drug Products

16. Dr. Strebel denies the allegations contained in paragraph 16.

SECOND CAUSE OF ACTION
Failure to Verify Accuracy of Dispensed Compounded Drug Products
(Respondent Kord T. Strebel, MD)

17. Dr. Strebel denies the allegations contained in paragraph 17.

THIRD CAUSE OF ACTION
Failure to Establish Policies and Procedures for Compounding and Dispensing Nonsterile Drug Products

18. Dr. Strebel denies the allegations contained in paragraph 18.

FOURTH CAUSE OF ACTION
Failure to Properly and Accurately Label Prescriptions

19. Dr. Strebel denies the allegations contained in paragraph 19.

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FIFTH CAUSE OF ACTION
Possession of Unlabeled Bottles of Medication

20. Dr. Strebel denies the allegations contained in paragraph 20.

SIXTH CAUSE OF ACTION
Failure to Maintain Accurate Biennial Inventories of Controlled Substances

21. Dr. Strebel denies the allegations contained in paragraph 21.

SEVENTH CAUSE OF ACTION
Permitting Unrestricted Access to Drug Inventory
(Respondent Kord T. Strebel, MD)

22. Dr. Strebel denies the allegations contained in paragraph 22.

EIGHTH CAUSE OF ACTION
Failure to Report Dispensing of Controlled Substances
(Respondent Kord T. Strebel, MD)

23. Dr. Strebel denies the allegations contained in paragraph 23.

NINTH CAUSE OF ACTION
Unlawful Dispensing
(Respondent Kord T. Strebel, MD)

24. Dr. Strebel denies the allegations contained in paragraph 24.

TENTH CAUSE OF ACTION
Failure to Permit Access for Inspection

25. Dr. Strebel denies the allegations contained in paragraph 25.

AFFIRMATIVE DEFENSES

1. The Pharmacy Board fails to state a cognizable claim upon which relief may be granted.

2. The Pharmacy Board's claims are barred, in whole or in part, because at all relevant times Dr. Strebel acted in compliance with all lawful requirements for the retention of his controlled substance and dispensing practitioner registrations.

3. The Pharmacy Board's causes of action are barred, in whole or in part, because the Pharmacy Board is unable to prove the commission of the alleged violations by a preponderance of the evidence as required under Nevada law.

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702.562.8820

4. The Notice of Intended Action and Accusation violates Dr. Strebel's right to due process by failing to sufficiently apprise him of the nature of the proceedings so that he has an adequate opportunity to prepare, as is required under Nevada law.

5. The Pharmacy Board's causes of action are barred, in whole or in part, because the applicable statutes and regulations are unconstitutionally vague as applied to Dr. Strebel's actions.

6. The applicable statute of limitations bars all and/or some of the Pharmacy Board's causes of action.

7. Any and all alleged problems and damages were proximately caused or contributed to by the acts of other persons and/or entities, and that said acts were an intervening and/or superseding cause of the problems and damages, if any.

8. The Pharmacy Board's claims are barred, in whole or in part, because Dr. Strebel's actions were justified under the circumstances.

9. The Pharmacy Board's claims are barred, in whole or in part, by the equitable doctrines of laches, estoppel, and/or unclean hands.

10. The Pharmacy Board's claims are barred, in whole or in part, because the Pharmacy Board has acted in an arbitrary and capricious manner.

11. Dr. Strebel reserves the right to assert additional affirmative defenses, and gives notice that he intends to rely upon, any other affirmative defense(s) that may become available or appear during discovery or otherwise in this matter, and reserves the right to amend this Answer to assert any such additional affirmative defenses.

DATED this 15th day of December, 2021.

BAILEY❖KENNEDY

By: */s/ Joshua M. Dickey*
JOSHUA M. DICKEY
REBECCA L. CROOKER

Attorneys for Respondent
Kord T. Strebel, M.D.

BAILEY❖KENNEDY
8984 SPANISH RIDGE AVENUE
LAS VEGAS, NEVADA 89148-1302
702.562.8820

CERTIFICATE OF SERVICE

I certify that I am an employee of BAILEY❖KENNEDY and that on the 15th day of December, 2021, service of the foregoing **RESPONDENT KORD T. STREBEL, M.D.'S ANSWER AND NOTICE OF DEFENSE** was made via email to the following:

BRETT KANDT, GENERAL COUNSEL
NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway
Suite 206
Reno, NV 89521

Email: bkandt@pharmacy.nv.gov

Attorneys for Petitioner
Nevada State Board of Pharmacy

/s/ Joshua M. Dickey
Joshua M. Dickey, an Employee of
BAILEY❖KENNEDY

BAILEY❖KENNEDY
8984 SPANISH RIDGE AVENUE
LAS VEGAS, NEVADA 89148-1302
702.562.8820

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KORD T. STREBEL, MD,** **Certificate of Registration Nos. CS13593 and PD00333, and** **THOMAS E. STREBEL, RPH,** **Certificate of Registration Nos. 18239 and TD01379,** **Respondents.**	**CASE NOS. 19-053-CS-S** **19-053-RPH-S** **STIPULATION AND ORDER**

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Kord T. Strebel, MD, Certificate of Registration Nos. CS13593 and PD00333 (Dr. Strebel), by and through counsel**,** Joshua M. Dickey, Esq., and Respondent Thomas E. Strebel, R.Ph., Certificate of Registration Nos. 18239 and TD01379 (Thomas Strebel), by and through counsel**,** David J. Merrill, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondents and this matter.

2. Respondents represent that Dr. Strebel is a practicing physician in the field of obstetrics and gynecology. He specializes in minimally invasive surgery using robotic techniques and technology and is a principal of Women's Health Associates of Southern Nevada (WHASN). In furtherance of his desire to assist his patients, particularly those who are economically disadvantaged, in 2009, Dr. Strebel opened the Nevada Obstetrical Charity Clinic (Charity Clinic). The Charity Clinic is a non-profit created solely to serve Dr. Strebel's patients. In order to help Charity Clinic patients obtain medications at more affordable prices, in 2012, Dr. Strebel obtained his dispensing practitioner certification and began operating a pharmacy at the Charity Clinic. To assist him with the operation of the pharmacy at the Charity Clinic, Dr.

Strebel enlisted his father, Thomas Strebel, a long-time registered pharmacist who obtained his dispensing technician registration for purposes of fulfilling his duties at the Charity Clinic. Consistent with the non-profit and charitable nature of the Charity Clinic, Thomas Strebel provides his services pro bono.

3. Respondents further represent that, although Dr. Strebel opened the pharmacy at the Charity Clinic with the best of intentions, managing and operating it has proven more time consuming and burdensome than he and Thomas Strebel had anticipated. At this point, Respondents wish to focus on their respective careers as a physician and pharmacist and no longer wish to operate the pharmacy at the Charity Clinic.

4. On or about July 23, 2021, Respondents were served with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.

5. On or about December 15, 2021, Respondents each filed an Answer and Notice of Defense denying the allegations in the Accusation prior to entering into this Stipulation.

6. Respondents are fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

7. Respondents are aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded to them pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

8. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents have failed to comply with the provisions of this Stipulation, Respondents hereby freely and voluntarily waive their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS

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Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

9. The Fourth, Fifth, Seventh, Ninth and Tenth Causes of Action against Respondents, Paragraphs 19, 20, 22, 24 and 25 of the Accusation, are hereby dismissed pursuant to NRS 622A.320(4).

10. Respondents and the Board stipulate to the following concerning the violations alleged in the remaining causes of action:

A. First Cause of Action – Failure to Keep Complete and Accurate Records of Nonsterile Compounded Drug Products. Respondents assert that Thomas Strebel, who is a registered pharmacist in addition to holding a registration as a dispensing technician, is the only individual who compounded drug products at the Charity Clinic. As a registered pharmacist, Thomas Strebel may lawfully compound nonsterile drug products without supervision. *See* NRS § 639.100(1)(a); NAC 639.245(2)(b). Nevertheless, Dr. Strebel contends that he verified the accuracy of every single compounded drug product at the Charity Clinic. However, Dr. Strebel did not always indicate his verification in writing. Consequently, for purposes of resolving this matter only and for no other purpose, Dr. Strebel and Thomas Strebel admit that staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the allegation that they violated NAC 639.6701, NAC 639.67019, NAC 639.742(5) and/or 21 CFR § 211.113(a), engaged in unprofessional conduct as defined in NAC 639.945(1)(i) and/or (m), and are therefore subject to discipline pursuant to NRS 639.210(4), (11), (12) and/or (17), to the extent such violations are premised upon a failure to properly maintain records documenting verification;

B. Second Cause of Action – Failure to Verify Accuracy of Dispensed Compounded Drug Products. Dr. Strebel asserts that Thomas Strebel, who is a registered pharmacist in addition to holding a registration as a dispensing technician, is the only individual who compounded drug products at the Charity Clinic. As a registered pharmacist, Thomas Strebel may lawfully compound nonsterile drug products without supervision. *See* NRS §

639.100(1)(a); NAC 639.245(2)(b). Nevertheless, Dr. Strebel contends that he verified the accuracy of every single compounded drug product at the Charity Clinic. However, Dr. Strebel did not always indicate his verification in writing. Consequently, for purposes of resolving this matter only and for no other purpose, Dr. Strebel admits that staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the allegation that he violated NAC 639.742(5) and/or NAC 639.743(2) (a) & (b), engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and is therefore subject to discipline pursuant to NRS 639.210(4) and/or (12) to the extent such violations are premised upon his failure to document properly his verification;

C. Third Cause of Action – Failure to Establish Policies and Procedures for Compounding Dispensing Nonsterile Drug Products. Respondents assert that they created, maintained, and used detailed compounding formulas for each and every compounded drug product, in addition to general policies and procedures which governed the operation of the pharmacy. Respondents ceased compounding as of May 2021, but now recognize that their written policies and procedures were not in compliance with applicable regulations. Consequently, for purposes of resolving this matter only and for no other purpose, Respondents admit that staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the allegation that they failed to establish and follow policies and procedures for compounding and dispensing nonsterile drug products, and thereby violated NAC 639.67015 and/or NAC 639.67035, engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and are therefore subject to discipline pursuant to NRS 639.210(4), (11) and/or (12);

D. Sixth Cause of Action – Failure to Maintain Accurate Biennial Inventories of Controlled Substances. Respondents assert that the discrepancies between the controlled substances itemized in the pharmacy's biennial inventory and the drugs counted by the inspector was due to certain medications (i.e., vaccines for a program the Charity Clinic participates in, and drugs controlled by WHASN) being stored in the pharmacy. Consequently, for purposes of

resolving this matter only and for no other purpose, Respondents admit that staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the allegation that they failed to maintain at least two years' worth of biennial inventories of controlled substances in a readily retrievable manner, and thereby violated NRS 453.246, NAC 453.475(1)(b) and (2), NAC 639.482(a) and (b), NAC 639.487(4), NAC 639.510, 21 U.S.C. § 842(a)(5) and/or 21 CFR § 1304.11 engaged in unprofessional conduct as defined in NAC 639.945(1)(i) and/or (m), and are therefore subject to discipline pursuant to NRS 639.210(4), (11), (12) and/or (17); and

E. Eighth Cause of Action – Failure to Report Dispensing of Controlled Substances. Dr. Strebel asserts that he has continuously uploaded reports to the DEA. However, due to an error with RX 30, the pharmacy software used by the Charity Clinic, reports were not made to Nevada's Prescription Monitoring Program. When Dr. Strebel learned of this software issue, he rectified it. Consequently, for purposes of resolving this matter only and for no other purpose, Dr. Strebel admits that staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the allegation that he failed to upload required information to the Prescription Monitoring Program when dispensing controlled substances and thereby violated NRS 453.163, engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and is therefore subject to discipline pursuant to NRS 639.210(4) and/or (12).

11. Those violations are plead with particularity in the Accusation, and are grounds for action pursuant to NRS 453.236(1), NRS 453.241(1), NRS 639.210 and NRS 639.255.

12. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Kord T. Strebel, MD, Certificate of Registration Nos. CS13593 and PD00333, stipulate to the following penalties. Respondent is placed on probation for two (2) years, subject to the following conditions:

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A. Respondent shall accept this Stipulation and Order as a public reprimand regarding his duties and responsibilities as a practitioner under NRS Chapter 453, Chapter 454, and Chapter 639;

B. Respondent shall pay a fine of Five Thousand Dollars ($5000.00) for the violations;

C. Pursuant to NRS 622.400, Respondent shall pay One Thousand Dollars ($1000.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter;

D. Respondent shall not apply for the biennial renewal of Certificate of Registration No. PD00333, shall automatically forfeit that registration upon expiration on October 21, 2022, pursuant to NRS 639.180(6), and shall not engage in practice as a dispensing practitioner from the Charity Clinic thereafter, or alternatively, Respondent at his sole discretion may relinquish Certificate of Registration No. PD00333 prior to its expiration; and

E. Respondent shall have no new charges filed against him while on probation.

Upon successful completion of the terms of probation, the probation associated with Certificate of Registration No. CS13593 will cease.

13. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Thomas E. Strebel, R.Ph., Certificate of Registration Nos. 18239 and TD01379, stipulate to the following penalties. Respondent is placed on probation for two (2) years, subject to the following conditions:

A. Respondent shall accept this Stipulation and Order as a public reprimand regarding his duties and responsibilities as a pharmacist under NRS Chapter 453 and Chapter 639;

B. Respondent shall pay a fine of Four Thousand Dollars ($4000.00) for the violations;

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C. Pursuant to NRS 622.400, Respondent shall pay One Thousand Dollars ($1000.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter;

D. Respondent shall not apply for the biennial renewal of Certificate of Registration No. TD01379, shall automatically forfeit that registration on October 21, 2022, pursuant to NRS 639.180(6), and shall not engage in practice as a dispensing technician from the Charity Clinic thereafter, or alternatively, Respondent at his sole discretion may relinquish Certificate of Registration No. TD01379 prior to its expiration; and

E. Respondent shall have no new charges filed against him while on probation.

Upon successful completion of the terms of probation, the probation associated with Certificate of Registration No. 18239 will cease.

14. Any failure by either Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing that Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by that Respondent, the parties agree that the Board may immediately suspend the certificates of registration of that Respondent and may impose additional discipline upon that Respondent not inconsistent with the provisions of NRS Chapters 453 and 639.

15. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on June 1, 2022. Respondents and their counsel may appear at the meeting to answer questions from the Board members and/or Board staff. The Board members and staff may discuss and deliberate regarding this Stipulation, even if Respondents or their counsel are not present at the meeting.

16. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330

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and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

17. If the Board rejects this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

18. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

19. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and costs agreed to herein by personal, business, certified or cashier's check or money order made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

20. Subject to the approval of this Stipulation by the Board, the Board and Respondents, and each of them, agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondents, and each of them, have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of June, 2022

_____

KORD T. STREBEL, MD,

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Certificate of Registration Nos. CS13593 and PD00333

Signed this ___ day of June, 2022

_____
THOMAS E. STREBEL, RPH,
Certificate of Registration Nos. 18239 and TD01379

Signed this ___ day of June, 2022

_____
BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT
this ___ day of June, 2022

_____
JOSHUA M. DICKEY, ESQ.
Counsel for Respondent Kord T. Strebel, MD

APPROVED AS TO FORM AND CONTENT
this ___ day of June, 2022

_____
DAVID J. MERRILL, ESQ.
Counsel for Respondent Thomas E. Strebel, R.Ph.

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DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Kord T. Strebel, MD, Certificate of Registration Nos. CS13593 and PD00333, and Respondent Thomas E. Strebel, R.Ph., Certificate of Registration Nos. 18239 and

TD01379, in Case No. 19-053-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of June, 2022.

_____

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **THOMAS E. STREBEL, RPH, Certificate of Registration Nos. 18239 and TD01379,** **Respondent.**	CASE NO. 19-053-RPH-S **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, September 1, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency

Directive 044 and AB 253, the meeting can be listened to or viewed live over Zoom remotely or at the following location:

Home2 Suites Las Vegas Strip South
7740 Las Vegas Blvd. South
Las Vegas, NV 89123

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 23rd day of July, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 28th day of July, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Thomas E. Strebel, RPH
[redacted] Pinto Ln
Las Vegas, NV 89106

KRISTOPHER MANGOSING

FILED
DEC 15 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. KORD T. STREBEL, MD, Certificate of Registration Nos. CS13593 and PD00333, and THOMAS E. STREBEL, RPH, Certificate of Registration Nos. 18239 and TD01379, Respondents.	Case Nos. 19-053-CS-S 19-053-RPH-S **THOMAS E. STREBEL'S ANSWER TO THE NOTICE OF INTENDED ACTION AND ACCUSATION AND NOTICE OF DEFENSE**

Thomas E. Strebel, R.Ph., answers the Nevada State Board of Pharmacy's Notice of Intended Action and Accusation:

Jurisdiction

1. Answering paragraph 1, Mr. Strebel states that the allegation "The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because at the time of the events alleged herein" constitutes a legal conclusion to which no response is required; to the extent a response is required, Mr. Strebel denies it to the extent it is contrary to or inconsistent with the law. Mr. Strebel admits that he held a pharmacist registration (Certificate of Registration No. 18239) and a dispensing technician registration (Certificate of Registration No. TD01379) issued by the Board. With respect to the remaining allegation Mr. Strebel states that no response is required as it is directed to Kord T. Strebel, M.D.

Factual Allegations

2. Mr. Strebel admits the allegations contained in paragraph 2.

3. Answering paragraph 3, Mr. Strebel admits that on March 22, 2019, Board staff performed an annual inspection of the Nevada Obstetrical Charity Clinic. Mr. Strebel further

admits that Board staff identified areas of correction which Respondents promptly corrected. The remaining allegations in paragraph 3 call for legal conclusions to which no response is required; to the extent a response is required, Mr. Strebel denies it to the extent it is contrary to or inconsistent with the law.

4. Mr. Strebel denies the allegations contained in paragraph 4.

5. With respect to the allegations in paragraph 5, Mr. Strebel states that no response is required as it is directed at Dr. Strebel.

6. Mr. Strebel denies the allegations contained in paragraph 6.

7. Answering paragraph 7, Mr. Strebel denies that he failed to properly and accurately label prescriptions. Mr. Strebel further states that in a past inspection in 2017, two isolated errors were identified and corrected.

8. Answering paragraph 8, Mr. Strebel denies that he has possession of unlabeled bottles of medication. Mr. Strebel further states that the two unmarked bottles identified in the 2019 inspection were mixing containers that were cleaned and were empty.

9. Mr. Strebel denies the allegations contained in paragraph 9.

10. Mr. Strebel denies the allegations contained in paragraph 10. Mr. Strebel further states that, although a pharmacy tech with the Clinic, he is, in fact a registered pharmacist.

11. With respect to the allegations in paragraph 11, Mr. Strebel states that no response is required as it is directed at Dr. Strebel.

12. Answering paragraph 12, Mr. Strebel admits that on or about June 11, 2020, Board staff performed an annual inspection of the Clinic. Mr. Strebel further admits that Board staff identified areas of correction which Respondents promptly corrected. Mr. Strebel denies that areas identified for correction were ongoing. The remaining allegations in paragraph 12 call for legal conclusions to which no response is required; to the extent a response is required, Mr. Strebel denies it to the extent it is contrary to or inconsistent with the law.

13. Answering paragraph 13, Mr. Strebel admits that on or about May 19, 2021, Board staff attempted to perform an annual inspection of the Clinic. Mr. Strebel denies that Board staff was denied entry.

14. Answering paragraph 14, Mr. Strebel admits that on or about June 7, 2021, Board staff performed an annual inspection of the Clinic. Mr. Strebel further admits that Board staff identified areas of correction which Respondents promptly corrected. The remaining allegations in paragraph 14 call for legal conclusions to which no response is required; to the extent a response is required, Mr. Strebel denies it to the extent it is contrary to or inconsistent with the law.

15. With respect to the allegations in paragraph 15, Mr. Strebel states that no response is required as it is directed at Dr. Strebel.

FIRST CAUSE OF ACTION
Failure to Keep Complete and Accurate Records of Nonsterile Compounded Drug Products

16. Mr. Strebel denies the allegations contained in paragraph 16.

SECOND CAUSE OF ACTION
Failure to Verify Accuracy of Dispensed Compounded Drug Products
(Respondent Kord T. Strebel, MD)

17. With respect to the allegations in paragraph 17, Mr. Strebel states that no response is required as it is directed at Dr. Strebel.

THIRD CAUSE OF ACTION
Failure to Establish Policies and Procedures for Compounding and Dispensing Nonsterile Drug Products

18. Mr. Strebel denies the allegations contained in paragraph 18.

FOURTH CAUSE OF ACTION
Failure to Properly and Accurately Label Prescriptions

19. Mr. Strebel denies the allegations contained in paragraph 19.

FIFTH CAUSE OF ACTION
Possession of Unlabeled Bottles of Medication

20. Mr. Strebel denies the allegations contained in paragraph 20.

SIXTH CAUSE OF ACTION
Failure to Maintain Accurate Biennial Inventories of Controlled Substances

21. Mr. Strebel denies the allegations contained in paragraph 21.

SEVENTH CAUSE OF ACTION
Permitting Unrestricted Access to Drug Inventory
(Respondent Kord T. Strebel, MD)

22. With respect to the allegations in paragraph 22, Mr. Strebel states that no response is required as it is directed at Dr. Strebel.

EIGHTH CAUSE OF ACTION
Failure to Report Dispensing of Controlled Substances
(Respondent Kord T. Strebel, MD)

23. With respect to the allegations in paragraph 23, Mr. Strebel states that no response is required as it is directed at Dr. Strebel.

NINTH CAUSE OF ACTION
Unlawful Dispensing
(Respondent Kord T. Strebel, MD)

24. With respect to the allegations in paragraph 24, Mr. Strebel states that no response is required as it is directed at Dr. Strebel.

TENTH CAUSE OF ACTION
Failure to Permit Access for Inspection

25. Mr. Strebel denies the allegations contained in paragraph 25.

Affirmative Defenses

1. The Board fails to state a cognizable claim upon which relief may be granted.

2. The Board's claims are barred, in whole or in part, because at all relevant times Mr. Strebel acted in compliance with all lawful requirements for the retention of his pharmacist and dispensing technician registrations.

3. The Board's causes of action are barred, in whole or in part, because the Board cannot prove the commission of the alleged violations by a preponderance of the evidence as required under Nevada law.

4. The Notice of Intended Action and Accusation violates Mr. Strebel's right to due process by failing to sufficiently apprise him of the nature of the proceedings so that he has an adequate opportunity to prepare, as is required under Nevada law.

5. The Board's causes of action are barred, in whole or in part, because the applicable statutes and regulations are unconstitutionally vague as applied to Mr. Strebel's actions.

6. The applicable statute of limitations bars all and/or some of the Board's causes of action.

7. Any and all alleged problems and damages were proximately caused or contributed to by the acts of other persons and/or entities, and that said acts were an intervening and/or superseding cause of the problems and damages, if any.

8. The Board's claims are barred, in whole or in part, because Mr. Strebel's actions were justified under the circumstances.

9. The Board's claims are barred, in whole or in part, by the equitable doctrines of waiver, laches, estoppel, and/or unclean hands.

10. The Board's claims are barred, in whole or in part, because the Board has acted in an arbitrary and capricious manner.

11. Mr. Strebel reserves the right to assert additional affirmative defenses, and gives notice that he intends to rely upon, any other affirmative defense(s) that may become available or

appear during discovery or otherwise in this matter, and reserves the right to amend this Answer to assert any such additional affirmative defenses.

Dated this 15th day of December 2021.

David J. Merrill, P.C.

By: 

David J. Merrill
Nevada Bar No. 6060
10161 Park Run Drive, Suite 150
Las Vegas, Nevada 89145
(702) 566-1935
Attorneys for Respondent Thomas E. Strebel, R.Ph.

Certificate of Service

I certify that I am an employee of David J. Merrill, P.C. and that on the 15th day of December 2021, I served Thomas E. Strebel's Answer to the Notice of Intended Action and Accusation and Notice of Defense by depositing a true and correct copy in the U.S. Mail, first class postage prepaid, and addressed to the following at his last known address:

Brett Kandt, Esq.
General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521

Employee of David J. Merrill, P.C.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **KORD T. STREBEL, MD,** **Certificate of Registration Nos. CS13593 and PD00333, and** **THOMAS E. STREBEL, RPH,** **Certificate of Registration Nos. 18239 and TD01379,** **Respondents.**	**CASE NOS. 19-053-CS-S** **19-053-RPH-S** **STIPULATION AND ORDER**

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Kord T. Strebel, MD, Certificate of Registration Nos. CS13593 and PD00333 (Dr. Strebel), by and through counsel**,** Joshua M. Dickey, Esq., and Respondent Thomas E. Strebel, R.Ph., Certificate of Registration Nos. 18239 and TD01379 (Thomas Strebel), by and through counsel**,** David J. Merrill, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondents and this matter.

2. Respondents represent that Dr. Strebel is a practicing physician in the field of obstetrics and gynecology. He specializes in minimally invasive surgery using robotic techniques and technology and is a principal of Women's Health Associates of Southern Nevada (WHASN). In furtherance of his desire to assist his patients, particularly those who are economically disadvantaged, in 2009, Dr. Strebel opened the Nevada Obstetrical Charity Clinic (Charity Clinic). The Charity Clinic is a non-profit created solely to serve Dr. Strebel's patients. In order to help Charity Clinic patients obtain medications at more affordable prices, in 2012, Dr. Strebel obtained his dispensing practitioner certification and began operating a pharmacy at the Charity Clinic. To assist him with the operation of the pharmacy at the Charity Clinic, Dr.

Strebel enlisted his father, Thomas Strebel, a long-time registered pharmacist who obtained his dispensing technician registration for purposes of fulfilling his duties at the Charity Clinic. Consistent with the non-profit and charitable nature of the Charity Clinic, Thomas Strebel provides his services pro bono.

3. Respondents further represent that, although Dr. Strebel opened the pharmacy at the Charity Clinic with the best of intentions, managing and operating it has proven more time consuming and burdensome than he and Thomas Strebel had anticipated. At this point, Respondents wish to focus on their respective careers as a physician and pharmacist and no longer wish to operate the pharmacy at the Charity Clinic.

4. On or about July 23, 2021, Respondents were served with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.

5. On or about December 15, 2021, Respondents each filed an Answer and Notice of Defense denying the allegations in the Accusation prior to entering into this Stipulation.

6. Respondents are fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

7. Respondents are aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and any and all other rights which may be accorded to them pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

8. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondents have failed to comply with the provisions of this Stipulation, Respondents hereby freely and voluntarily waive their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS

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Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

9. The Fourth, Fifth, Seventh, Ninth and Tenth Causes of Action against Respondents, Paragraphs 19, 20, 22, 24 and 25 of the Accusation, are hereby dismissed pursuant to NRS 622A.320(4).

10. Respondents and the Board stipulate to the following concerning the violations alleged in the remaining causes of action:

A. First Cause of Action – Failure to Keep Complete and Accurate Records of Nonsterile Compounded Drug Products. Respondents assert that Thomas Strebel, who is a registered pharmacist in addition to holding a registration as a dispensing technician, is the only individual who compounded drug products at the Charity Clinic. As a registered pharmacist, Thomas Strebel may lawfully compound nonsterile drug products without supervision. *See* NRS § 639.100(1)(a); NAC 639.245(2)(b). Nevertheless, Dr. Strebel contends that he verified the accuracy of every single compounded drug product at the Charity Clinic. However, Dr. Strebel did not always indicate his verification in writing. Consequently, for purposes of resolving this matter only and for no other purpose, Dr. Strebel and Thomas Strebel admit that staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the allegation that they violated NAC 639.6701, NAC 639.67019, NAC 639.742(5) and/or 21 CFR § 211.113(a), engaged in unprofessional conduct as defined in NAC 639.945(1)(i) and/or (m), and are therefore subject to discipline pursuant to NRS 639.210(4), (11), (12) and/or (17), to the extent such violations are premised upon a failure to properly maintain records documenting verification;

B. Second Cause of Action – Failure to Verify Accuracy of Dispensed Compounded Drug Products. Dr. Strebel asserts that Thomas Strebel, who is a registered pharmacist in addition to holding a registration as a dispensing technician, is the only individual who compounded drug products at the Charity Clinic. As a registered pharmacist, Thomas Strebel may lawfully compound nonsterile drug products without supervision. *See* NRS §

639.100(1)(a); NAC 639.245(2)(b). Nevertheless, Dr. Strebel contends that he verified the accuracy of every single compounded drug product at the Charity Clinic. However, Dr. Strebel did not always indicate his verification in writing. Consequently, for purposes of resolving this matter only and for no other purpose, Dr. Strebel admits that staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the allegation that he violated NAC 639.742(5) and/or NAC 639.743(2) (a) & (b), engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and is therefore subject to discipline pursuant to NRS 639.210(4) and/or (12) to the extent such violations are premised upon his failure to document properly his verification;

C. Third Cause of Action – Failure to Establish Policies and Procedures for Compounding Dispensing Nonsterile Drug Products. Respondents assert that they created, maintained, and used detailed compounding formulas for each and every compounded drug product, in addition to general policies and procedures which governed the operation of the pharmacy. Respondents ceased compounding as of May 2021, but now recognize that their written policies and procedures were not in compliance with applicable regulations. Consequently, for purposes of resolving this matter only and for no other purpose, Respondents admit that staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the allegation that they failed to establish and follow policies and procedures for compounding and dispensing nonsterile drug products, and thereby violated NAC 639.67015 and/or NAC 639.67035, engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and are therefore subject to discipline pursuant to NRS 639.210(4), (11) and/or (12);

D. Sixth Cause of Action – Failure to Maintain Accurate Biennial Inventories of Controlled Substances. Respondents assert that the discrepancies between the controlled substances itemized in the pharmacy's biennial inventory and the drugs counted by the inspector was due to certain medications (i.e., vaccines for a program the Charity Clinic participates in, and drugs controlled by WHASN) being stored in the pharmacy. Consequently, for purposes of

resolving this matter only and for no other purpose, Respondents admit that staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the allegation that they failed to maintain at least two years' worth of biennial inventories of controlled substances in a readily retrievable manner, and thereby violated NRS 453.246, NAC 453.475(1)(b) and (2), NAC 639.482(a) and (b), NAC 639.487(4), NAC 639.510, 21 U.S.C. § 842(a)(5) and/or 21 CFR § 1304.11 engaged in unprofessional conduct as defined in NAC 639.945(1)(i) and/or (m), and are therefore subject to discipline pursuant to NRS 639.210(4), (11), (12) and/or (17); and

E. Eighth Cause of Action – Failure to Report Dispensing of Controlled Substances. Dr. Strebel asserts that he has continuously uploaded reports to the DEA. However, due to an error with RX 30, the pharmacy software used by the Charity Clinic, reports were not made to Nevada's Prescription Monitoring Program. When Dr. Strebel learned of this software issue, he rectified it. Consequently, for purposes of resolving this matter only and for no other purpose, Dr. Strebel admits that staff prosecuting this case could present such evidence at an administrative hearing to establish a factual basis for the allegation that he failed to upload required information to the Prescription Monitoring Program when dispensing controlled substances and thereby violated NRS 453.163, engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and is therefore subject to discipline pursuant to NRS 639.210(4) and/or (12).

11. Those violations are plead with particularity in the Accusation, and are grounds for action pursuant to NRS 453.236(1), NRS 453.241(1), NRS 639.210 and NRS 639.255.

12. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Kord T. Strebel, MD, Certificate of Registration Nos. CS13593 and PD00333, stipulate to the following penalties. Respondent is placed on probation for two (2) years, subject to the following conditions:

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A. Respondent shall accept this Stipulation and Order as a public reprimand regarding his duties and responsibilities as a practitioner under NRS Chapter 453, Chapter 454, and Chapter 639;

B. Respondent shall pay a fine of Five Thousand Dollars ($5000.00) for the violations;

C. Pursuant to NRS 622.400, Respondent shall pay One Thousand Dollars ($1000.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter;

D. Respondent shall not apply for the biennial renewal of Certificate of Registration No. PD00333, shall automatically forfeit that registration upon expiration on October 21, 2022, pursuant to NRS 639.180(6), and shall not engage in practice as a dispensing practitioner from the Charity Clinic thereafter, or alternatively, Respondent at his sole discretion may relinquish Certificate of Registration No. PD00333 prior to its expiration; and

E. Respondent shall have no new charges filed against him while on probation.

Upon successful completion of the terms of probation, the probation associated with Certificate of Registration No. CS13593 will cease.

13. To resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Thomas E. Strebel, R.Ph., Certificate of Registration Nos. 18239 and TD01379, stipulate to the following penalties. Respondent is placed on probation for two (2) years, subject to the following conditions:

A. Respondent shall accept this Stipulation and Order as a public reprimand regarding his duties and responsibilities as a pharmacist under NRS Chapter 453 and Chapter 639;

B. Respondent shall pay a fine of Four Thousand Dollars ($4000.00) for the violations;

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C. Pursuant to NRS 622.400, Respondent shall pay One Thousand Dollars ($1000.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter;

D. Respondent shall not apply for the biennial renewal of Certificate of Registration No. TD01379, shall automatically forfeit that registration on October 21, 2022, pursuant to NRS 639.180(6), and shall not engage in practice as a dispensing technician from the Charity Clinic thereafter, or alternatively, Respondent at his sole discretion may relinquish Certificate of Registration No. TD01379 prior to its expiration; and

E. Respondent shall have no new charges filed against him while on probation.

Upon successful completion of the terms of probation, the probation associated with Certificate of Registration No. 18239 will cease.

14. Any failure by either Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing that Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by that Respondent, the parties agree that the Board may immediately suspend the certificates of registration of that Respondent and may impose additional discipline upon that Respondent not inconsistent with the provisions of NRS Chapters 453 and 639.

15. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on June 1, 2022. Respondents and their counsel may appear at the meeting to answer questions from the Board members and/or Board staff. The Board members and staff may discuss and deliberate regarding this Stipulation, even if Respondents or their counsel are not present at the meeting.

16. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330

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and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

17. If the Board rejects this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

18. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein by personal, business, certified or cashier's check or money order made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

19. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and costs agreed to herein by personal, business, certified or cashier's check or money order made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order.

20. Subject to the approval of this Stipulation by the Board, the Board and Respondents, and each of them, agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondents, and each of them, have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of June, 2022

_____

KORD T. STREBEL, MD,

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Certificate of Registration Nos. CS13593 and PD00333

Signed this ___ day of June, 2022

_____
THOMAS E. STREBEL, RPH,
Certificate of Registration Nos. 18239 and TD01379

Signed this ___ day of June, 2022

_____
BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT
this ___ day of June, 2022

_____
JOSHUA M. DICKEY, ESQ.
Counsel for Respondent Kord T. Strebel, MD

APPROVED AS TO FORM AND CONTENT
this ___ day of June, 2022

_____
DAVID J. MERRILL, ESQ.
Counsel for Respondent Thomas E. Strebel, R.Ph.

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DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Kord T. Strebel, MD, Certificate of Registration Nos. CS13593 and PD00333, and Respondent Thomas E. Strebel, R.Ph., Certificate of Registration Nos. 18239 and

TD01379, in Case No. 19-053-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ___ day of June, 2022.

_____

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. ROSA A. BELLOTA-ROJAS, MD, Certificate of Registration No. CS21931, and ANURANJAN BIST, MD, Certificate of Registration No. CS14281, Respondents.	Case Nos. 18-103-CS-A-S 18-103-CS-B-S ORDER TO SHOW CAUSE

1. On June 10, 2020, the Nevada State Board of Pharmacy ("Board") entered an Order pursuant to stipulation ("Order") with the Respondent, Rosa A. Bellota-Rojas, MD ("Bellota-Rojas"), Certificate of Registration No. CS21931, and Respondent, Anuranjan Bist, MD ("Bist"), Certificate of Registration No. CS14281. The stipulated Order contained certain admissions that evidence existed to establish a factual basis for the violations alleged in the Accusation and suspended the Certificate of Registration No. CS21931 of Respondent Bellota-Rojas, and suspended the Certificate of Registration No. CS14281 of Respondent Bist, along with partial payment of attorney's fees and investigative costs. The suspension was stayed and the Respondents were placed on probation for two (2) years from the effective date of the signed Order.

2. Further, the Order, paragraphs 9(D) and 10(D), stated that during probation the Respondents:

> Comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, and have no additional charges filed against [her/him] while on probation.

3. On or about December 6, 2021, the Nevada Board of Medical Examiners sent a referral to the Board of Pharmacy regarding a complaint that Dr. Bellota-Rojas, Dr. Bist, and Jeffrey Brown, PA at Mind Brain Institutes were prescribing medications to children K.B. and I.B. without first examining them to formulate a diagnosis. Upon investigation, it was discovered that Respondent

Bellota-Rojas and Respondent Bist were prescribing or supervising the prescribing of controlled substances to minor patients K.B. and I.B. without establishing a bona fide therapeutic relationship, and violating law by failing to initially obtain PMP utilization reports of K.B. and I.B., and every 90 days thereafter.

4. A Notice of Intended Action and Accusation has been/will be concurrently filed in case no. 21-205, incorporated by reference.

5. These actions constitute failures to comply with state law, NRS 639.23507, and unprofessional conduct for failure to comply with the Board's Order pursuant to NAC 639.945(1)(l) as additional charges were filed against Respondent Bellota-Rojas and Respondent Bist regarding controlled substances in violation of paragraph 9(D) and 10(D).

6. Failure to comply with an Order entered by the Board may result in the issuance by the Executive Secretary of an order to show cause directing Respondents to appear before the Board at the next regularly-scheduled meeting to state reasons why he should not be further sanctioned/disciplined for failure(s) to comply with the Board's previous Order pursuant to NAC 639.965.

IT IS HEREBY ORDERED that Respondents Rosa A. Bellota-Rojas,MD, Certificate of Registration No. CS21931, and Anuranjan Bist, MD, Certificate of Registration No. CS14281 appear before the Board and show cause, if any, why Certificate of Registration Nos. CS21931 and CS14281 should not be subject to suspension or immediate revocation pursuant to NRS 453.236(1), NRS 453.241(1), NRS 639.210, and/or NRS 639.255.

ENTERED this 26th day of April, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENTS

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3); NAC 639.968. The Board has scheduled your hearing on this matter for Wednesday, June 1, 2022, at 9:00 a.m. or soon thereafter at the following location:

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

Pursuant to NRS 241.033 and NRS 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board, at its discretion, may enter into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 28th day of April, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Rosa A. Bellota-Rojas, MD
4958 S Rainbow Blvd #100
Las Vegas, NV 89118

Anranjan Bist, MD
4958 S Rainbow Blvd #100
Las Vegas, NV 89118

Maria Nutile, Esq,
Bridgett Kelly, Esq.
Nutile Law
7395 S. Pecos Road, Ste. 103
Las Vegas, NV 89120

SHIRLEY HUNTING

FILED
FEB 14 2020
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ROSA A. BELLOTA-ROJAS, MD,** **Certificate of Registration No. CS21931,** **ANURANJAN BIST, MD,** **Certificate of Registration No. CS14281, and** **DITHRA A. COTTON-LEWIS, APRN,** **Certificate of Registration No. CS27780,** **Respondents.**	**Case Nos. 18-103-CS-A-S** **18-103-CS-B-S** **18-103-CS-C-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Rosa A. Bellota-Rojas, MD (Bellota-Rojas) held a Nevada Controlled Substance Registration, Certificate No. CS21931, Respondent Anuranjan Bist, MD (Bist) held a Nevada Controlled Substance Registration, Certificate No. CS14281, and Respondent Dithra A. Cotton-Lewis, APRN (Cotton-Lewis) held a Nevada Controlled Substance Registration, Certificate No. CS27780, all issued by the Board.

FACTUAL ALLEGATIONS

II.

Bellota-Rojas and her husband, Bist, own and operate Mind Brain Institute; Cotton-Lewis was employed by Mind Brain Institute from May 2018 until May 2019.

III.

Investigators from the Board, the Nevada State Board of Medical Examiners (BME) and the Drug Enforcement Administration (DEA) conducted a joint investigation of Mind Brain Institute in late 2018.

IV.

The investigators found evidence of misconduct and violations involving prescription records and the unlawful dispensing of controlled substances at Mind Brain Institute.

V.

Bellota-Rojas pre-signed controlled substance prescriptions that were issued to patients while she was engaged in overseas travel. Bellota-Rojas traveled outside of the United States on the following dates: September 25, 2016 – October 3, 2016; June 27, 2017 – July 9, 2017; December 12, 2017 – December 30, 2017; April 14, 2018 – April 22, 2018; and June 7, 2018 – July 1, 2018. Prescriber records and prescriptions document three-hundred and fifty-three (353) controlled substance prescriptions written or authorized in Bellota-Rojas' name during these periods.

VI.

Bellota-Rojas unlawfully prescribed controlled substances for fifty-two (52) patients with whom she did not have a bona fide practitioner/patient relationship.

VII.

Cotton-Lewis prescribed controlled substances and dangerous drugs prior to being registered to do so. Prescriber records and prescriptions document a total of fifteen (15) controlled substance prescriptions written prior to October 4, 2018, when Cotton-Lewis was issued Certificate of Registration No. CS27780. Furthermore, Cotton-Lewis wrote four (4) schedule II controlled substance prescriptions on November 2, 2018, prior to having a proper

DEA registration. In addition, Cotton-Lewis wrote twelve (12) dangerous drug prescriptions on June 7, 15 and 22, 2018, without a registration.

VIII.

Bist pre-signed controlled substance prescriptions that were issued to patients while he was engaged in overseas travel. Bist traveled outside of the United States on the following dates: November 4, 2016 – November 26, 2016; April 7, 2017 – April 29, 2017; June 27, 2017 – July 9, 2017; November 3, 2017 – November 18, 2017; January 14, 2018 – January 31, 2018; April 14, 2018 – April 22, 2018; and June 6, 2018 – July 1, 2018. Prescriber records and prescriptions document sixty (60) controlled substance prescriptions written or authorized in Bist's name during these periods.

APPLICABLE LAW

IX.

A practitioner must be properly licensed and/or registered to prescribe controlled substances or dangerous drugs. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03; NRS 453.226; NRS 453.232; NRS 639.235. An advanced practice registered nurse may only prescribe controlled substances or dangerous drugs with authorization from both the Board and the State Board of Nursing. NRS 454.695; NRS 639.2351.

X.

A practitioner may prescribe controlled substances only for a legitimate medical purpose and in the usual course of his professional practice. 21 CFR § 1306.04; NRS 453.381(1); NRS 639.23911(1)(a).

XI.

Each written prescription for a controlled substance or dangerous drug must contain the handwritten signature of the prescribing practitioner. 21 CFR § 1306.05; NRS 453.128(1)(a); NRS 454.00961(1)(a), NRS 454.223(2)(a); NRS 639.013(1)(a); NRS 639.2353(2); NAC 453.410(1)(b)(8); NAC 453.440(1)(c); NAC 454.060(1).

XII.

Falsifying a prescription for a controlled substance and the possession of signed prescription blanks are felony offenses. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.331(1)(f) and (h).

XIII.

Conspiring to violate the Controlled Substances Act is a felony offense. 21 U.S.C. § 846; NRS 453.401(l)(a).

XIV.

Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 639.2813(1).

XV.

The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(d) and NRS 453.241(1).

XVI.

> **NAC 639.945 Unprofessional conduct; owner responsible for acts of employees.**
>
> 1. The following acts or practices by a holder of any license, certificate or registration issued by the Board or any employee of any business holding any such license, certificate or registration are declared to be, specifically but not by way of limitation, unprofessional conduct and conduct contrary to the public interest:
>
> . . . .
>
> (h) Performing or in any way being a party to any fraudulent or deceitful practice or transaction.
>
> (i) Performing any of his or her duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner.
>
> (j) Aiding or abetting a person not licensed to practice pharmacy in the State of Nevada.

(k) Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration.

. . . .

(o) Prescribing a drug as a prescribing practitioner to a patient with whom the prescribing practitioner does not have a bona fide therapeutic relationship.

. . . .

XVII.

NRS 639.210 Grounds for suspension or revocation of certificate, license, registration or permit or denial of application. The Board may suspend or revoke any certificate, license, registration or permit issued pursuant to this chapter, and deny the application of any person for a certificate, license, registration or permit, if the holder or applicant:

1. Is not of good moral character;

. . . .

4. Is guilty of unprofessional conduct or conduct contrary to the public interest;

. . . .

11. Has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs;

12. Has violated, attempted to violate, assisted or abetted in the violation of or conspired to violate any of the provisions of this chapter or any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy, or has knowingly permitted, allowed, condoned or failed to report a violation of any of the provisions of this chapter or any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy committed by the holder of a certificate, license, registration or permit;

. . . .

FIRST CAUSE OF ACTION
(Respondents Bellota-Rojas and Bist)

XVIII.

By pre-signing controlled substance prescriptions that were issued to patients while they were engaged in overseas travel, Bellota-Rojas and Bist were party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(h), and are subject to discipline pursuant to NRS 639.210(4).

SECOND CAUSE OF ACTION
(Respondents Bellota-Rojas and Bist)

XIX.

By pre-signing controlled substance prescriptions that were issued to patients while they were engaged in overseas travel, Bellota-Rojas and Bist performed their duties as holders of a Nevada Controlled Substance Registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(i), and are subject to discipline pursuant to NRS 639.210(4).

THIRD CAUSE OF ACTION
(Respondent Bellota-Rojas)

XX.

By unlawfully prescribing controlled substances to patients with whom she did not have a bonda fide therapeutic relationship, Bellota-Rojas engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(o), and is subject to discipline pursuant to NRS 639.210(4).

FOURTH CAUSE OF ACTION

(Respondent Bellota-Rojas)

XXI.

By unlawfully prescribing controlled substances to patients with whom she did not have a bona fide therapeutic relationship, Bellota-Rojas violated 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f) and 21 CFR § 1306.04. By pre-signing controlled substance prescriptions that were issued to patients while she was engaged in overseas travel, Bellota-Rojas violated 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 CFR § 1306.03 and CFR § 1306.05, and is subject to discipline pursuant to NRS 639.210(11).

FIFTH CAUSE OF ACTION

(Respondent Bist)

XXII.

By pre-signing controlled substance prescriptions that were issued to patients while he was engaged in overseas travel, Bist violated 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 CFR § 1306.03 and CFR § 1306.05, and is subject to discipline pursuant to NRS 639.210(11).

SIXTH CAUSE OF ACTION

(Respondent Cotton-Lewis)

XXIII.

By prescribing controlled substances and dangerous drugs prior to being licensed to do so, Cotton-Lewis was party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 639.210(4).

SEVENTH CAUSE OF ACTION

(Respondent Cotton-Lewis)

XXIV.

By prescribing controlled substances and dangerous drugs prior to being licensed to do so, Cotton-Lewis engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(k), and is subject to discipline pursuant to NRS 639.210(4).

EIGHTH CAUSE OF ACTION

(Respondent Cotton-Lewis)

XXV.

By prescribing controlled substances and dangerous drugs prior to being licensed to do so, Cotton-Lewis violated 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f) and 21 CFR § 1306.03, and is subject to discipline pursuant to NRS 639.210(11).

NINTH CAUSE OF ACTION

(Respondents Bellota-Rojas and Bist)

XXVI.

By permitting Cotton-Lewis to prescribe controlled substances and dangerous drugs prior to being licensed to do so, Bellota-Rojas and Bist were party to a fraudulent or deceitful practice or transaction and aided or abetted a person not licensed to practice pharmacy in the State of Nevada and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(h) and (j), and are subject to discipline pursuant to NRS 639.210(4).

TENTH CAUSE OF ACTION

(Respondents Bellota-Rojas and Bist)

XXVII.

By pre-signing controlled substance prescriptions that were issued to patients while they were engaged in overseas travel, Bellota-Rojas and Bist violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.128(1)(a), NRS 453.331(1)(f) and (h), NRS 453.401(l)(a), NRS 454.00961(1)(a), NRS 454.223(2)(a), NRS 639.013(1)(a), NRS 639.2353(2), NAC 453.410(1)(b)(8), NAC 453.440(1)(c), NAC 454.060(1), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846, 21 CFR § 1306.03, 21 CFR § 1306.04 and/or 21 CFR § 1306.05, and are subject to discipline pursuant to NRS 639.210(12).

ELEVENTH CAUSE OF ACTION

(Respondents Bellota-Rojas, Bist and Cotton-Lewis)

XXVIII.

By Cotton-Lewis being permitted to prescribe, and by her prescribing, controlled substances and dangerous drugs prior to being licensed to do so, Bellota-Rojas, Bist and Cotton-Lewis violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.226, NRS 453.232, NRS 453.331(1), NRS 453.381(1), NRS 453.401(l)(a), NRS 454.695, NRS 639.235, NRS 639.2351, NRS 639.23911(1(a), NRS 639.2813(1), NAC 453.440(1)(c), 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846, 21 CFR § 1306.03, 21 CFR § 1306.04 and/or 21 CFR § 1306.05, and are subject to discipline pursuant to NRS 639.210(12).

TWELVTH CAUSE OF ACTION

(Respondent Bellota-Rojas)

XXIX.

By unlawfully prescribing controlled substances to patients with whom she did not have a bona fide therapeutic relationship, Bellota-Rojas violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.381(1), NRS 453.401(l)(a), NRS 639.23911(1(a), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a) and/or 21 CFR § 1306.04, and is subject to discipline pursuant to NRS 639.210(12).

THIRTEENTH CAUSE OF ACTION

(Respondents Bellota-Rojas, Bist and Cotton-Lewis)

XXX.

By their actions as set forth herein, Bellota-Rojas, Bist and Cotton-Lewis have committed acts that render their registration to prescribe or otherwise dispense a controlled substance inconsistent with the public interest pursuant to NRS 453.231, and are subject to discipline pursuant to NRS 453.236(1)(d) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

DATED this 19th day of February, 2020.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 639.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

FILED
JUN 10 2020
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ROSA A. BELLOTA-ROJAS, MD,** **Certificate of Registration No. CS21931,** **ANURANJAN BIST, MD,** **Certificate of Registration No. CS14281, and** **DITHRA A. COTTON-LEWIS, APRN,** **Certificate of Registration No. CS27780,** **Respondents.**	**Case Nos. 18-103-CS-A-S** **18-103-CS-B-S** **18-103-CS-C-S** **STIPULATION AND ORDER** **(Respondents Bellota-Rojas and Bist ONLY)**

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Rosa A. Bellota-Rojas, MD (Bellota-Rojas), Certificate of Registration No. CS21931, and Respondent Anuranjan Bist, MD (Bist), Certificate of Registration No. CS14281, by and through counsel, Maria Nutile, Esq. and Bridget Kelly, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondents and this matter.

2. On or about February 14, 2020, Board Staff properly served Respondents with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. On or about March 20, 2020, Respondents each filed an Answer and Notice of Defense to the Accusation.

4. Respondents are fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

5. Respondents are aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and any and all other rights which

may be accorded pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that either Respondent has failed to comply with the provisions of Paragraphs 9, 10, 11, 17 and/or 18 below, Respondents hereby freely and voluntarily waive their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

7. Respondents admit that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit,* that Respondents:

A. Pre-signed controlled substance prescriptions that were issued to patients while Respondents were engaged in overseas travel, in violation of NRS 453.128(1)(a), NRS 453.331(1)(f) and (h), NRS 453.401(l)(a), NRS 454.00961(1)(a), NRS 454.223(2)(a), NRS 639.013(1)(a), NRS 639.2353(2), NAC 453.410(1)(b)(8), NAC 453.440(1)(c), NAC 454.060(1), NAC 639.945(1)(h) and (i), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846, 21 CFR § 1306.03, 21 CFR § 1306.04 and/or 21 CFR § 1306.05.

B. Permitted an employee, Respondent Dithra A. Cotton-Lewis, APRN, to prescribe controlled substances and dangerous drugs prior to being licensed to do so, in violation of NRS 453.226, NRS 453.232, NRS 453.331(1), NRS 453.381(1), NRS 453.401(l)(a), NRS 454.695, NRS 639.235, NRS 639.2351, NRS 639.23911(1)(a), NRS 639.2813(1), NAC 453.440(1)(c), NAC 639.850, NAC 639.854, NAC 639.945(1)(h) and (j), 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846, 21 CFR § 1306.03, 21 CFR § 1306.04 and/or 21 CFR § 1306.05.

8. Those violations are plead with particularity in the Accusation, and are grounds for action pursuant to NRS 639.210 and NRS 639.255.

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Bellota-Rojas stipulate to the following penalties. The registration of Respondent Rosa A. Bellota-Rojas, MD, Certificate of Registration No. CS21931, is hereby suspended. The suspension is stayed, and Bellota-Rojas is placed on probation for two (2) years, subject to the following conditions. Bellota-Rojas shall:

A. Receive a letter of reprimand from Board Staff regarding her duties and responsibilities as a prescribing practitioner;

B. Pay a fine of Five-Thousand Dollars ($5000.00) for the alleged violations;

C. Pay Two-Thousand Dollars ($2000.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and

D. Comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, and have no additional charges filed against her while on probation.

10. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Bist stipulate to the following penalties. The registration of Respondent Anuranjan Bist, MD, Certificate of Registration No. CS14281, is hereby suspended. The suspension is stayed, and Bist is placed on probation for two (2) years, subject to the following conditions. Bist shall:

A. Receive a letter of reprimand from Board Staff regarding his duties and responsibilities as a prescribing practitioner;

B. Pay a fine of Five-Thousand Dollars ($5000.00) for the alleged violations;

C. Pay Two-Thousand Dollars ($2000.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and

D. Comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, and have no additional charges filed against him while his registration is on probation.

11. In addition, Board inspectors shall conduct scheduled quarterly inspections of Respondents' practice, Mind Brain Institute, for a period of 12 months from the effective date of this Order, whichever occurs first, and Respondents shall bear and reimburse the Board for inspection costs in an amount not to exceed $500 per quarterly inspection.

12. If each respondent complies with the terms of probation, at the end of the probationary period the Executive Secretary is granted authority, at his sole discretion, to terminate that respondent's probation.

13. Any failure by either respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing that respondent to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by either respondent, the Board may impose additional discipline upon that respondent not inconsistent with the provisions of NRS Chapter 639.

14. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on June 3, 2020. Respondents will appear telephonically at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or counsel are not present at the meeting.

15. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board it shall be a public record pursuant to NRS 622.330.

16. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

17. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order.

18. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and costs agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order.

19. Subject to the approval of this Stipulation by the Board, the Board and Respondents agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondents, and each of them, have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of June, 2020

ROSA A. BELLOTA-ROJAS, MD
Certificate of Registration No. CS21931

Signed this ___ day of June, 2020

ANURANJAN BIST, MD
Certificate of Registration No. CS14281

APPROVED AS TO FORM AND CONTENT this 13 day of June, 2020

MARIA NUTILE/BRIDGET KELLY
Counsel for Respondents

Signed this 13 day of June, 2020

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

Respondents, and each of them, have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of June, 2020

ROSA A. BELLOTA-ROJAS, MD
Certificate of Registration No. CS21931

Signed this ___ day of June, 2020

ANURANJAN BIST, MD
Certificate of Registration No. CS14281

APPROVED AS TO FORM AND CONTENT this ___ day of June, 2020

MARIA NUTILE/BRIDGET KELLY
Counsel for Respondents

Signed this 2nd day of June, 2020

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Rosa A. Bellota-Rojas, MD, Certificate of Registration No. CS21931, and Respondent Anuranjan Bist, MD, Certificate of Registration No. CS14281, in Case No. 18-103-CS-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this 8th day of June, 2020.

Helen Park, President
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 10th day of June, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Maria Nutile, Esq
Bridget Kelly, Esq.
Nutile Law
7395 S. Pecos Rd., Suite 103
Las Vegas NV 89120

KRISTOPHER MANGOSING

Rosa A. Bellota-Rojas, MD
4958 S Rainbow Blvd #100
Las Vegas, NV 89118
OSC 18-103-S

9171 9690 0935 0271 8353 53

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NEVADA STATE BOARD OF PHARMACY

MAILED
4/28/22

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- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Rosa A. Bellota-Rojas, MD
4958 S Rainbow Blvd #100
Las Vegas, NV 89118

9171 9690 0935 0271 8353 53

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Hernandez

☑ Agent
☐ Addressee

B. Received by *(Printed Name)* Hernandez

C. Date of Delivery 5/2/22

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
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May 2, 2022 at 1:44 pm
LAS VEGAS, NV 89118

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May 2, 2022, 1:44 pm
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LAS VEGAS, NV 89118
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May 1, 2022, 1:17 am
Departed USPS Regional Facility
LAS VEGAS NV DISTRIBUTION CENTER

April 30, 2022, 3:11 pm
Arrived at USPS Regional Facility
LAS VEGAS NV DISTRIBUTION CENTER

April 29, 2022, 5:20 pm
Departed USPS Regional Facility
RENO NV DISTRIBUTION CENTER

April 29, 2022, 1:03 am
Arrived at USPS Regional Facility
RENO NV DISTRIBUTION CENTER

April 28, 2022, 11:48 pm
Accepted at USPS Origin Facility
RENO, NV 89521

April 28, 2022
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• Web Page: bop.nv.gov

May 3, 2022

Rosa A. Bellota-Rojas, MD
4958 S Rainbow Blvd #100
Las Vegas, NV 89118

Re: Rosa A. Bellota-Rojas, MD and Case No. 18-103-CS-A-S

Dear Rosa A. Bellota-Rojas, MD

The hearing for case number 18-103-CS-A-S has been scheduled for Wednesday, June 1, 2022 9:00 AM PST or soon thereafter at the following location:

Hilton Garden Inn
7830 South Las Vegas Boulevard
Las Vegas, NV

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

If you have any questions, please feel free to contact the board staff.

Sincerely,

K Mangosing

Kristopher Mangosing
Assistant Board Coordinator

9171 9690 0935 0271 8356 29

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1. Article Addressed to:

Rosa A. Bellota-Rojas, MD
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Las Vegas, NV 89118

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FILED
APR 26 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ROSA A. BELLOTA-ROJAS, MD,
Certificate of Registration No. CS21931, and

ANURANJAN BIST, MD,
Certificate of Registration No. CS14281,

Respondents.

Case Nos. 18-103-CS-A-S
18-103-CS-B-S

ORDER TO SHOW CAUSE

1. On June 10, 2020, the Nevada State Board of Pharmacy ("Board") entered an Order pursuant to stipulation ("Order") with the Respondent, Rosa A. Bellota-Rojas, MD ("Bellota-Rojas"), Certificate of Registration No. CS21931, and Respondent, Anuranjan Bist, MD ("Bist"), Certificate of Registration No. CS14281. The stipulated Order contained certain admissions that evidence existed to establish a factual basis for the violations alleged in the Accusation and suspended the Certificate of Registration No. CS21931 of Respondent Bellota-Rojas, and suspended the Certificate of Registration No. CS14281 of Respondent Bist, along with partial payment of attorney's fees and investigative costs. The suspension was stayed and the Respondents were placed on probation for two (2) years from the effective date of the signed Order.

2. Further, the Order, paragraphs 9(D) and 10(D), stated that during probation the Respondents:

> Comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, and have no additional charges filed against [her/him] while on probation.

3. On or about December 6, 2021, the Nevada Board of Medical Examiners sent a referral to the Board of Pharmacy regarding a complaint that Dr. Bellota-Rojas, Dr. Bist, and Jeffrey Brown, PA at Mind Brain Institutes were prescribing medications to children K.B. and I.B. without first examining them to formulate a diagnosis. Upon investigation, it was discovered that Respondent

Bellota-Rojas and Respondent Bist were prescribing or supervising the prescribing of controlled substances to minor patients K.B. and I.B. without establishing a bona fide therapeutic relationship, and violating law by failing to initially obtain PMP utilization reports of K.B. and I.B., and every 90 days thereafter.

4. A Notice of Intended Action and Accusation has been/will be concurrently filed in case no. 21-205, incorporated by reference.

5. These actions constitute failures to comply with state law, NRS 639.23507, and unprofessional conduct for failure to comply with the Board's Order pursuant to NAC 639.945(1)(l) as additional charges were filed against Respondent Bellota-Rojas and Respondent Bist regarding controlled substances in violation of paragraph 9(D) and 10(D).

6. Failure to comply with an Order entered by the Board may result in the issuance by the Executive Secretary of an order to show cause directing Respondents to appear before the Board at the next regularly-scheduled meeting to state reasons why he should not be further sanctioned/disciplined for failure(s) to comply with the Board's previous Order pursuant to NAC 639.965.

IT IS HEREBY ORDERED that Respondents Rosa A. Bellota-Rojas,MD, Certificate of Registration No. CS21931, and Anuranjan Bist, MD, Certificate of Registration No. CS14281 appear before the Board and show cause, if any, why Certificate of Registration Nos. CS21931 and CS14281 should not be subject to suspension or immediate revocation pursuant to NRS 453.236(1), NRS 453.241(1), NRS 639.210, and/or NRS 639.255.

ENTERED this 26th day of April, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENTS

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3); NAC 639.968. The Board has scheduled your hearing on this matter for Wednesday, June 1, 2022, at 9:00 a.m. or soon thereafter at the following location:

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

Pursuant to NRS 241.033 and NRS 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board, at its discretion, may enter into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 28th day of April, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Rosa A. Bellota-Rojas, MD
4958 S Rainbow Blvd #100
Las Vegas, NV 89118

Anranjan Bist, MD
4958 S Rainbow Blvd #100
Las Vegas, NV 89118

Maria Nutile, Esq,
Bridgett Kelly, Esq.
Nutile Law
7395 S. Pecos Road, Ste. 103
Las Vegas, NV 89120

SHIRLEY HUNTING

FILED
FEB 14 2020
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ROSA A. BELLOTA-ROJAS, MD,** **Certificate of Registration No. CS21931,** **ANURANJAN BIST, MD,** **Certificate of Registration No. CS14281, and** **DITHRA A. COTTON-LEWIS, APRN,** **Certificate of Registration No. CS27780,** **Respondents.**	**Case Nos. 18-103-CS-A-S** **18-103-CS-B-S** **18-103-CS-C-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Rosa A. Bellota-Rojas, MD (Bellota-Rojas) held a Nevada Controlled Substance Registration, Certificate No. CS21931, Respondent Anuranjan Bist, MD (Bist) held a Nevada Controlled Substance Registration, Certificate No. CS14281, and Respondent Dithra A. Cotton-Lewis, APRN (Cotton-Lewis) held a Nevada Controlled Substance Registration, Certificate No. CS27780, all issued by the Board.

FACTUAL ALLEGATIONS

II.

Bellota-Rojas and her husband, Bist, own and operate Mind Brain Institute; Cotton-Lewis was employed by Mind Brain Institute from May 2018 until May 2019.

III.

Investigators from the Board, the Nevada State Board of Medical Examiners (BME) and the Drug Enforcement Administration (DEA) conducted a joint investigation of Mind Brain Institute in late 2018.

IV.

The investigators found evidence of misconduct and violations involving prescription records and the unlawful dispensing of controlled substances at Mind Brain Institute.

V.

Bellota-Rojas pre-signed controlled substance prescriptions that were issued to patients while she was engaged in overseas travel. Bellota-Rojas traveled outside of the United States on the following dates: September 25, 2016 – October 3, 2016; June 27, 2017 – July 9, 2017; December 12, 2017 – December 30, 2017; April 14, 2018 – April 22, 2018; and June 7, 2018 – July 1, 2018. Prescriber records and prescriptions document three-hundred and fifty-three (353) controlled substance prescriptions written or authorized in Bellota-Rojas' name during these periods.

VI.

Bellota-Rojas unlawfully prescribed controlled substances for fifty-two (52) patients with whom she did not have a bona fide practitioner/patient relationship.

VII.

Cotton-Lewis prescribed controlled substances and dangerous drugs prior to being registered to do so. Prescriber records and prescriptions document a total of fifteen (15) controlled substance prescriptions written prior to October 4, 2018, when Cotton-Lewis was issued Certificate of Registration No. CS27780. Furthermore, Cotton-Lewis wrote four (4) schedule II controlled substance prescriptions on November 2, 2018, prior to having a proper

DEA registration. In addition, Cotton-Lewis wrote twelve (12) dangerous drug prescriptions on June 7, 15 and 22, 2018, without a registration.

VIII.

Bist pre-signed controlled substance prescriptions that were issued to patients while he was engaged in overseas travel. Bist traveled outside of the United States on the following dates: November 4, 2016 – November 26, 2016; April 7, 2017 – April 29, 2017; June 27, 2017 – July 9, 2017; November 3, 2017 – November 18, 2017; January 14, 2018 – January 31, 2018; April 14, 2018 – April 22, 2018; and June 6, 2018 – July 1, 2018. Prescriber records and prescriptions document sixty (60) controlled substance prescriptions written or authorized in Bist's name during these periods.

APPLICABLE LAW

IX.

A practitioner must be properly licensed and/or registered to prescribe controlled substances or dangerous drugs. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03; NRS 453.226; NRS 453.232; NRS 639.235. An advanced practice registered nurse may only prescribe controlled substances or dangerous drugs with authorization from both the Board and the State Board of Nursing. NRS 454.695; NRS 639.2351.

X.

A practitioner may prescribe controlled substances only for a legitimate medical purpose and in the usual course of his professional practice. 21 CFR § 1306.04; NRS 453.381(1); NRS 639.23911(1)(a).

XI.

Each written prescription for a controlled substance or dangerous drug must contain the handwritten signature of the prescribing practitioner. 21 CFR § 1306.05; NRS 453.128(1)(a); NRS 454.00961(1)(a), NRS 454.223(2)(a); NRS 639.013(1)(a); NRS 639.2353(2); NAC 453.410(1)(b)(8); NAC 453.440(1)(c); NAC 454.060(1).

XII.

Falsifying a prescription for a controlled substance and the possession of signed prescription blanks are felony offenses. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.331(1)(f) and (h).

XIII.

Conspiring to violate the Controlled Substances Act is a felony offense. 21 U.S.C. § 846; NRS 453.401(l)(a).

XIV.

Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 639.2813(1).

XV.

The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(d) and NRS 453.241(1).

XVI.

> **NAC 639.945 Unprofessional conduct; owner responsible for acts of employees.**
>
> 1. The following acts or practices by a holder of any license, certificate or registration issued by the Board or any employee of any business holding any such license, certificate or registration are declared to be, specifically but not by way of limitation, unprofessional conduct and conduct contrary to the public interest:
>
> . . . .
>
> (h) Performing or in any way being a party to any fraudulent or deceitful practice or transaction.
>
> (i) Performing any of his or her duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner.
>
> (j) Aiding or abetting a person not licensed to practice pharmacy in the State of Nevada.

(k) Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration.

. . . .

(o) Prescribing a drug as a prescribing practitioner to a patient with whom the prescribing practitioner does not have a bona fide therapeutic relationship.

. . . .

XVII.

NRS 639.210 Grounds for suspension or revocation of certificate, license, registration or permit or denial of application. The Board may suspend or revoke any certificate, license, registration or permit issued pursuant to this chapter, and deny the application of any person for a certificate, license, registration or permit, if the holder or applicant:

1. Is not of good moral character;

. . . .

4. Is guilty of unprofessional conduct or conduct contrary to the public interest;

. . . .

11. Has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs;

12. Has violated, attempted to violate, assisted or abetted in the violation of or conspired to violate any of the provisions of this chapter or any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy, or has knowingly permitted, allowed, condoned or failed to report a violation of any of the provisions of this chapter or any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy committed by the holder of a certificate, license, registration or permit;

. . . .

FIRST CAUSE OF ACTION
(Respondents Bellota-Rojas and Bist)

XVIII.

By pre-signing controlled substance prescriptions that were issued to patients while they were engaged in overseas travel, Bellota-Rojas and Bist were party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(h), and are subject to discipline pursuant to NRS 639.210(4).

SECOND CAUSE OF ACTION
(Respondents Bellota-Rojas and Bist)

XIX.

By pre-signing controlled substance prescriptions that were issued to patients while they were engaged in overseas travel, Bellota-Rojas and Bist performed their duties as holders of a Nevada Controlled Substance Registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(i), and are subject to discipline pursuant to NRS 639.210(4).

THIRD CAUSE OF ACTION
(Respondent Bellota-Rojas)

XX.

By unlawfully prescribing controlled substances to patients with whom she did not have a bonda fide therapeutic relationship, Bellota-Rojas engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(o), and is subject to discipline pursuant to NRS 639.210(4).

FOURTH CAUSE OF ACTION

(Respondent Bellota-Rojas)

XXI.

By unlawfully prescribing controlled substances to patients with whom she did not have a bona fide therapeutic relationship, Bellota-Rojas violated 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f) and 21 CFR § 1306.04. By pre-signing controlled substance prescriptions that were issued to patients while she was engaged in overseas travel, Bellota-Rojas violated 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 CFR § 1306.03 and CFR § 1306.05, and is subject to discipline pursuant to NRS 639.210(11).

FIFTH CAUSE OF ACTION

(Respondent Bist)

XXII.

By pre-signing controlled substance prescriptions that were issued to patients while he was engaged in overseas travel, Bist violated 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 CFR § 1306.03 and CFR § 1306.05, and is subject to discipline pursuant to NRS 639.210(11).

SIXTH CAUSE OF ACTION

(Respondent Cotton-Lewis)

XXIII.

By prescribing controlled substances and dangerous drugs prior to being licensed to do so, Cotton-Lewis was party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 639.210(4).

SEVENTH CAUSE OF ACTION

(Respondent Cotton-Lewis)

XXIV.

By prescribing controlled substances and dangerous drugs prior to being licensed to do so, Cotton-Lewis engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(k), and is subject to discipline pursuant to NRS 639.210(4).

EIGHTH CAUSE OF ACTION

(Respondent Cotton-Lewis)

XXV.

By prescribing controlled substances and dangerous drugs prior to being licensed to do so, Cotton-Lewis violated 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f) and 21 CFR § 1306.03, and is subject to discipline pursuant to NRS 639.210(11).

NINTH CAUSE OF ACTION

(Respondents Bellota-Rojas and Bist)

XXVI.

By permitting Cotton-Lewis to prescribe controlled substances and dangerous drugs prior to being licensed to do so, Bellota-Rojas and Bist were party to a fraudulent or deceitful practice or transaction and aided or abetted a person not licensed to practice pharmacy in the State of Nevada and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(h) and (j), and are subject to discipline pursuant to NRS 639.210(4).

TENTH CAUSE OF ACTION

(Respondents Bellota-Rojas and Bist)

XXVII.

By pre-signing controlled substance prescriptions that were issued to patients while they were engaged in overseas travel, Bellota-Rojas and Bist violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.128(1)(a), NRS 453.331(1)(f) and (h), NRS 453.401(l)(a), NRS 454.00961(1)(a), NRS 454.223(2)(a), NRS 639.013(1)(a), NRS 639.2353(2), NAC 453.410(1)(b)(8), NAC 453.440(1)(c), NAC 454.060(1), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846, 21 CFR § 1306.03, 21 CFR § 1306.04 and/or 21 CFR § 1306.05, and are subject to discipline pursuant to NRS 639.210(12).

ELEVENTH CAUSE OF ACTION

(Respondents Bellota-Rojas, Bist and Cotton-Lewis)

XXVIII.

By Cotton-Lewis being permitted to prescribe, and by her prescribing, controlled substances and dangerous drugs prior to being licensed to do so, Bellota-Rojas, Bist and Cotton-Lewis violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.226, NRS 453.232, NRS 453.331(1), NRS 453.381(1), NRS 453.401(l)(a), NRS 454.695, NRS 639.235, NRS 639.2351, NRS 639.23911(1(a), NRS 639.2813(1), NAC 453.440(1)(c), 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846, 21 CFR § 1306.03, 21 CFR § 1306.04 and/or 21 CFR § 1306.05, and are subject to discipline pursuant to NRS 639.210(12).

TWELVTH CAUSE OF ACTION

(Respondent Bellota-Rojas)

XXIX.

By unlawfully prescribing controlled substances to patients with whom she did not have a bona fide therapeutic relationship, Bellota-Rojas violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.381(1), NRS 453.401(l)(a), NRS 639.23911(1(a), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a) and/or 21 CFR § 1306.04, and is subject to discipline pursuant to NRS 639.210(12).

THIRTEENTH CAUSE OF ACTION

(Respondents Bellota-Rojas, Bist and Cotton-Lewis)

XXX.

By their actions as set forth herein, Bellota-Rojas, Bist and Cotton-Lewis have committed acts that render their registration to prescribe or otherwise dispense a controlled substance inconsistent with the public interest pursuant to NRS 453.231, and are subject to discipline pursuant to NRS 453.236(1)(d) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of these respondents.

DATED this 19th day of February, 2020.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 639.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

FILED
JUN 10 2020
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ROSA A. BELLOTA-ROJAS, MD,** **Certificate of Registration No. CS21931,** **ANURANJAN BIST, MD,** **Certificate of Registration No. CS14281, and** **DITHRA A. COTTON-LEWIS, APRN,** **Certificate of Registration No. CS27780,** **Respondents.**	**Case Nos. 18-103-CS-A-S** **18-103-CS-B-S** **18-103-CS-C-S** **STIPULATION AND ORDER (Respondents Bellota-Rojas and Bist ONLY)**

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Rosa A. Bellota-Rojas, MD (Bellota-Rojas), Certificate of Registration No. CS21931, and Respondent Anuranjan Bist, MD (Bist), Certificate of Registration No. CS14281, by and through counsel, Maria Nutile, Esq. and Bridget Kelly, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondents and this matter.

2. On or about February 14, 2020, Board Staff properly served Respondents with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. On or about March 20, 2020, Respondents each filed an Answer and Notice of Defense to the Accusation.

4. Respondents are fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

5. Respondents are aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration, the right to appeal and any and all other rights which

may be accorded pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that either Respondent has failed to comply with the provisions of Paragraphs 9, 10, 11, 17 and/or 18 below, Respondents hereby freely and voluntarily waive their rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to them by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

7. Respondents admit that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit,* that Respondents:

A. Pre-signed controlled substance prescriptions that were issued to patients while Respondents were engaged in overseas travel, in violation of NRS 453.128(1)(a), NRS 453.331(1)(f) and (h), NRS 453.401(l)(a), NRS 454.00961(1)(a), NRS 454.223(2)(a), NRS 639.013(1)(a), NRS 639.2353(2), NAC 453.410(1)(b)(8), NAC 453.440(1)(c), NAC 454.060(1), NAC 639.945(1)(h) and (i), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846, 21 CFR § 1306.03, 21 CFR § 1306.04 and/or 21 CFR § 1306.05.

B. Permitted an employee, Respondent Dithra A. Cotton-Lewis, APRN, to prescribe controlled substances and dangerous drugs prior to being licensed to do so, in violation of NRS 453.226, NRS 453.232, NRS 453.331(1), NRS 453.381(1), NRS 453.401(l)(a), NRS 454.695, NRS 639.235, NRS 639.2351, NRS 639.23911(1)(a), NRS 639.2813(1), NAC 453.440(1)(c), NAC 639.850, NAC 639.854, NAC 639.945(1)(h) and (j), 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846, 21 CFR § 1306.03, 21 CFR § 1306.04 and/or 21 CFR § 1306.05.

8. Those violations are plead with particularity in the Accusation, and are grounds for action pursuant to NRS 639.210 and NRS 639.255.

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Bellota-Rojas stipulate to the following penalties. The registration of Respondent Rosa A. Bellota-Rojas, MD, Certificate of Registration No. CS21931, is hereby suspended. The suspension is stayed, and Bellota-Rojas is placed on probation for two (2) years, subject to the following conditions. Bellota-Rojas shall:

A. Receive a letter of reprimand from Board Staff regarding her duties and responsibilities as a prescribing practitioner;

B. Pay a fine of Five-Thousand Dollars ($5000.00) for the alleged violations;

C. Pay Two-Thousand Dollars ($2000.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and

D. Comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, and have no additional charges filed against her while on probation.

10. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Bist stipulate to the following penalties. The registration of Respondent Anuranjan Bist, MD, Certificate of Registration No. CS14281, is hereby suspended. The suspension is stayed, and Bist is placed on probation for two (2) years, subject to the following conditions. Bist shall:

A. Receive a letter of reprimand from Board Staff regarding his duties and responsibilities as a prescribing practitioner;

B. Pay a fine of Five-Thousand Dollars ($5000.00) for the alleged violations;

C. Pay Two-Thousand Dollars ($2000.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and

D. Comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, and have no additional charges filed against him while his registration is on probation.

11. In addition, Board inspectors shall conduct scheduled quarterly inspections of Respondents' practice, Mind Brain Institute, for a period of 12 months from the effective date of this Order, whichever occurs first, and Respondents shall bear and reimburse the Board for inspection costs in an amount not to exceed $500 per quarterly inspection.

12. If each respondent complies with the terms of probation, at the end of the probationary period the Executive Secretary is granted authority, at his sole discretion, to terminate that respondent's probation.

13. Any failure by either respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing that respondent to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by either respondent, the Board may impose additional discipline upon that respondent not inconsistent with the provisions of NRS Chapter 639.

14. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on June 3, 2020. Respondents will appear telephonically at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or counsel are not present at the meeting.

15. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board it shall be a public record pursuant to NRS 622.330.

16. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

17. Upon approval of this Stipulation by the Board, Respondents shall pay the fines agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order.

18. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and costs agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order.

19. Subject to the approval of this Stipulation by the Board, the Board and Respondents agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondents, and each of them, have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of June, 2020

ROSA A. BELLOTA-ROJAS, MD
Certificate of Registration No. CS21931

Signed this ___ day of June, 2020

ANURANJAN BIST, MD
Certificate of Registration No. CS14281

APPROVED AS TO FORM AND CONTENT this 13 day of June, 2020

MARIA NUTILE/BRIDGET KELLY
Counsel for Respondents

Signed this 13 day of June, 2020

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

Respondents, and each of them, have fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and have freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of June, 2020

ROSA A. BELLOTA-ROJAS, MD
Certificate of Registration No. CS21931

Signed this ___ day of June, 2020

ANURANJAN BIST, MD
Certificate of Registration No. CS14281

APPROVED AS TO FORM AND CONTENT this ___ day of June, 2020

MARIA NUTILE/BRIDGET KELLY
Counsel for Respondents

Signed this 2nd day of June, 2020

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Rosa A. Bellota-Rojas, MD, Certificate of Registration No. CS21931, and Respondent Anuranjan Bist, MD, Certificate of Registration No. CS14281, in Case No. 18-103-CS-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this 8th day of June, 2020.

Helen Park, President
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 10th day of June, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Maria Nutile, Esq
Bridget Kelly, Esq.
Nutile Law
7395 S. Pecos Rd., Suite 103
Las Vegas NV 89120

KRISTOPHER MANGOSING

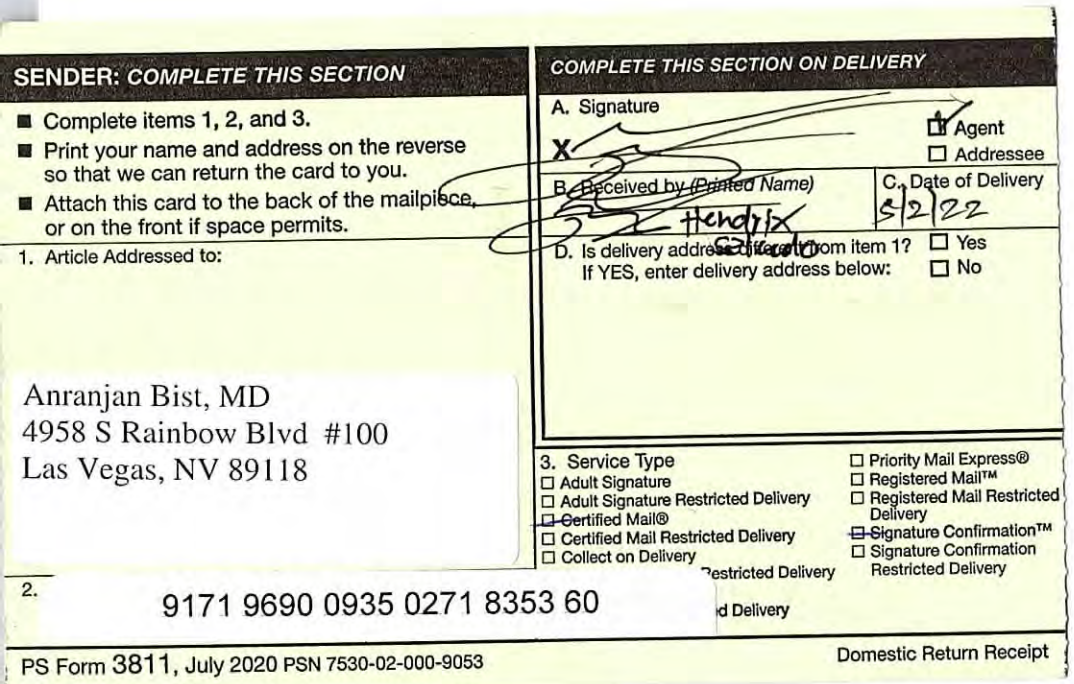
Anranjan Bist, MD
4958 S Rainbow Blvd #100
Las Vegas, NV 89118
OSC 18-103-S

9171 9690 0935 0271 8353 60

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☒ Agent
☐ Addressee

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(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
• Web Page: bop.nv.gov

May 3, 2022

Anuranjan Bist, MD
4958 S Rainbow Blvd #100
Las Vegas, NV 89118

Re: Anuranjan Bist, MD and Case No. 18-103-CS-B-S

Dear Anuranjan Bist, MD

The hearing for case number 18-103-CS-B-S has been scheduled for Wednesday, June 1, 2022 9:00 AM PST or soon thereafter at the following location:

Hilton Garden Inn
7830 South Las Vegas Boulevard
Las Vegas, NV

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

If you have any questions, please feel free to contact the board staff.

Sincerely,

K Mangosing

Kristopher Mangosing
Assistant Board Coordinator

9171 9690 0935 0271 8356 36

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4958 S Rainbow Blvd #100
Las Vegas, NV 89118

2. Article Number *(Transfer from service label)*

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X [signature] ☑ Agent ☐ Addressee

B. Received by *(Printed Name)* Carlos Mucinas

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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ROSA A. BELLOTA-ROJAS, MD,** **Certificate of Registration No. CS21931,** **ANURANJAN BIST, MD,** **Certificate of Registration No. CS14281, and** **JEFFREY BROWN, PA,** **Certificate of Registration No. CS29706,** **Respondents.**	**Case Nos. 21-205-A-CS-S** **21-205-B-CS-S** **21-205-C-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because at the time of the events alleged herein, Respondent Rosa A. Bellota-Rojas, MD ("Bellota-Rojas"), held a controlled substance registration, Certificate of Registration No. CS21931, Respondent Anuranjan Bist, MD ("Bist"), held a controlled substance registration, Certificate of Registration No. CS14281, and Jeffrey Brown, PA ("Brown"), held a controlled substance registration, Certificate of Registration No. CS29706, all issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent Bellota-Rojas and Respondent Bist are wife and husband and operate a medical practice called Mind Brain Institute ("MBI") located at 4958 S. Rainbow Boulevard, Suite 100, Las Vegas, Nevada 89118.

3. Respondent Bellota-Rojas and Respondent Bist are currently on probation with the Board of Pharmacy in relation to case no. 18-103 filed on June 10, 2020. The alleged violations included pre-signed controlled substance prescriptions issued to patients while Respondents were engaged in overseas travel and permitting an employee to prescribe controlled substances and dangerous drugs prior to being licensed. Respondents were ordered to partially reimburse the Board of Pharmacy for recoverable attorney's fees and costs, submit to quarterly inspections for 12 months, and had their controlled substance registrations suspended for 2 years, but stayed the suspensions, where Respondents were required to comply with all federal and state statutes and regulations, and have no additional charges filed against them during the 2 year probationary period. A concurrent Show Cause Order was/will be filed against Respondents Bellota-Rojas and Bist for violation of the June 10, 2020 Board of Pharmacy's Order.

4. Respondent Brown is/was employed by MBI as a physician assistant ("PA") and had supervising agreements with Respondent physicians, Bellota-Rojas and Bist during the relevant timeframes.

5. Dina Faucher, APRN ("Faucher") was employed by MBI as an advanced practice registered nurse. However, she passed away on April 15, 2021. Faucher had a collaborating agreement with Respondent Bist during the relevant timeframes.

6. On or about December 6, 2021, the Board of Medical Examiners ("BME") sent a referral to the Board of Pharmacy regarding a complaint that Dr. Bellota-Rojas, Dr. Bist, and/or Brown were prescribing controlled substances and/or dangerous drugs to children without consulting or examining them.

7. Upon investigation, treatment records were obtained. R.L. is the mother of minor patients K.B. and I.B., who are sisters.

8. On or about June 11, 2020, an initial tele-psych visit for minor patient K.B. with provider Faucher, APRN was noted. On Faucher's notes, she states, "Per mom she is 87 pounds.

She is calm and resting. Not able to assess at this time." She was diagnosed with ADHD and DMDD with no physical or mental evaluation completed. Minor patient K.B. was prescribed Ritalin 5 mg oral tablet with instructions to take two tablets in the morning and one tablet at noon for 30 days, guanfacine 1 mg oral tablet with instructions to take one tablet in the morning and two tablets before bedtime for 30 days, and Zoloft 25 mg oral tablet, take 1.5 tablets daily for 30 days.

9. On July 6, 2020, notes for a tele-psych visit with Faucher indicated that she was not able to assess minor patient K.B., but patient's mother requested an increase in the child's Ritalin prescription. K.B.'s mother further indicated that her child complained of a headache after her Zoloft was increased. K.B. was prescribed guanfacine 1 mg with directions to take 1 tablet in the morning and 2 tablets before bedtime, Ritalin 5 mg with directions to take 2 tablets in the morning and 1 tablet at noon; and Zoloft 25 mg with directions to take 1.5 tablets daily.

10. On August 4, 2020, notes for a tele-psych visit with Faucher indicated that minor patient K.B. was not present, and unable to complete an assessment. However, patient's mother requested a sleep aid for her daughter K.B. Insomnia was added as a diagnosis and Hydroxyzine HCL 10 mg tablet with instructions to take 1-2 tablets at bedtime as needed for insomnia for 30 days was prescribed. Sertraline 25 mg tablet with instruction to take one tablet daily for 30 days was also added to patient K.B.'s medications.

11. On September 1, 2020, notes for a tele-psych visit with Faucher indicated that the patient K.B. was not present and no changes were ordered to the child's medications.

12. On or about October 26, 2020, notes for a tele-psych visit with Faucher noted that minor patient K.B. was not present, but the mother reported patient K.B. kept falling asleep during school. No changes to K.B.'s medications were made.

13. On February 12, 2021, notes for a tele-psych visit with Faucher noted that the patient K.B. was not present and no changes to medications made.

14. On April 9, 2021, notes for a tele-psych visit for the first time with Respondent Brown noted that the minor patient K.B. was not present and no assessment was completed. However, Respondent Brown kept the diagnoses for patient K.B. as ADHD, DMDD, and insomnia. Respondent Brown also prescribed/continued medications consisting of methylphenidate 10 mg with directions to take 1 tablet twice per day, sertraline 25 mg with directions to take 1 tablet daily for 30 days, guanfacine 1 mg tablet with directions to take 1 tablet in the morning and two tablets before bedtime for 30 days, and hydroxyzine HCL 10 mg with directions to take 1-2 tablets at bedtime as needed for insomnia for 30 days without an assessment - physical and/or mental examination completed of minor patient K.B.

15. Respondent Brown failed to obtain a Nevada Prescription Monitoring Program ("PMP") utilization report for patient K.B. prior to issuing an initial controlled substance prescription for methylphenidate, and thereafter every 90 days.

16. Although Respondent Bist, as supervising physician for Respondent Brown, appeared to have obtained a PMP report for patient K.B. initially on June 11, 2020, when minor patient K.B. was first "seen" at MBI, only one other report was obtained by Respondent Bist on August 4, 2020.

17. Respondent Bellota-Rojas, as supervising physician for Respondent Brown, did not initially obtain a PMP report for patient K.B., but obtained one PMP report on July 6, 2020.

18. On August 27, 2021, notes for a tele-psych visit with Respondent Brown noted that minor patient K.B. was not present and no changes to the child's medications were made.

19. On October 22, 2021, notes for a tele-psych visit with Respondent Brown noted that minor patient K.B. was not present and no changes to the medications were made.

20. On November 23, 2021, final notes for tele-psych visit with Bradley Guion, PA for minor patient K.B., where she was accompanied by her aunt, her legal guardian, as K.B.'s mother lost custody. This was the first and last visit where minor patient K.B. appeared to have

an examination or consultation as PA Guion spoke with patient and asked her questions regarding time, place, person orientation, normal recent and remote memory, attention span and concentration ability.

21. An initial evaluation of patient I.B. occurred on June 11, 2020 via tele-psych due to Covid-19 with practitioner Faucher. The notes indicated that "Per mom, she . . . just woke up for a nap--sitting quietly. Unable to do further assessment." Even though Faucher did not perform an evaluation/examination of minor patient I.B, I.B.'s diagnosis was ADHD. Medications prescribed were Ritalin (generic methylphenidate) 5 mg #30 and guanfacine 1 mg oral tablet, two tablets in the morning and one tablet at bedtime for 30 days.

22. On August 4, 2020, notes for a tele-psych visit with Faucher indicated that the patient I.B. was not present. I.B.'s mother stated that I.B. needed a sleep aid as it has been a rough couple of weeks. A diagnosis of insomnia was added to I.B.'s existing diagnosis of ADHD, and Hydroxyzine HCL 10 mg was prescribed.

23. On September 1, 2020, notes for a tele-psych visit with Faucher stated that I.B.'s father died so I.B. needed to be kept on her medications with no changes. I.B. was not present, so no assessment was completed.

24. On October 26, 2020, notes for a tele-psych visit with Faucher stated that I.B.'s mother requested that the guanfacine be changed to 1.5 tablets two times per day as I.B. had been sleeping during class. Patient's mother asked to increase Ritalin, which were modified as I.B.'s mother requested. Minor patient I.B. was not present so no assessment was completed.

25. The last tele-psych visit with Faucher was noted on February 12, 2021, but the minor patient I.B. was not present and unable to complete an assessment. No changes were made to the child's medications.

26. On April 9, 2021, notes for a tele-psych visit with Respondent Brown for the first time indicated that the patient I.B. was not present and no assessment was completed. However,

I.B.'s mother requested an increased dose of methylphenidate in the afternoon. The methylphenidate was increased to 10 mg twice per day with continued guanfacine 1 mg with directions to take 1.5 tablets twice per day and hydroxyzine hcl 10 mg with directions to take 1-2 tablets at bedtime.

27. Respondent Brown failed to obtain a Nevada Prescription Monitoring Program ("PMP") utilization report for patient I.B. prior to issuing an initial controlled substance prescription for methylphenidate, and thereafter every 90 days.

28. Although Respondent Bist, as supervising physician for Respondent Brown, appeared to have obtained a PMP report for patient I.B. initially and repetitively on June 8, 2020 and June 11, 2020, when minor patient I.B. was first "seen" at MBI, only one other report was obtained by Respondent Bist on August 4, 2020 for patient I.B.

29. Respondent Bellota-Rojas, as supervising physician for Respondent Brown, did not initially obtain a PMP report for patient I.B., but obtained one PMP report for minor patient I.B. on July 6, 2020.

30. Respondent Brown met with patient I.B.'s mother on June 4, 2021, and October 22, 2021 via tele-psych visits where minor patient I.B. was not present and no assessments completed. There were no changes to medications except the addition of clonidine HCL 0.1 mg tablet, 1 tablet orally at bedtime by Respondent Brown at the October "visit".

31. On November 23, 2021, final notes for tele-psych visit with Bradley Guion, PA for minor patient I.B., where she was accompanied by her aunt, her legal guardian, as K.B.'s mother lost custody. This was the first and last visit where minor patient I.B. appeared to have an examination or consultation as PA Guion spoke with patient and asked her questions regarding time, place, person orientation, normal recent and remote memory, attention span and concentration ability.

///

APPLICABLE LAW

32. No person other than a practitioner holding a license to practice his or her profession in this State may prescribe or write a prescription. NRS 639.235(1).

33. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction in which he is licensed to practice his profession. 21 USC § 822(a)(2); 21 USC § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.331; NRS 453.381(1).

34. It is unlawful for a practitioner to prescribe a controlled substance except as authorized by law. NRS 453.226(1); NRS 453.256; NRS 453.321(1)(a); NRS 453.431; NAC 453.440; NAC 453.450; NRS 639.100(1); NRS 639.235; NRS 639.2353.

35. It is a felony offense to falsify a prescription for a controlled substance or otherwise purchase or possess a controlled substance except as authorized by law. 21 USC § 841(a); 21 USC § 842(a); NRS 453.331.

36. Conspiring to violate the Controlled Substances Act is a felony offense. 21 USC § 846; NRS 453.401(l)(a).

37. Performing any duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i), and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

38. Prescribing a drug as a practitioner to a patient with whom the practitioner does not have a bona fide therapeutic relationship constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(o), and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

39. Prior to initiating a controlled substance prescription, the practitioner must review the PMP report, and every 90 days thereafter. NRS 639.23507(1).

40. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

41. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

42. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(d) and NRS 453.241(1).

43. Respondents are subject to disciplinary action pursuant to NRS 639.210 and/or NRS 639.255.

COUNT ONE
Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

44. By prescribing or supervising the prescribing of controlled substance medications to children K.B. and I.B. without first establishing a bona fide therapeutic relationship, Respondent Bellota-Rojas performed her duty as a holder of a Nevada Controlled Substance Registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct in violation of NAC 639.945(1)(i), and (o), and is subject to discipline pursuant to NRS 453.236(1), NRS 453.241, NRS 639.210, and/or NRS 639.255.

45. By prescribing or supervising the prescribing of controlled substance medications to children K.B. and I.B. without first establishing a bona fide therapeutic relationship, Respondent Bist performed his duty as a holder of a Nevada Controlled Substance Registration

in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct in violation of NAC 639.945(1)(i), and (o), and is subject to discipline pursuant to NRS 453.236(1), NRS 639.210, and/or NRS 639.255.

46. By prescribing controlled substance medications to children K.B. and I.B. without first establishing a bona fide therapeutic relationship in violation of NRS 235(2)(a), NRS 639.239145(2)(a), Respondent Brown performed his duty as a holder of a Nevada Controlled Substance Registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct in violation of NAC 639.945(1)(i), and (o), and is subject to discipline pursuant to NRS 453.236(1), NRS 435.241, NRS 639.210, and/or NRS 639.255.

COUNT TWO
Failure to Obtain PMP Report

47. By prescribing or supervising the prescribing of controlled substance medications to minor patients K.B. and I.B. without first initially obtaining PMP utilization reports and every 90 days thereafter, Respondent Bellota-Rojas violated NRS 639.23507, and is subject to discipline pursuant to NRS 453.236, NRS 453.241, NRS 639.210, and/or NRS 639.255.

48. By prescribing or supervising the prescribing of controlled substance medications to minor patients K.B. and I.B. without first initially obtaining PMP utilization reports and every 90 days thereafter, Respondent Bist violated NRS 639.23507, and is subject to discipline pursuant to NRS 453.236, NRS 453.241, NRS 639.210, and/or NRS 639.255.

49. By prescribing controlled substance medications to minor patients K.B. and I.B. without first initially obtaining PMP utilization reports and every 90 days thereafter, Respondent Brown violated NRS 639.23507, and is subject to discipline pursuant to NRS 453.236, NRS 453.241, NRS 639.210, and/or NRS 639.255.

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COUNT THREE
Violations of the Federal and State Controlled Substances Act

50. By prescribing or supervising the prescribing of controlled substance medications to children K.B. and I.B. without first establishing a bona fide therapeutic relationship, Respondent Bellota-Rojas violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 USC § 822(a)(2), 21 USC § 823(f), 21 USC § 841(a), 21 USC § 842(a), 21 USC § 846 and 21 CFR §§ 1306.03–1306.05, NRS 453.331, and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(11).

51. By prescribing or supervising the prescribing of controlled substance medications to children K.B. and I.B. without first establishing a bona fide therapeutic relationship, Respondent Bist violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 USC § 822(a)(2), 21 USC § 823(f), 21 USC § 841(a), 21 USC § 842(a), 21 USC § 846 and 21 CFR §§ 1306.03–1306.05, NRS 453.331, and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(11).

52. By prescribing controlled substance medications to children K.B. and I.B. without first establishing a bona fide therapeutic relationship, Respondent Brown violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 USC § 822(a)(2), 21 USC § 823(f), 21 USC § 841(a), 21 USC § 842(a), 21 USC § 846 and 21 CFR §§ 1306.03–1306.05, NRS 453.331, and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(11).

COUNT FOUR
Commission of Acts that Render Registration Inconsistent with the Public Interest

53. As set forth herein, Respondent Bellota-Rojas has committed acts that render her registration to prescribe controlled substances inconsistent with the public interest pursuant to NRS 453.231, and is subject to discipline pursuant to NRS 453.236(1)(d) and NRS 453.241(1).

54. As set forth herein, Respondent Bist has committed acts that render his registration to prescribe controlled substances inconsistent with the public interest pursuant to NRS 453.231, and is subject to discipline pursuant to NRS 453.236(1)(d) and NRS 453.241(1).

55. As set forth herein, Respondent Brown has committed acts that render his registration to prescribe controlled substances inconsistent with the public interest pursuant to NRS 453.231, and is subject to discipline pursuant to NRS 453.236(1)(d) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registrations of these Respondents.

DATED this 26th day of APRIL, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENTS

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ROSA A. BELLOTA-ROJAS, MD,** **Certificate of Registration No. CS21931,** **Respondent.**	**CASE NO. 21-205-A-CS-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, June 1, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 26th day of April 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ROSA A. BELLOTA-ROJAS, MD,** **Certificate of Registration No. CS21931,** **Respondent.**	**CASE NO. 21-205-A-CS-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

ROSA A. BELLOTA-ROJAS, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 28th day of April, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Rosa A. Bellota-Rojas, MD
4958 S Rainbow Blvd #100
Las Vegas, NV 89118

Anranjan Bist, MD
4958 S Rainbow Blvd #100
Las Vegas, NV 89118

Jeffrey Brown, PA
4958 S Rainbow Blvd #100
Las Vegas, NV 89118

Maria Nutile, Esq,
Bridgett Kelly, Esq.
Nutile Law
7395 S. Pecos Road, Ste. 103
Las Vegas, NV 89120

SHIRLEY HUNTING

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
• Web Page: bop.nv.gov

May 3, 2022

Rosa A. Bellota-Rojas, MD
4958 S Rainbow Blvd #100
Las Vegas, NV 89118

Re: Rosa A. Bellota-Rojas, MD and Case No. 21-205-A-CS-S

Dear Rosa A. Bellota-Rojas, MD

The hearing for case number 21-205-A-CS-S has been scheduled for Wednesday, June 1, 2022 9:00 AM PST or soon thereafter at the following location:

Hilton Garden Inn
7830 South Las Vegas Boulevard
Las Vegas, NV

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

If you have any questions, please feel free to contact the board staff.

Sincerely,

K Mangosing

Kristopher Mangosing
Assistant Board Coordinator

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- Attach this card to the back of the mailpiece, or on the front if space permits.

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Rosa A. Bellota-Rojas, MD
4958 S Rainbow Blvd #100
Las Vegas, NV 89118

2. Article Number *(Transfer from service label)*

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A. Signature

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☑ Agent
☐ Addressee

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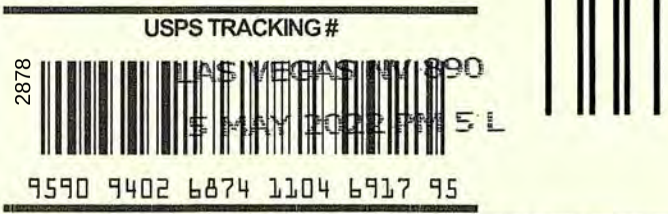
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985 Damonte Ranch Parkway Suite 206
Reno, Nevada 89521

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ANURANJAN BIST, MD,** **Certificate of Registration No. CS14281,** **Respondent.**	**CASE NO. 21-205-B-CS-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, June 1, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 26th day of April 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **ANURANJAN BIST, MD,** **Certificate of Registration No. CS14281,** **Respondent.**	**CASE NO. 21-205-B-CS-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

ANURANJAN BIST, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 28th day of April, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Rosa A. Bellota-Rojas, MD
4958 S Rainbow Blvd #100
Las Vegas, NV 89118

Anranjan Bist, MD
4958 S Rainbow Blvd #100
Las Vegas, NV 89118

Jeffrey Brown, PA
4958 S Rainbow Blvd #100
Las Vegas, NV 89118

Maria Nutile, Esq,
Bridgett Kelly, Esq.
Nutile Law
7395 S. Pecos Road, Ste. 103
Las Vegas, NV 89120

SHIRLEY HUNTING

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
• Web Page: bop.nv.gov

May 3, 2022

Anuranjan Bist, MD
4958 S Rainbow Blvd #100
Las Vegas, NV 89118

Re: Anuranjan Bist, MD and Case No. 21-205-B-CS-S

Dear Anuranjan Bist, MD

The hearing for case number 21-205-B-CS-S has been scheduled for Wednesday, June 1, 2022 9:00 AM PST or soon thereafter at the following location:

Hilton Garden Inn
7830 South Las Vegas Boulevard
Las Vegas, NV

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

If you have any questions, please feel free to contact the board staff.

Sincerely,

K Mangosing

Kristopher Mangosing
Assistant Board Coordinator

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4958 S Rainbow Blvd #100
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2. Article Number *(Transfer from service label)*
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A. Signature
X [signature] ☑ Agent ☐ Addressee

B. Received by *(Printed Name)* Carlos Macias C. Date of Delivery 5/5/22

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985 Damonte Ranch Parkway Suite 206
Reno, Nevada 89521

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **JEFFREY BROWN, PA,** **Certificate of Registration No. CS29706,** **Respondent.**	**CASE NO. 21-205-C-CS-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, June 1, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 26th day of April 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **JEFFREY BROWN, PA,** **Certificate of Registration No. CS29706,** **Respondent.**	**CASE NO. 21-205-C-CS-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

JEFFREY BROWN, PA

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 28th day of April, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Rosa A. Bellota-Rojas, MD
4958 S Rainbow Blvd #100
Las Vegas, NV 89118

Anranjan Bist, MD
4958 S Rainbow Blvd #100
Las Vegas, NV 89118

Jeffrey Brown, PA
4958 S Rainbow Blvd #100
Las Vegas, NV 89118

Maria Nutile, Esq,
Bridgett Kelly, Esq.
Nutile Law
7395 S. Pecos Road, Ste. 103
Las Vegas, NV 89120

SHIRLEY HUNTING

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
• Web Page: bop.nv.gov

May 3, 2022

Jeffrey Brown, PA
4958 S Rainbow Blvd #100
Las Vegas, NV 89118

Re: Jeffrey Brown, PA and Case No. 21-205-C-CS-S

Dear Jeffrey Brown, PA

The hearing for case number 21-205-C-CS-S has been scheduled for Wednesday, June 1, 2022 9:00 AM PST or soon thereafter at the following location:

Hilton Garden Inn
7830 South Las Vegas Boulevard
Las Vegas, NV

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

If you have any questions, please feel free to contact the board staff.

Sincerely,

Kristopher Mangosing
Assistant Board Coordinator

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- Print your name and address on the reverse so that we can return the card to you.
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1. Article Addressed to:

Jeffrey Brown, PA
4958 S Rainbow Blvd #100
Las Vegas, NV 89118

2. Article Number *(Transfer from service label)*
9171 9690 0935 0271 8356 67

COMPLETE THIS SECTION ON DELIVERY

A. Signature
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☑ Agent
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NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MICHAEL BURKINTAS, RPH,** **Certificate of Registration No. 15419,** **Respondent.**	**CASE NO. 22-063-RPH-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes ("NRS") 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Michael Burkintas ("Burkintas"), Certificate of Registration No. 15419, was a pharmacist registered with the Board.

FACTUAL ALLEGATIONS

2. Respondent Burkintas was a pharmacist employed by Desert View Hospital Alliance ("Desert"), located on 360 S. Lola Lane in Pahrump, Nevada.

3. On or about February 18, 2022, Respondent Burkintas and other staff were asked to submit to a random drug and alcohol screening by Desert in connection with an investigation of possible drug diversion by a Desert employee/staff.

4. The test result of Respondent Burkintas' urinalysis was positive for amphetamines, a controlled substance in schedule II.

5. A medical officer of the drug and alcohol testing company contacted Respondent Burkintas by telephone for a potential medical reason or explanation for the positive result.

Respondent Burkintas confirmed that he was not prescribed any legal medication which would explain the positive result.

6. A review of Respondent Burkintas' prescription monitoring program ("PMP") report from April 20, 2017 to April 20, 2022 showed no amphetamines prescribed.

7. Desert terminated Respondent Burkintas on March 3, 2022 as a result of Desert's zero tolerance drug policy.

8. On or about March 29, 2022, Board staff interviewed Respondent Burkintas, who believed that the amphetamine test result was a false positive. He explained that the false positive may have occurred because he was taking over-the-counter medication and supplements, which included Loratadine/Pseudoephedrine, Chlorpheniramine, Phenylephrine, GHR, T-Max, and TermoRip. However, he did not request additional testing from Desert to contradict the "false positive", did not voluntarily test again on his own, nor did he contest his termination from Desert.

9. Respondent Burkintas stated that he would be taking a few months off from pharmacy work because of some physical ailments.

APPLICABLE LAW

10. NRS 453.331(1)(d) states, in relevant part, that "[i]t is unlawful for a person knowingly or intentionally to . . . [a]cquire or obtain . . . possession of a controlled substance . . . by misrepresentation, fraud, forgery, deception, subterfuge or alteration." Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy is grounds for suspension or revocation of any license issued by the Board. *See* NRS 639.210(12).

11. NRS 453.336(1) states, in relevant part, that "a person shall not knowingly or intentionally possess a controlled substance, unless the substance was obtained directly from, or pursuant to, a [lawful] prescription or order of a [practitioner]". Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to

drugs, the manufacture or distribution of drugs or the practice of pharmacy is grounds for suspension or revocation of any license issued by the Board. *See* NRS 639.210(12).

12. "Performing or in any way being a party to any fraudulent or deceitful practice or transaction" constitutes "unprofessional conduct and conduct contrary to the public interest." NAC 639.945(1)(h). Conduct that is unprofessional or contrary to the public interest is grounds for suspension or revocation of any certificate, license or permit licensed by the Board. *See* NRS 639.210(4).

13. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license issued by the Board. *See* NRS 639.210(11).

14. Respondent is subject to disciplinary action pursuant to NRS 639.210, and/or NRS 639.255.

COUNT ONE
Unlawful Acquisition of Controlled Substances

15. By unlawfully acquiring or diverting amphetamines, a controlled substance in schedule II, without a prescription as alleged herein, Respondent Burkintas violated, or attempted to violate, NRS 453.331(1)(d) and is subject to discipline pursuant to NRS 639.210(12), and/or NRS 639.255.

COUNT TWO
Unlawful Possession of Controlled Substances

16. By unlawfully possessing amphetamines, a controlled substance in schedule II, without a prescription as alleged herein, Respondent Burkintas violated, or attempted to violate, NRS 453.336(1) and is subject to discipline pursuant to NRS 639.210(12), and/or NRS 639.255.

COUNT THREE
Unprofessional Conduct - Deceitful Practice

17. By acquiring or diverting amphetamines, a controlled substance in schedule II, as alleged herein, and untruthfully denying such use, Respondent Burkintas was a party to any fraudulent or deceitful practice or transaction, engaged in unprofessional conduct and conduct

contrary to the public interest pursuant to NAC 639.945(1)(h) and is subject to discipline pursuant to NRS 639.210(4), and/or NRS 639.255.

COUNT FOUR
Violations of Federal Law

18. By ingesting and testing positive for amphetamines, a controlled substance in schedule II as alleged herein, Respondent Burkintas violated, or attempted to violate, 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), and 21 U.S.C.§ 844, and is subject to discipline pursuant to NRS 639.210(11), and/or NRS 639.255.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this Respondent.

Signed this 25th day of APRIL, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MICHAEL BURKINTAS, RPH,** **Certificate of Registration No. 15419,** **Respondent.**	**CASE NO. 22-063-RPH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, June 1, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 25th day of APRIL 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **MICHAEL BURKINTAS, RPH,** **Certificate of Registration No. 15419,** **Respondent.**	**CASE NO. 22-063-RPH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

MICHAEL BURKINTAS, RPH

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 25th day of April, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Michael Burkintas, RPH
[redacted] Money Street
Pahrump, NV 89048

Darlene Nases
DARLENE NASES

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
• Web Page: bop.nv.gov

May 3, 2022

Michael Burkintas, RPH
[redacted] Money Street
Pahrump, NV 89048

Re: Michael Burkintas, RPH and Case No. 22-063-RPH-S

Dear Michael Burkintas, RPH

The hearing for case number 22-063-RPH-S has been scheduled for Wednesday, June 1, 2022 9:00 AM PST or soon thereafter at the following location:

Hilton Garden Inn
7830 South Las Vegas Boulevard
Las Vegas, NV

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

If you have any questions, please feel free to contact the board staff.

Sincerely,

K Mangosing

Kristopher Mangosing
Assistant Board Coordinator

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[redacted] Money Street
Pahrump, NV 89048

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X [signature] ☐ Agent ☐ Addressee

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C. Date of Delivery

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985 Damonte Ranch Parkway Suite 206
Reno, Nevada 89521

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FILED
AUG 13 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **STEPHEN DUBIN, MD,** **Certificate of Registration No. CS19164,** Respondent.	CASE NO. 20-020-CS-S **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because at the time of the events alleged herein, Respondent Stephen P. Dubin, MD ("Dubin"), held a controlled substance registration, Certificate of Registration No. CS19164, issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent Dubin is/was the medical director of a home hospice company, Jireh Healthcare ("Jireh"), located at 2320 Paseo Del Prado, Suite B101, Las Vegas, Nevada 89102.

3. Jireh employs registered nurses and/or physician assistants, who are agents or staff members for Dubin, to travel to patients' homes to provide in-home hospice services.

4. Respondent Dubin did not travel to patients' homes to examine patients in person nor did Dubin directly consult with patients by other electronic or remote device.

5. The United States Department of Justice filed a referral for civil prosecution against Respondent Dubin for prescribing controlled substances prescriptions while out of the country.

6. Dubin was outside of the United States from December 17-24, 2018.

7. On December 18, 2018, Dubin's agent or staff member "Honey" called in a controlled substance schedule IV prescription for patient A.D. for Alprazolam 1 mg tablet, quantity 15.

8. On December 19, 2018, Dubin's agent or staff member "Speedy" called in a controlled substance schedule II prescription for patient M.G. for oxycodone 10-325 mg tablets, quantity 60.

9. On December 19, 2018, Dubin's agent or staff member "Speedy" called in a controlled substance schedule IV prescription for patient M.H. for Lorazepam 0.5 mg tablets, quantity 45.

10. Patient D.B. started care with Jireh on December 20, 2018 and was discharged on December 22, 2018 because he passed away, all during the time when Dubin was out of the country.

11. On December 20, 2018, Dubin's agent or staff member "Honey" called in a controlled substance schedule II prescription for patient D.B. for Morphine Sulfate 20 mg/ml, quantity 30.

12. On December 20, 2018, Dubin's agent or staff member "Honey" called in a controlled substance schedule IV prescription for patient D.B. for Lorazepam 2mg/ml, quantity 30.

13. All of the foregoing controlled substance prescriptions were telephoned by Dubin's agent(s) or staff member(s) to Trinity Pharmacy during a time when Dubin was out of the country.

APPLICABLE LAW

14. No person other than a practitioner holding a license to practice his or her profession in this State may prescribe or write a prescription. NRS 639.235(1).

15. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in the usual course of his or her professional practice by an individual practitioner who holds a DEA registration and is authorized to prescribe controlled substances by the jurisdiction in which he is licensed to practice his profession. 21 USC § 822(a)(2); 21 USC § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.331; NRS 453.431; NRS 453.381(1).

16. It is unlawful for a practitioner to prescribe a controlled substance except as authorized by law. NRS 453.226(1); NRS 453.256; NRS 453.321(1)(a); NRS 453.431; NRS 639.100(1); NRS 639.235; NRS 639.23505; NRS 639.2353; NRS 639.2355; NRS 639.239145(2)(a); NAC 453.410; NAC 453.420; NAC 453.440; NAC 453.450; NAC 639.742; NAC 639.745.

17. It is a felony offense to falsify a prescription for a controlled substance or otherwise purchase or possess a controlled substance except as authorized by law. 21 USC § 841(a); 21 USC § 842(a); NRS 453.331(1)(c), (d), (f), (h) and (i).

18. Conspiring to violate the Controlled Substances Act is a felony offense. 21 USC § 846; NRS 453.401(l)(a).

19. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h), and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

20. Performing any duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i), and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

21. Prescribing a drug as a practitioner to a patient with whom the practitioner does not have a bona fide therapeutic relationship pursuant to NRS 639.235(2)(a), NRS

639.239145(2)(a) constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(n) and (o), and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

22. Aiding or abetting a person not licensed to practice pharmacy in the State of Nevada constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(j), and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

23. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

24. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

25. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(d) and NRS 453.241(1).

FIRST CAUSE OF ACTION
Unprofessional Conduct – Party to a Fraudulent/Deceitful Practice/Transaction

26. By pre-signing, post-signing, or allowing staff to call in controlled substance schedule II prescriptions for patients without Dubin's dated and handwritten signature while Dubin was engaged in overseas travel, Dubin was a party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(h)(i), NRS 453.236(1), NRS 453.331, and is subject to discipline pursuant to NRS 453.236, NRS 453.241, and/or NRS 639.210.

SECOND CAUSE OF ACTION

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

27. By pre-signing, post-signing, or allowing staff to call in controlled substance schedule II prescriptions for patients without Dubin's dated and handwritten signature while Dubin was engaged in overseas travel, and when no bona fide therapeutic relationships with patients were established, Dubin performed his duty as a holder of a Nevada Controlled Substance Registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct in violation of NRS 453.331, and NAC 639.945(1)(i), and (o), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210.

THIRD CAUSE OF ACTION

Violations of the Federal and State Controlled Substances Act

28. By pre-signing, post-signing, or permitting his staff to telephone controlled substances schedule II prescriptions without Dubin's dated and handwritten signature, Dubin violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 USC § 822(a)(2), 21 USC § 823(f), 21 USC § 841(a), 21 USC § 842(a), 21 USC § 846 and 21 CFR §§ 1306.03–1306.05, NRS 453.331, and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(11).

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FOURTH CAUSE OF ACTION

Commission of Acts that Render Registration Inconsistent with the Public Interest

29. As set forth herein, Dubin has committed acts that render his registration to prescribe controlled substances inconsistent with the public interest pursuant to NRS 453.231, and is subject to discipline pursuant to NRS 453.236(1)(d) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this Respondent.

DATED this 13th day of August, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. **STEPHEN DUBIN, MD,** **Certificate of Registration No. CS19164,** **Respondent.**	CASE NOS. 20-020-CS-S **STATEMENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, October 13, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency

Directive 044 and AB 253, the meeting can be listened to or viewed live over Zoom remotely or at the following location:

Hampton Inn Las Vegas Strip South
7850 Giles Street
Las Vegas, NV 89123

Via Videoconference at Zoom: https://zoom.us/j/5886256671
or
Via Teleconference at 1 (669) 900-6833
Meeting ID: 588 625 6671

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 13th day of August, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 17th day of August, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Stephen Dubin, MD
[redacted] S. Rainbow Blvd., Ste. [redacted]
Las Vegas, NV 89118

SHIRLEY HUNTING

FILED
OCT 21 2021
NEVADA STATE BOARD OF PHARMACY

Crane M. Pomerantz, Esq.
Nevada Bar No.: 14103
Nadia Ahmed, Esq.
Nevada Bar No.: 15489
SKLAR WILLIAMS PLLC
410 South Rampart Boulevard, Suite 350
Las Vegas, Nevada 89145
Telephone: (702) 360-6000
Facsimile: (702) 360-0000
Email: cpomerantz@sklar-law.com

Attorneys for Stephen Dubin, MD

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. STEPHEN DUBIN, MD, Certificate of Registration No. CS19164, Respondent.	CASE NO.: 20-020-CS-S ***AMENDED* ANSWER AND NOTICE OF DEFENSE**

Respondent above named, respectfully submits this amended answer to the Notice of Intended Action and Accusation filed in the above-titled matter before the Nevada States Board of Pharmacy (the "Board"). This amended answer is intended to take the place of, and otherwise supersede, Respondent's answer filed with the Board on September 3, 2021. Respondent declares:

1. That his objections to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds:

a. This action is barred by the doctrine of laches. The Board's Notice of Intended Action and Accusation addresses conduct that is alleged to have occurred in December 2018. The Board filed its Notice of Intended Action and Accusation on August 13, 2021, almost *three years* after the alleged conduct, without a valid excuse for such delay, as a result of which Dr. Dubin was prejudiced. Implicit in the Board's statutes (NRS 639.241, *et. seq.*) and its

regulations (NAC 639.120, *et. seq.*) is an obligation to proceed promptly and fairly against Respondent. Because the Board did not promptly make a determination as to whether the Notice of Intended Action and Accusation would be filed against Dr. Dubin until approximately three years after the alleged conduct, evidence favorable to Dr. Dubin's defense has been negatively affected, including the availability of documentary evidence and the erosion of witness memories, among other matters. Lacking good cause and undermining Respondent's ability to defend against the charges, it would be inequitable and unjust for the Board to proceed on these charges.

b. The Board has unclean hands because it is engaging in selective and vindictive prosecution by proceeding against Respondent in bad faith and pursuant to a bad motive in retaliation for the United States Attorney's Office for the District of Nevada's ("USAO") decision to decline the referral for civil prosecution due to lack of evidence against Respondent.

c. Respondent steadfastly denies that he "pre-sign[ed], post-sign[ed], or allow[ed] staff to call in controlled substance schedule II prescriptions for patients without Dubin's dated and handwritten signature while Dubin was engaged in overseas travel," as alleged in the First, Second, and Third Causes of Action. The Notice of Intended Action and Accusation demonstrates a fundamental misunderstanding of the operative facts, as follows:

i. At no point did Dr. Dubin pre-sign, post-sign, or approve prescriptions while he was out of the country.

ii. Jireh Healthcare is a hospice provider. Respondent is the medical director. At the time of the events in issue in the Notice of Intended Action and Accusation, Trinity Pharmacy served as Jireh's exclusive pharmacy. Trinity Pharmacy is permitted to fill any prescription within 14 days of the date of issue. NRS 453.431(4).

iii. It appears that the allegations in the Notice of Intended Action and Accusation rely entirely on the fill date listed in the Prescription Monitoring Program ("PMP") printout and not the actual prescriptions. The PMP for patients A.D., M.G., M.H. and D.B. reflects a fill date when the prescription was called in by the mid-level hospice provider.

iv. For the specific prescriptions at issue, however, Dr. Dubin was unaware they were being filled. He did not pre-sign, post-sign, or authorize Jireh staff to call them in to Trinity. In each case, Trinity Pharmacy appears to have filled the prescriptions immediately after receiving the request from the mid-level provider and did not seek or obtain authorization

from Dr. Dubin.[1] The face of the prescriptions do not reflect Dr. Dubin's actual signature, and appear to have been signed by someone else or left unsigned.

iv. In context, the Notice of Intended Action and Accusation relates to prescriptions written for hospice patients who are most in need of controlled substances to treat intractable pain and other conditions attendant to their terminal status. The prescriptions for Patients M.G. and D.B. for example, plainly state that these are hospice patients.

d. The purpose of the foregoing paragraphs is to place the Board on notice of Respondent's current legal objections to its Complaint. Respondent respectfully reserves the right to expand upon and brief these objections at the appropriate juncture, if necessary, and further reserves the right to raise such other defenses as further investigation and additional evidence dictates.

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies, and alleges as follows:

a. Respondent admits that the Board has jurisdiction over this matter.

b. Respondent admits the allegations in Paragraphs 2 and 3, but denies that Jireh's employees are his agents or staff members.

c. The allegations in Paragraph 4 are vague and overbroad because they are not limited to a specific time frame and fail to identify alleged patients. Because Respondent cannot respond adequately to these allegations, he denies them.

d. With regard to the allegations in Paragraph 5, Respondent admits that diversion investigators with the Drug Enforcement Administration filed a referral for civil prosecution with the USAO. After vetting the matter, including receiving a fulsome response from Respondent, the USAO *declined* the referral for civil prosecution.

e. Respondent admits the allegations in Paragraph 6.

f. With regard to the allegations in Paragraphs 7 through 9, Respondent denies that "Honey" or "Speedy" are his "agent or staff member." "Honey" and "Speedy" are mid-level providers employed by Jireh Healthcare. Respondent is without sufficient knowledge to respond to the remainder of the allegations in Paragraphs 7 through 9, and thus, denies the allegations on that basis.

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[1] Nonetheless, Respondent would have authorized each of these prescriptions had he known about them because he believes they were appropriate for the conditions being treated.

g. Respondent is without sufficient knowledge to respond to the allegations in Paragraph 10, and, thus, denies the allegation on that basis.

h. With regard to the allegations in Paragraphs 11 through 13, Respondent denies that "Honey" or "Speedy" are his "agent or staff member." "Honey" and "Speedy" are mid-level providers employed by Jireh Healthcare. Respondent is without sufficient knowledge to respond to the remainder of the allegations in Paragraphs 11 through 13, and thus, denies the allegations on that basis.

i. The allegations in Paragraphs 14 - 25 contain conclusions of law for which no answer is required.

j. For the reasons set forth in his objections, and based on his admissions and denials of the allegations in the preceding paragraphs, Respondent denies the allegations in the First through Fourth Causes of Action.

k. I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to best of my knowledge.

Dated this 21st day of October, 2021.

[*Please see attached counter-signed copy*]

_____

Stephen Dubin, MD

On behalf of Respondent:

SKLAR WILLIAMS PLLC

Crane M. Pomerantz, Esq.
Nevada Bar No.: 14103
Nadia Ahmed, Esq.
Nevada Bar No.: 15489
410 South Rampart Blvd., Suite 350
Las Vegas, Nevada 89145
Telephone: (702) 360-6000
Facsimile: (702) 360-000

to respond to the remainder of the allegations in Paragraphs 11 through 13, and thus, denies the allegations on that basis.

i. The allegations in Paragraphs 14 - 25 contain conclusions of law for which no answer is required.

j. For the reasons set forth in his objections, and based on his admissions and denials of the allegations in the preceding paragraphs, Respondent denies the allegations in the First through Fourth Causes of Action.

k. I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to best of my knowledge.

Dated this 21st day of October, 2021.

Stephen Dubin, MD

On behalf of Respondent:

SKLAR WILLIAMS PLLC

Crane M. Pomerantz, Esq.
Nevada Bar No.: 14103
410 South Rampart Blvd., Suite 350
Las Vegas, Nevada 89145
Telephone: (702) 360-6000
Facsimile: (702) 360-000

CERTIFICATE OF SERVICE

I hereby certify that I am an employee of SKLAR WILLIAMS PLLC, and that on this 21st day of October, 2021, I caused two true and correct copies of the foregoing **Amended Answer and Notice of Defense** to be sent via overnight mail to the Board of Pharmacy, 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521.

/s/ Amanda Brandon
An employee of SKLAR WILLIAMS PLLC

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **STEPHEN DUBIN, MD,** **Certificate of Registration No. CS19164,** **Respondent.**	**Case Nos. 20-020-CS-S** **STIPULATED FACTS**

Courtney K. Lee, General Counsel for Petitioner, the Nevada State Board of Pharmacy ("Board"), and Respondent Stephen Dubin, MD ("Dubin"), Certificate of Registration No. CS19164, by and through counsel, Crane M. Pomerantz, Esq. and Nadia J. Ahmed, Esq. of Sklar Williams, PLLC, **HEREBY STIPULATE AND AGREE TO THE FOLLOWING FACTS:**

1. The Board has jurisdiction over Respondent and this matter.

2. Respondent Dubin is/was the medical director of a home hospice company, Jireh Healthcare ("Jireh"), located formerly at 2320 Paseo Del Prado, Suite B101, Las Vegas, Nevada 89102. Jireh is currently located at 2688 S. Rainbow Boulevard, Suite A, Las Vegas, Nevada 89146. Jireh is a Medicare-certified home hospice care entity that provides palliative care to terminal patients.

3. Jireh employs registered nurses and/or physician assistants to travel to patients' homes to provide in-home hospice services.

4. Dubin was outside of the United States from December 17-24, 2018.

5. The United States Department of Justice filed a referral for civil prosecution against Respondent Dubin for prescribing controlled substances while out of the country. The civil investigation was closed on June 2020 without prosecution.

6. On December 18, 2018, "Honey" called in a controlled substance schedule IV prescription for patient A.D. for Alprazolam 1 mg tablet, quantity 15, to Trinity Pharmacy.

7. On December 19, 2018, "Speedy" called in a controlled substance schedule II prescription for patient M.G. for oxycodone 10-325 mg tablets, quantity 60, to Trinity Pharmacy.

8. On December 19, 2018, "Speedy" called in a controlled substance schedule IV prescription for patient M.H. for Lorazepam 0.5 mg tablets, quantity 45, to Trinity Pharmacy.

9. Patient D.B. started care with Jireh on December 20, 2018 and was discharged on December 22, 2018.

10. On December 20, 2018, "Honey" called in a controlled substance schedule II prescription for patient D.B. for Morphine Sulfate 20 mg/ml, quantity 30, to Trinity Pharmacy.

11. On December 20, 2018, "Honey" called in a controlled substance schedule IV prescription for patient D.B. for Lorazepam 2mg/ml, quantity 30, to Trinity Pharmacy.

12. All of the foregoing controlled substance prescriptions were telephoned by "Honey" and "Speedy" to Trinity Pharmacy during a time when Dubin was out of the country.

13. Trinity Pharmacy is a retail pharmacy located at 2797 S. Maryland Parkway, Las Vegas, Nevada. Respondent Dubin has no relationship with Trinity Pharmacy, but was aware that it periodically filled prescriptions that he actually authorized for Jireh patients.

14. Janyvill Ruiz ("Ruiz") is a registered nurse who is/was employed by or an independent contractor of Jireh during the relevant timeframes.

15. Ruiz is also known as "Honey".

16. Speedy Cacanindin ("Cacanindin") is a registered nurse who is/was employed by or an independent contractor of Jireh during the relevant timeframes.

17. Cacanindin is also known as "Speedy".

AGREED:

APPROVED AS TO FORM AND CONTENT
this 10th day of November, 2021

CRANE POMERANTZ, ESQ.
NADIA J. AHMED, ESQ.
Counsel for Respondent

Signed this 11th day of November, 2021

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

FILED
OCT 15 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **TRINITY PHARMACY,** **Pharmacy License No. PH03287,** **MA LOURDES JAUREGUI, RPH,** **Certificate of Registration No. 17035,** **Respondents.**	**CASE NOS. 19-240-PH-S** **19-240-RPH-S** **STIPULATION AND ORDER FOR RESPONDENT TRINITY PHARMACY ONLY**

Courtney K. Lee, General Counsel for Petitioner, the Nevada State Board of Pharmacy ("Board"), and Respondent Trinity Pharmacy ("Trinity"), Pharmacy License No. PH03287, by and through counsel, Lyn Beggs, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondent Trinity and this matter.

2. On or about August 13, 2021, Board Staff served Respondent Trinity with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. On or about September 22, 2021, Respondent Trinity filed its Answer and Notice of Defense through retained counsel, Lyn Beggs, Esq.

4. Respondent is aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

5. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, its right to reconsideration, its right to appeal, and any and all other rights which may be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of this Stipulation, Respondent hereby freely and voluntarily waive its rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

7. Respondent admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for certain of the violations alleged in the Accusation, that:

A. Respondent Jauregui was the managing pharmacist of Trinity Pharmacy during all alleged and relevant timeframes. During an annual Board inspection of Trinity Pharmacy on or about September 4, 2019, a Board inspector discovered unsigned faxed prescriptions for schedule II controlled substances.

B. Upon further Board investigation, it was discovered from June 10, 2020 to September 28, 2020, forty-two (42) controlled substance schedule II ("CII") prescriptions ("Prescriptions") were dispensed and/or delivered to hospice patients without valid practitioners' handwritten signatures ("Practitioners"). Jauregui's failure to obtain handwritten signatures of Practitioners, and/or verifying the accuracy and completeness of CII Prescriptions violated NRS 453.381(8); NAC 453.420; NAC 453.440; NAC 453.450; NAC 639.945(1); 21 CFR § 1306.11, which also constituted unprofessional conduct.

C. The 42 CII Prescriptions appeared to have been received and notated by Respondent Jauregui as oral orders. However, none of the Prescriptions stated "Authorization for Emergency Dispensing" nor did any of the prescriptions meet legal

requirements to qualify as dispensing CIIs by oral authorization in an emergency. Jauregui's failure to notate the prescriptions, satisfy the requirements of an oral emergency prescription, including verifying that the telephoned prescription was from the prescribing practitioner, violated NAC 453.420, and NAC 453.440.

D. As the owner/operator of a pharmacy, Trinity is responsible for the violations of its employees, including its managing pharmacist, pursuant to NAC 639.702, and/or NAC 639.945(2).

8. These violations are plead with particularity in the Accusation, and are grounds for disciplinary action pursuant to NRS 639.210(11), (12), and/or NRS 639.255.

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Trinity stipulate to the following. Trinity is placed on probation for a period of one (1) year subject to the following conditions and penalties:

A. Respondent shall accept this Stipulation and Order as a public reprimand regarding its duties and responsibilities as a licensed pharmacy;

B. Respondent shall pay a fine of Eight-Thousand Four-Hundred Dollars ($8,400.00) for the violations;

C. Respondent shall pay One Thousand Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter;

D. Respondent shall successfully pass quarterly inspections to be completed by Board's staff at Trinity's expense~~for~~ one (1) year; (CC)

E. Respondent shall establish policies and procedures regarding emergency oral controlled substance prescriptions in compliance with federal and state law, establish

policies and procedures regarding faxed controlled substance prescriptions, and present to Board's staff for approval within thirty (30) days of entry of this Order; and

Upon successful completion of probation, Respondent Trinity's Pharmacy License No. PH03287, will be fully restored.

10. Any failure by Respondent Trinity to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing the non-compliant Respondent to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon the non-compliant Respondent consistent with the provisions of NRS Chapter 639.

11. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on October 13, 2021. Respondent will appear telephonically or *via* Zoom at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or counsel are not present at the meeting.

12. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r-2 and 45 CFR Part 60.

13. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board on the same day or at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

14. Upon approval of this Stipulation by the Board, Respondent shall pay the fines agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "State of

Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

15. Upon approval of this Stipulation by the Board, Respondent shall pay the attorney's fees and costs agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

16. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release one another from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this 23rd day of September, 2021

TRINITY PHARMACY,
Pharmacy License No. PH03287

APPROVED AS TO FORM AND CONTENT
this 23rd day of September, 2021

LYN BEGGS, ESQ.
Counsel for Respondent
Trinity Pharmacy

Signed this 13th day of ~~September~~ October, 2021

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Trinity Pharmacy. Pharmacy License No. PH03287 in Case No. 19-240-PH-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this 13th day of October, 2021.

Helen Park. President
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 19th day of October, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Lyn E. Beggs, Esq.
Law Offices of Lyn E. Beggs, PLLC
316 California Ave. #863
Reno, NV 89509

KRISTOPHER MANGOSING

FILED
OCT 15 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **TRINITY PHARMACY,** **Pharmacy License No. PH03287,** **MA LOURDES JAUREGUI, RPH,** **Certificate of Registration No. 17035,** **Respondents.**	**CASE NOS. 19-240-PH-S** **19-240-RPH-S** **STIPULATION AND ORDER FOR RESPONDENT MA LOURDES JAUREGUI, RPH ONLY**

Courtney K. Lee, General Counsel for Petitioner, the Nevada State Board of Pharmacy ("Board"), and Respondent Ma Lourdes Jauregui, RPh ("Jauregui"), Certificate of Registration No. 17035, by and through counsel, Francis C. Flaherty, Esq. of Dyer Lawrence, LLP,

HEREBY STIPULATE AND AGREE THAT:

1. The Board has jurisdiction over Respondent Jauregui and this matter.

2. On or about August 17, 2021, Board Staff served Respondent Jauregui with the Notice of Intended Action and Accusation ("Accusation") on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. On or about September 3, 2021, Respondent Jauregui filed her Answer and Notice of Defense through retained counsel, Francis C. Flaherty, Esq.

4. Respondent is aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering this Stipulation.

5. Respondent is aware of the right to a hearing on the matters alleged in the Accusation, her right to reconsideration, her right to appeal, and any and all other rights which may be accorded pursuant to NRS Chapter 233B, Nevada Administrative Procedure Act, NRS

Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of this Stipulation, Respondent hereby freely and voluntarily waives her rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to her by NRS Chapter 233B, Nevada Administrative Procedure Act, NRS Chapter 622A, Administrative Procedure Before Certain Regulatory Bodies, and NRS Chapter 639, Nevada Pharmacy Act.

7. Respondent admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for certain of the violations alleged in the Accusation, that:

A. Respondent Jauregui was the managing pharmacist of Trinity Pharmacy ("Trinity") during the alleged and relevant timeframes. During an annual Board inspection on or about September 4, 2019, a Board inspector discovered unsigned faxed prescriptions for schedule II controlled substances.

B. Upon further Board investigation, it was discovered from June 10, 2020 to September 28, 2020, forty-two (42) controlled substance schedule II ("CII") prescriptions ("Prescriptions") were dispensed and/or delivered to hospice patients without valid practitioners' handwritten signatures ("Practitioners"). Jauregui's failure to obtain handwritten signatures of Practitioners, and/or verifying the accuracy and completeness of CII Prescriptions violated NRS 453.381(8); NAC 453.420; NAC 453.440; NAC 453.450; NAC 639.945(1); 21 CFR § 1306.11, which also constituted unprofessional conduct.

C. The 42 CII Prescriptions appeared to have been received and notated by Respondent Jauregui as oral orders. However, none of the Prescriptions stated "Authorization for Emergency Dispensing" nor did any of the prescriptions meet legal requirements to qualify as dispensing CIIs by oral authorization in an emergency. Jauregui's failure to notate the prescriptions, satisfy the requirements of an oral emergency prescription, including verifying that the telephoned prescription was from the prescribing practitioner, violated NAC 453.420, and NAC 453.440.

8. These violations are plead with particularity in the Accusation, and are grounds for disciplinary action pursuant to NRS 453.236, NRS 453.241, NRS 639.210(4), (11), (12), and (15), and/or NRS 639.255.

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Jauregui stipulate to the following. Respondent Jauregui is placed on probation for a period of one (1) year subject to the following conditions and penalties:

A. Respondent shall accept this Stipulation and Order as a public reprimand regarding her duties and responsibilities as a registered pharmacist;

B. Respondent shall pay a fine of Four-Thousand Two Hundred Dollars ($4,200.00) for the violations;

C. Respondent shall pay Five-Hundred Dollars ($500.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter;

D. Respondent shall complete an additional four (4) hours of continuing education within ninety (90) days of this Order regarding validation of controlled substance prescriptions; and

E. Respondent shall comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, and have no additional charges/violations filed against her while on probation.

Upon successful completion of probation, Respondent Jauregui's Certificate of Registration No. 17035 will be fully restored.

10. Any failure by Respondent Jauregui to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing the non-compliant Respondent to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon the non-compliant Respondent consistent with the provisions of NRS Chapter 639.

11. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on October 13, 2021. Respondent will appear telephonically or *via* Zoom at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or counsel are not present at the meeting.

12. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 USC § 1396r–2 and 45 CFR Part 60.

13. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the

merits of this matter may be heard by the Board on the same day or at a later date. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

14. Upon approval of this Stipulation by the Board, Respondent shall pay the fines agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

15. Upon approval of this Stipulation by the Board, Respondent shall pay the attorney's fees and costs agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

16. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release one another from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ___ day of September, 2021

MA LOURDES JAUREGUI, RPH,
Certificate of Registration No. 17035

APPROVED AS TO FORM AND CONTENT
this 22 day of September, 2021

FRANCIS C. FLAHERTY, ESQ.
Counsel for Respondent
Ma Lourdes Jauregui, RPH

Signed this 13th day of ~~September~~ October, 2021

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as to Respondent Ma Lourdes Jauregui, RPH, Certificate of Registration No. 17035 in Case No. 19-240-RPH-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this 18th day of October, 2021.

Helen Park, President
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 19th day of October, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Francis Flaherty
2805 Mountain Street
Carson City, NV 89703

KRISTOPHER MANGOSING

Nevada State Board of Pharmacy v. Stephen Dubin, MD,
Case No. 20-020

EXHIBIT "1"

TRINITY PHARMACY
2797 S MARYLAND PKWY, STE 28
LAS VEGAS, NV 89109
TEL 702.776.8210

Your Home for a Healthier You

Name: A[redacted] D[redacted]
Address:
Tel:

Date: 9/18/18
Time: 11:42A
DOB: 5/31/43

alp. 1mg
1 qhs Anx/SL #15
RF

A[redacted] AVE LAS VEGAS NV[redacted]
RX0159967

DR.: Honey
TEL:
NPI:
DEA:

Dubin
FD 2419706
359-1388

Trinity Pharmacy
2797 S. Maryland Pkwy 28 Las Vegas, NV 89109
Phone : 702-776-8210 Fax : 702-776-7195

Prescription Signature Information

Printed on 06-30-2020

Rx #	:	169967
Fill Date	:	12-18-2018
Patient Name	:	D[redacted], A[redacted]
Facility Name	:	GC JIREH HEALTHCARE HOSPICE
Filled By	:	PVN
Dispensed By	:	JD
Declined Counseling	:	Yes
Drug Name	:	ALPRAZOLAM 1 MG TABLET
Qty	:	15
Patient Paid	:	17.10
Total	:	17.10
Dispense Date & Time	:	12-21-2018 10:54 AM
Signature	:	

If You Are Pregnant, Plan To Become Pregnant, Or Are Breast-feeding, Talk With Your Doctor.

Do Not Take Other Medicines Without Checking With Your Doctor Or Pharmacist.

Different Manufacturers Same Drug

Controlled substance dangerous unless used as directed. Caution: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed.

TRINITY PHARMACY "Your Home for a Healthier You" 2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109 DEA: FT5011363 PHONE: 702-776-8210

Rx #: C169967 12-18-18

[redacted] AVE LAS VEGAS NV [redacted]

TAKE ONE TABLET BY MOUTH AT BEDTIME FOR ANXIETY/SLEEP

ALPRAZOLAM 1 MG TABLET
Generic for XANAX 1MG TABLET
Qty: 15 Refills: 0 Mfg: ACTAVIS US
Dr: DUBIN, STEPHEN PVN
Use By: 12-18-19 Original Date: 12-18-18

Rx # C169967 12-18-18 12-18-18 CHARGEACCT
[redacted] DOB [redacted]
[redacted] AVE LAS VEGAS NV [redacted]
Dr: DUBIN, STEPHEN FD2419706
ALPRAZOLAM 1 MG TABLET ACTAVIS
TAKE ONE TABLET BY MOUTH AT BEDTIME FOR ANXIETY/SLEEP
D
QD Total: $17.10 Copay: $0.00 NDC #: 00228-2031-50
DAW: 0 Days Supply: 15 PVN Qty: 15 2 - Telephone
Auth #:
Use By: 12-18-19

Rx #: C169967 12-18-18
DOB: [redacted]
[redacted] AVE LAS VEGAS NV
Dr: DUBIN, STEPHEN 1023311040
ALPRAZOLAM 1 MG TABLET #15
TAKE ONE TABLET BY MOUTH AT BEDTIME FOR ANXIETY/SLEEP
QD $17.10 $0.00 00228-2031-50
DAW: 0 Auth #:
Plan: CHARGEACCT PVN

Rx #: C169967 12-18-18
[redacted]
ALPRAZOLAM 1 MG TABLET QTY: 15
Use for XANAX
[redacted] AVE LAS VEGAS NV [redacted]
RX0169967

TRINITY PHARMACY "Your Home for a Healthier You" 2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109 DEA: FT5011363 PHONE: 702-776-8210

Trinity Pharmacy
2797 S Maryland Pkwy 29 Las Vegas, NV 89109 702-776-8210
Rx #: C169967 12-18-18 CHARGEACCT

[redacted] AVE LAS VEGAS NV [redacted]
Phone #: 702[redacted] Card ID:

Dr: DUBIN, STEPHEN
5360 S RAINBOW STE 306 LAS VEGAS NV 89118
Phone #: 702-359-1368 DEA #: FD2419706

ALPRAZOLAM 1 MG TABLET
Generic for XANAX 1MG TABLET
ROUND BLUE
Qty: 15 NDC #: 00228-2031-50
Auth #

Amount Due: $17.10

TRINITY PHARMACY "Your Home for a Healthier You" 2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109 DEA: FT5011363 PHONE: 702-776-8210

FAST FRIENDLY SERVICE

FREE DELIVERY - MINIMUM OF 3 SCRIPTS
MISSED DELIVERY WILL HAVE CHARGES

MOVING? KEEP YOUR RECORD UP TO DATE
QUESTIONS? PLS CALL THE PHARMACY

Delivery Attempt: __1 __2 __3 Note DT below:

*** HAVE A NICE DAY ***

TRINITY PHARMACY "Your Home for a Healthier You" 2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109 DEA: FT5011363 PHONE: 702-776-8210

PATIENT COUNSELING
** PATIENT COUNSELING **

Rx # C169967 ALPRAZOLAM 1 MG TABLET
00228203150016996700 15
Patient: [redacted]
Dr: DUBIN, STEPHEN NDC #: 00228-2031-50

Call your doctor for medical advice about side effects. You may report side effects to the FDA at 1-800-FDA-1088.

WHAT IS THIS DRUG USED FOR?
It is used to treat anxiety.It is used to treat panic attacks.

WHAT ARE SOME SIDE EFFECTS THAT I NEED TO CALL MY DOCTOR ABOUT RIGHT AWAY?
Signs of an allergic reaction, like rash; hives; itching; red, swollen, blistered, or peeling skin with or without fever; wheezing; tightness in the chest or throat; trouble breathing, swallowing, or talking; unusual hoarseness; or swelling of the mouth, face, lips, tongue, or throat.Signs of depression, suicidal thoughts, emotional ups and downs, abnormal thinking, anxiety, or lack of interest in life.Change in balance.Shortness of breath.Very bad dizziness or passing out.Feeling confused.Memory problems or loss.Trouble speaking.Trouble passing urine.Period (menstrual) changes. WHAT ARE SOME OTHER SIDE EFFECTS OF THIS DRUG?.Feeling dizzy, sleepy, tired, or weak.Dry mouth.Feeling more or less hungry.Upset stomach.Constipation.Change in sex interest.Sex problems.Weight gain or loss.

HOW IS THIS DRUG BEST TAKEN?
Take with or without food. Take with food if it causes an upset stomach.

OTHER PRECAUTIONS
May Make You Drowsy Or Dizzy. Do Not Drink Alcohol With This Drug. Use Care When Operating A Vehicle, Vessel, Or Other Machines

HOW DO I STORE AND/OR THROW OUT THIS DRUG?
Store at room temperature in a dry place. Do not store in a bathroom.Store this drug in a safe place where children cannot see or reach it, and where other people cannot get to it. A locked box or area may help keep this drug safe. Keep all drugs away from pets.Throw away unused or expired drugs. Do not flush down a toilet or pour down a drain unless you are told to do so. Check with your pharmacist if you have questions about the best way to throw out drugs. There may be drug take-back programs in your area.

WHAT DO I DO IF I MISS A DOSE?
If you take this drug on a regular basis, take a missed dose as soon as you think about it.If it is close to the time for your next dose, skip the missed

Nevada State Board of Pharmacy v. Stephen Dubin, MD,
Case No. 20-020

EXHIBIT "2"

12/19/18
4 PM
Speedy

JIREH HEALTHCARE
2320 PASEO DEL PRADO SUITE B101, LAS VEGAS, NV 89102
TEL: 702-359-1388

PATIENT NAME: M[redacted] G[redacted] DATE OF BIRTH: [redacted]

RX NUMBER:

Percocet 10/325 mg #60
1 po q 6 prn pain
for 15 days supply

ICD: M54.5

[redacted]
RX0170088

"HOSPICE PATIENT"

PHYSICIAN SIGNATURE: DEA#: FD2419706
PHYSICIAN NAME: STEPHEN DUBIN DATE:
PHYSICIAN ADDRESS: 5380 S RAINBOW STE 306 LAS VEGAS NV 89128
PLEASE FAX BACK TO 702-776-7195

Trinity Pharmacy
2797 S. Maryland Pkwy 28 Las Vegas, NV 89109
Phone : 702-776-8210 Fax : 702-776-7195

Prescription Signature Information

Printed on 06-30-2020

Rx #	:	170068
Fill Date	:	12-19-2018
Patient Name	:	G[redacted], M[redacted]
Filled By	:	MLJ
Dispensed By	:	JD
Declined Counseling	:	Yes
Drug Name	:	OXYCODONE/APAP 10-325 MG TABLET (PERCOCET 10/325)
Qty	:	60
Patient Paid	:	120.00
Total	:	120.00
Dispense Date & Time	:	12-21-2018 10:55 AM
Signature	:	

May Make You Drowsy Or Dizzy, Do Not Drink Alcohol With This Drug. Use Care When Operating A Vehicle Or Other Machines.

Contains Acetaminophen, Do Not Take More Than Recommended. Too Much May Cause Liver Damage. Discuss Any Questions With Your Doctor.

Do Not Take Other Medicines That Have Acetaminophen (Prescription Or Nonprescription) With This Medicine Unless Your Doctor Tells You To.

Different Manufacturers Same Drug

Controlled substance dangerous unless used as directed. Caution: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed.

TRINITY PHARMACY "Your Home for a Healthier You" 2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109 DEA: FT5011363 PHONE: 702-776-8210

Rx #: N170068 12-19-18

M[redacted] G[redacted]
[redacted] RD LAS VEGAS NV [redacted]

TAKE ONE TABLET BY MOUTH EVERY 6 HOURS AS NEEDED FOR PAIN

OXYCODONE/APAP 10-325 MG TABLET (PERCOCET 10/325)
Generic for ENDOCET 10/325MG TABLE
Qty: 60 Refills: 0 Mfg: RHODES PHA
Dr. DUBIN, STEPHEN MLJ
Use By: 12-19-19 Original Date: 12-19-18

Rx #: N170068 12-19-18 12-19-18 CHARGEACCT

M[redacted] G[redacted] DOB [redacted]
[redacted] RD LAS VEGAS NV [redacted]

Dr. DUBIN, STEPHEN FD2419706

OXYCODONE/APAP 10-325 MG TABLET (PERCOCET 10/325) RHODES

TAKE ONE TABLET BY MOUTH EVERY 6 HOURS AS NEEDED FOR PAIN

D

O/D Total: $120.00 Copay: $0.00 NDC #: 42858-0104-01
DAW: 0 Days Supply: 15 MLJ Qty: 60 1 - Written
Auth #:
Use By: 12-19-19

RX0170068

Rx #: N170068 12-19-18 DOB: [redacted]
[redacted] RD LAS VEGAS NV [redacted]
Dr. DUBIN, STEPHEN 1023311040
OXYCODONE/APAP 10-325 MG TABLET (PERCOCET 10/325) #60
TAKE ONE TABLET BY MOUTH EVERY 6 HOURS AS NEEDED FOR PAIN
O/D $120.00 $0.00 42858-0104-01
DAW: 0 Auth #:
Plan: CHARGEACCT MLJ/CC

Rx #: N170068 12-19-18
M[redacted] G[redacted]
OXYCODONE/APAP 10-325 MG TABLET (PERCOCET 10/325)
Gen for ENDOCET
[redacted] RD LAS VEGAS NV [redacted]
RX0170068

TRINITY PHARMACY "Your Home for a Healthier You" 2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109 DEA: FT5011363 PHONE: 702-776-8210

Trinity Pharmacy
2797 S. Maryland Pkwy 28 Las Vegas, NV 89109 702-776-8210
Rx #: N170068 12-19-18 CHARGEACCT

M[redacted] G[redacted]
[redacted] RD LAS VEGAS NV [redacted]
Phone # 702[redacted] Card ID:

Dr. DUBIN, STEPHEN
5380 S RAINBOW STE 306 LAS VEGAS NV 89118
Phone #: 702-359-1368 DEA #: FD2419706

OXYCODONE/APAP 10-325 MG TABLET (PERCOCET 10/325)
Generic for ENDOCET 10/325MG TABLET
ROUND,BICONVEX WHITE TO OFF WHITE
Qty: 60 NDC #: 42858-0104-01
Auth #:

Amount Due $120.00

TRINITY PHARMACY "Your Home for a Healthier You" 2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109 DEA: FT5011363 PHONE: 702-776-8210

FAST FRIENDLY SERVICE

FREE DELIVERY - MINIMUM OF 3 SCRIPTS
MISSED DELIVERY WILL HAVE CHARGES

MOVING? KEEP YOUR RECORD UP TO DATE
QUESTIONS? PLS CALL THE PHARMACY

Delivery Attempt: __1 __2 __3 Note DT below

*** HAVE A NICE DAY ***

TRINITY PHARMACY "Your Home for a Healthier You" 2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109 DEA: FT5011363 PHONE: 702-776-8210

PATIENT COUNSELING
** PATIENT COUNSELING **

Rx #: N170068 OXYCODONE/APAP 10-325 MG TABLET (PERCOCET 10/325)

Patient: M[redacted] G[redacted] NDC #: 42858-0104-01
Dr. DUBIN, STEPHEN

42858010401017006800 80

Call your doctor for medical advice about side effects. You may report side effects to the FDA at 1-800-FDA-1088.

WHAT IS THIS DRUG USED FOR?
It is used to ease pain

WHAT ARE SOME SIDE EFFECTS THAT I NEED TO CALL MY DOCTOR ABOUT RIGHT AWAY?
Signs of an allergic reaction, like rash, hives, itching; red, swollen, blistered, or peeling skin with or without fever; wheezing; tightness in the chest or throat; trouble breathing, swallowing, or talking; unusual hoarseness; or swelling of the mouth, face, lips, tongue, or throat. Signs of liver problems like dark urine, feeling tired, not hungry, upset stomach or stomach pain, light-colored stools, throwing up, or yellow skin or eyes. Very bad dizziness or passing out. Feeling very sleepy. Trouble breathing, slow breathing, or shallow breathing. Noisy breathing. Breathing problems during sleep (sleep apnea). Feeling confused. Hallucinations (seeing or hearing things that are not there). Mood changes. Very bad constipation. Very bad belly pain. Feeling very tired or weak. A burning, numbness, or tingling feeling that is not normal. Not able to pass urine or change in how much urine is passed. Fast or slow heartbeat. A heartbeat that does not feel normal. Fever or chills. Sore throat. Hearing loss. Seizures. Very bad headache. Shakiness. Any unexplained bruising or bleeding. Change in eyesight. Chest pain. Memory problems or loss. Trouble walking. Trouble speaking. Swelling in the arms or legs. A very bad skin reaction (Stevens-Johnson syndrome/toxic epidermal necrolysis) may happen. It can cause very bad health problems that may not go away, and sometimes death. Get medical help right away if you have signs like red, swollen, blistered, or peeling skin (with or without fever); red or irritated eyes; or sores in your mouth, throat, nose, or eyes. Taking an opioid drug like this drug may lead to a rare but very bad adrenal gland problem. Call your doctor right away if you have very bad dizziness or passing out, very bad upset stomach or throwing up, or if you feel less hungry, very tired, or very weak. WHAT ARE SOME OTHER SIDE EFFECTS OF THIS DRUG? Constipation. Belly pain. Dizziness. Feeling sleepy. Headache. Upset stomach or throwing up. Feeling tired or weak.

HOW IS THIS DRUG BEST TAKEN?
Take by mouth only. Take with or without food. Take with food if it causes an upset stomach. Do not inject or snort this drug. Doing any of these things

Nevada State Board of Pharmacy v. Stephen Dubin, MD,
Case No. 20-020

EXHIBIT "3"

Trinity Pharmacy
2797 S. Maryland Pkwy 2B Las Vegas, NV 89109
Phone: 702-776-8210 Fax: 702-776-7195

Telephoned Prescription

STEPHEN DUBIN
6380 S RAINBOW STE 306
LAS VEGAS NV 89128

Phone : 702-369-1388
Fax : 702-362-9954

DEA # : FD2416708
Lic # : 13772
NPI # : 1023311040

Rx# : 170055

Rx Written : 12-19-2018

Patient : H[redacted] M[redacted]
Address : [redacted] AVE (JIREH)
LAS VEGAS NV [redacted]
Phone # : 702-[redacted]
D.O.B. : [redacted]
Gender : Female

LORAZEPAM 0.5MG TABLET
Generic for ATIVAN TAB 0.5MG 100

Quantity : 45

Sig Instructions :
TAKE ONE TABLET BY MOUTH THREE TIMES DAILY AS NEEDED

Refills Authorized : 0 RPh : MLJ/CC

PHO 0K Speedy @ 1:00pm 12/19/18

Signature Date

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "DAW" IN THE BOX BELOW

[redacted] AVE (JIREH) LAS VEGAS NV [redacted]

RX017.0065

Trinity Pharmacy
2797 S. Maryland Pkwy 28 Las Vegas, NV 89109
Phone : 702-776-8210 Fax : 702-776-7195

Prescription Signature Information

Printed on 06-30-2020

Rx #	: 170055
Fill Date	: 12-19-2018
Patient Name	: H[redacted], M[redacted]
Filled By	: MLJ
Dispensed By	: JD
Declined Counseling	: Yes
Drug Name	: LORAZEPAM 0.5MG TABLET
Qty	: 45
Patient Paid	: 35.00
Total	: 35.00
Dispense Date & Time	: 12-21-2018 10:55 AM
Signature	: 

0961

Any Medicine You Should Not Drink Alcohol While Using This Drug. Use Care When Operating A Vehicle, Operate, Or Other Machines

If You Are Pregnant, Plan To Become Pregnant, Or Are Breast-feeding, Talk With Your Doctor

Do Not Take Other Medicines Without Checking With Your Doctor Or Pharmacist

Different Manufacturers Same Drug

Controlled substance dangerous unless used as directed. Caution: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed.

TRINITY PHARMACY 2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109 PHONE: 702-776-8210

Rx #: C170055 12-19-18

M H
AVE LAS VEGAS NV

TAKE ONE TABLET BY MOUTH THREE TIMES DAILY AS NEEDED

LORAZEPAM 0.5MG TABLET
Generic for ATIVAN TAB 0.5MG 100
Qty: 45 Refills: 0 Mfg: ACTAVIS PH
Dr. DUBIN, STEPHEN MLJ
Use By: 12-19-19 Original Date: 12-19-18

Rx # C170055 12-19-18 12-19-18 CHARGEACCT
M H DOB:
AVE LAS VEGAS NV
Dr. DUBIN, STEPHEN FD2419706
LORAZEPAM 0.5MG TABLET ACTAVIS
TAKE ONE TABLET BY MOUTH THREE TIMES DAILY AS NEEDED

D

O/O Total: $35.00 Copay: $0.00 NDC #: 00591-0240-10
DAW: 0 Days Supply: 15 MLJ Qty: 45 2 - Telephone
Auth #:
Use By: 12-19-19

RX0170033

Rx #: C170055 12-19-18
M H
LORAZEPAM 0.5MG TABLET Gen for ATIVAN QTY: 46

Rx # C170055 12-19-18
M H DOB:
AVE LAS VEGAS NV
Dr. DUBIN, STEPHEN 1023311040
LORAZEPAM 0.5MG TABLET # 45
TAKE ONE TABLET BY MOUTH THREE TIMES DAILY AS NEEDED

O/O $35.00 $0.00 00591-0240-10
DAW: 0 Auth #:
Plan: CHARGEACCT MLJ/CC

RX0170055

TRINITY PHARMACY "Your Home for a Healthier You" 2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109 DEA: FT5011363 PHONE: 702-776-8210

Trinity Pharmacy
2797 S. Maryland Pkwy 28 Las Vegas, NV 89109 702-776-8210
Rx #: C170055 12-19-18 CHARGEACCT

M H 12-09-1932
AVE LAS VEGAS NV
Phone #: 702- Card ID

Dr. DUBIN, STEPHEN
5380 S RAINBOW STE 336 LAS VEGAS NV 89128
Phone #: 702-359-1388 DEA #: FD2419706

LORAZEPAM 0.5MG TABLET
Generic for ATIVAN TAB 0.5MG 100
ROUND,FLAT-FACED,BEVELED EDGE
Qty: 45 NDC # 00591-0240-10
Auth #:

Amount Due: $35.00

TRINITY PHARMACY "Your Home for a Healthier You" 2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109 DEA: FT5011363 PHONE: 702-776-8210

FAST FRIENDLY SERVICE

FREE DELIVERY - MINIMUM OF 3 SCRIPTS
MISSED DELIVERY WILL HAVE CHARGES

MOVING? KEEP YOUR RECORD UP TO DATE
QUESTIONS? PLS CALL THE PHARMACY

Delivery Attempt: __1 __2 __3 Note DT below:

*** HAVE A NICE DAY ***

TRINITY PHARMACY "Your Home for a Healthier You" 2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109 DEA: FT5011363 PHONE: 702-776-8210

PATIENT COUNSELING

** PATIENT COUNSELING **

Rx #: C170055 LORAZEPAM 0.5MG TABLET
Patient: M H
Dr. DUBIN, STEPHEN NDC #: 0059[illegible]

00591024010017005500 4 5

Call your doctor for medical advice about side effects. You may report side effects to the FDA at 1-800-FDA-1088.

WHAT IS THIS DRUG USED FOR?
It is used to treat anxiety.It is used to treat seizures.It is used to ease anxiety before surgery.It may be given to you for other reasons. Talk with the doctor.

WHAT ARE SOME SIDE EFFECTS THAT I NEED TO CALL MY DOCTOR ABOUT RIGHT AWAY?
Signs of an allergic reaction, like rash; hives; itching; red, swollen, blistered, or peeling skin with or without fever; wheezing; tightness in the chest or throat; trouble breathing, swallowing, or talking; unusual hoarseness; or swelling of the mouth, face, lips, tongue, or throat.New or worse behavior or mood changes like depression or thoughts of suicide.Hallucinations (seeing or hearing things that are not there).Change in balance.Feeling confused.Memory problems or loss.Very bad dizziness or passing out.Change in eyesight.Muscle weakness.Dark urine or yellow skin or eyes.This drug may cause very bad and sometimes deadly breathing problems. Call your doctor right away if you have slow, shallow, or trouble breathing. WHAT ARE SOME OTHER SIDE EFFECTS OF THIS DRUG? Feeling dizzy, sleepy, tired, or weak.Headache.

HOW IS THIS DRUG BEST TAKEN?
Take with or without food. Take with food if it causes an upset stomach.

OTHER PRECAUTIONS:
May Make You Drowsy Or Dizzy. Do Not Drink Alcohol With This Drug. Use Care When Operating A Vehicle, Vessel, Or Other Machines.

HOW DO I STORE AND/OR THROW OUT THIS DRUG?
Store at room temperature protected from light. Store in a dry place. Do not store in a bathroom.Store this drug in a safe place where children cannot see or reach it, and where other people cannot get to it. A locked box or area may help keep this drug safe. Keep all drugs away from pets.Throw away unused or expired drugs. Do not flush down a toilet or pour down a drain unless you are told to do so. Check with your pharmacist if you have questions about the best way to throw out drugs. There may be drug take-back programs in your area.

Nevada State Board of Pharmacy v. Stephen Dubin, MD,
Case No. 20-020

EXHIBIT "4"

JIREH HEALTHCARE

2320 PASEO DEL PRADO SUITE B101 LAS VEGAS, NV 89102
TEL: 702-369-1388

12/28/18 4 PM Honey

PATIENT NAME: D[redacted] B[redacted] DATE OF BIRTH: [redacted]

Rx NUMBER:

MORPHINE SULFATE OS 20MG/ML #30

GIVE 5MG (0.25 ML) SL EVERY 4 HOURS PRN FOR MILD PAIN/SOB, 10 MG (0.5 ML) SL Q4H PRN FOR MOD PAIN/SOB, 20 MG (1 ML) SL Q4H PRN FOR SEVERE PAIN/SOB

"HOSPICE PATIENT"

PHYSICIAN SIGNATURE: DEA #: FD2419706

PHYSICIAN NAME: STEPHEN DUBIN DATE:

PHYSICIAN ADDRESS: 5380 S RAINBOW STE 306 Las Vegas, Nevada 89128

PLEASE FAX BACK TO 702-776-7195

[redacted] CIRCLE LAS VEGAS NV [redacted]
RX0170143

TRINITY PHARMACY
2810 W CHARLESTON BLVD STE E44 LAS VEGAS, NV 89102 T: 702-776-8210 F: 702-776-7195

Warning: Breastfeeding is Not Recommended While Using This Medicine. Consult Your Doctor Or Pharmacist.

Taking More Of This Medication Than Recommended May Cause Serious Breathing Problems

Different Manufacturers Same Drug

Controlled substance dangerous unless used as directed. Caution: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed.

TRINITY PHARMACY "Your Home for a Healthier You" 2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109 DEA: FT5011383 PHONE: 702-776-8210

Rx #: N170143 **12-20-18**

D[redacted] B[redacted]
[redacted] CIRCLE LAS VEGAS NV [redacted]

GIVE 5MG (0.25ML) SL EVERY 4 HOURS AS NEEDED FOR MILD PAIN/SOB, 10MG (0.5ML) EVERY 4 HOURS AS NEEDED FOR MODERATE PAIN/SOB) 20MG (1ML) EVERY 4 HOURS FOR SEVERE PAIN/SOB

MORPHINE SULFATE OS 20MG/ML

Qty: 30 Refills: 0 Mfg: ROXANE LAB
Dr. DUBIN, STEPHEN MLJ
Use By: 12-20-19 Original Date: 12-20-18

Rx #: N170143 12-20-18 12-20-18 CHARGEACCT
D[redacted] B[redacted] DOB [redacted]
[redacted] CIRCLE LAS VEGAS [redacted]
Dr. DUBIN, STEPHEN FD2419706
MORPHINE SULFATE OS 20MG/ML ROXANE L
GIVE 5MG (0.25ML) SL EVERY 4 HOURS AS NEEDED FOR MILD PAIN/SOB, 10MG (0.5ML) EVERY 4 HOURS AS NEEDED FOR MODERATE PAIN/SOB) 20MG (1ML) EVERY 4 HOURS FOR SEVERE PAIN/SOB
Qty: 30 Total: $60.00 Copay: 50.00 NDC #: 00054-0404-44
DAW: 3 Days Supply: 15 MLJ Qty: 30 1 - Written
Auth #:
Use By: 12-20-19

Rx #: N170143 12-20-18
D[redacted] B[redacted]
MORPHINE SULFATE OS 20MG/ML QTY: 30
D[redacted] 02-15-1935
[redacted] CIRCLE LAS VEGAS NV [redacted]
RX0170143

TRINITY PHARMACY "Your Home for a Healthier You" 2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109 DEA: FT5011383 PHONE: 702-776-8210

Trinity Pharmacy
2797 S Maryland Pkwy 28 Las Vegas, NV 89109 702-776-8210
Rx #: N170143 12-20-18 CHARGEACCT

D[redacted] B[redacted] 02-15-1935
[redacted] CIRCLE LAS VEGAS NV [redacted]
Phone #: 702[redacted] Card ID:

Dr. DUBIN, STEPHEN
5360 S RAINBOW STE 308 LAS VEGAS NV 89128
Phone #: 702-359-1388 DEA #: FD2419706

MORPHINE SULFATE OS 20MG/ML

CLEAR
Qty: 30 NDC #: 00054-0404-44
Auth #:

Amount Due $60.00

TRINITY PHARMACY "Your Home for a Healthier You" 2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109 DEA: FT5011383 PHONE: 702-776-8210

FAST FRIENDLY SERVICE

FREE DELIVERY - MINIMUM OF 3 SCRIPTS
MISSED DELIVERY WILL HAVE CHARGES

MOVING? KEEP YOUR RECORD UP TO DATE
QUESTIONS? PLS CALL THE PHARMACY

Delivery Attempt __1 __2 __3 Note DT below

*** HAVE A NICE DAY ***

TRINITY PHARMACY "Your Home for a Healthier You" 2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109 DEA: FT5011383 PHONE: 702-776-8210

PATIENT COUNSELING
** PATIENT COUNSELING **

Rx #: N170143 MORPHINE SULFATE OS 20MG/ML
Patient: D[redacted] B[redacted]
Dr. DUBIN, STEPHEN NDC #: 00054-0404-44
00054040444017014300 30

Call your doctor for medical advice about side effects. You may report side effects to the FDA at 1-800-FDA-1088.

WHAT IS THIS DRUG USED FOR?
It is used to ease pain.

WHAT ARE SOME SIDE EFFECTS THAT I NEED TO CALL MY DOCTOR ABOUT RIGHT AWAY?
Signs of an allergic reaction, like rash; hives; itching; red, swollen, blistered, or peeling skin with or without fever; wheezing; tightness in the chest or throat; trouble breathing, swallowing, or talking; unusual hoarseness; or swelling of the mouth, face, lips, tongue, or throat.Very bad dizziness or passing out.Chest pain or pressure or a fast heartbeat.Feeling confused.Nolsy breathing.Breathing problems during sleep (sleep apnea).Seizures.Severe constipation or stomach pain. These may be signs of a severe bowel problem.Depression or other mood changes.Swelling in the arms or legs.Fever, chills, or sore throat.Pain when passing urine.A burning, numbness, or tingling feeling that is not normal.A severe and sometimes deadly problem called serotonin syndrome may happen if you take this drug with certain other drugs. Call your doctor right away if you have agitation; change in balance; confusion; hallucinations; fever; fast or abnormal heartbeat; flushing; muscle twitching or stiffness; seizures; shivering or shaking; sweating a lot; severe diarrhea; upset stomach; or throwing up; or severe headache.Taking an opioid drug like this drug may lead to a rare but very bad adrenal gland problem. Call your doctor right away if you have very bad dizziness or passing out; very bad upset stomach or throwing up; or if you feel less hungry, very tired, or very weak.
WHAT ARE SOME OTHER SIDE EFFECTS OF THIS DRUG? Feeling dizzy, sleepy, tired, or weak.Dry mouth.Constipation, diarrhea, stomach pain, upset stomach, throwing up, or feeling less hungry.Headache.Anxiety.Sweating a lot.

HOW IS THIS DRUG BEST TAKEN?
Take with or without food. Take with food if it causes an upset stomach.Do not inject or snort this drug. Doing any of these things can cause very bad side effects like trouble breathing and death from overdose.Measure liquid doses carefully.Only use the measuring device that comes with this liquid drug.

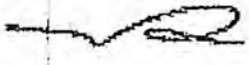
OTHER PRECAUTIONS:

Trinity Pharmacy
2797 S. Maryland Pkwy 28 Las Vegas, NV 89109
Phone : 702-776-8210 Fax : 702-776-7195

Prescription Signature Information

Printed on 06-30-2020

Rx #	:	170143
Fill Date	:	12-20-2018
Patient Name	:	B[redacted], D[redacted]
Filled By	:	MLJ
Dispensed By	:	ADMIN
Declined Counseling	:	No
Drug Name	:	MORPHINE SULFATE OS 20MG/ML
Qty	:	30
Patient Paid	:	60.00
Total	:	60.00
Dispense Date & Time	:	12-20-2018 05:58 PM
Signature	:	



Trinity Pharmacy
2797 S. Maryland Pkwy 28 Las Vegas, NV 89109
Phone: 702-776-8210 Fax: 702-776-7195

Telephoned Prescription

STEPHEN DUBIN
5380 S RAINBOW STE 306
LAS VEGAS NV 89128
Phone : 702-359-1388
Fax : 702-382-9954
DEA # : FD2419708
Lic # : 13772
NPI # : 1023311040

Rx#: 170144
Rx Written : 12-20-2018

Patient : B[redacted] D[redacted]
Address : [redacted] CIRCLE
LAS VEGAS NV [redacted]
Phone # : 702-[redacted]
D.O.B. : [redacted]
Gender : Male

4 PN
Hmely

LORAZEPAM O/C 2MG/ML
Generic for LORAZEPAM O/S 2MG/ML
Quantity : 30 (thirty)

Sig Instructions :
GIVE 0.25 ML EVERY 4 HOURS AS NEEDED FOR MILD ANXIETY, GIVE 0.5ML EVERY 4 HOURS FOR MODERATE ANXIETY, GIVE 1.0 ML EVERY 4 HOURS FOR SEVERE ANXIETY

Refills Authorized : 0 RPh : MLJ / CC

MD called in new Rx 12/20/18

Signature Date

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "DAW" IN THE BOX BELOW

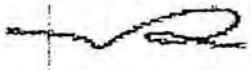
☐ Dispense As Written

Trinity Pharmacy
2797 S. Maryland Pkwy 28 Las Vegas, NV 89109
Phone : 702-776-8210 Fax : 702-776-7195

Prescription Signature Information

Printed on 06-30-2020

Rx #	: 170144
Fill Date	: 12-20-2018
Patient Name	: B[redacted], D[redacted]
Filled By	: MLJ
Dispensed By	: ADMIN
Declined Counseling	: No
Drug Name	: LORAZEPAM O/C 2MG/ML
Qty	: 30
Patient Paid	: 65.00
Total	: 65.00
Dispense Date & Time	: 12-20-2018 05:58 PM
Signature	:



May Make You Drowsy Or Dizzy. Do Not Drink Alcohol With This Drug. Use Care When Operating A Vehicle, Vessel, Or Other Machines.

If You Are Pregnant, Plan To Become Pregnant, Or Are Breast-feeding, Talk With Your Doctor.

Mix With Liquids, Such As Water or Juice. May Also Mix With Soft Foods, Such As Applesauce Or Pudding.

Different Manufacturers Same Drug

Controlled substance dangerous unless used as directed. Caution: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed.

TRINITY PHARMACY "Your Home for a Healthier You" 2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109 DEA: FT5011363 PHONE: 702-776-8210

Rx #: C170144 **12-20-18**

D[redacted] B[redacted]
[redacted] CIRCLE LAS VEGAS NV [redacted]

GIVE 0.25 ML EVERY 4 HOURS AS NEEDED FOR MILD ANXIETY, GIVE 0.5ML EVERY 4 HOURS FOR MODERATE ANXIETY, GIVE 1.0 ML EVERY 4 HOURS FOR SEVERE ANXIETY

LORAZEPAM O/C 2MG/ML
Generic for LORAZEPAM O/S 2MG/ML

Qty: 30 Refills: 0 Mfg: HI TECH PH
Dr DUBIN STEPHEN MLJ
Use By: 12-20-19 Original Date: 12-20-18

Rx #: C170144 12-20-18 12-20-18 CHARGEACCT

D[redacted] B[redacted] DOB [redacted]
[redacted] CIRCLE LAS VEGAS NV [redacted]

Dr. DUBIN, STEPHEN FD2419706

LORAZEPAM O/C 2MG/ML HI TECH P

GIVE 0.25 ML EVERY 4 HOURS AS NEEDED FOR MILD ANXIETY, GIVE 0.5ML EVERY 4 HOURS FOR MODERATE ANXIETY, GIVE 1.0 ML EVERY 4 HOURS FOR SEVERE ANXIETY

0/0 Total: $65.00 Copay: $0.00 NDC #: 50383-0705-30
DAW: 0 Days Supply: 15 MLJ Qty: 30 1 - Written
Auth #:
Use By: 12-20-19

RX0170144

Rx #: C170144 12-20-18
D[redacted] B[redacted] DOB [redacted]
[redacted] CIRCLE LAS VEGAS NV [redacted]
Dr. DUBIN, STEPHEN 1023311000
LORAZEPAM O/C 2MG/ML #30
GIVE 0.25 ML EVERY 4 HOURS AS NEEDED FOR MILD ANXIETY, GIVE 0.5ML EVERY 4 HOURS FOR MODERATE ANXIETY, GIVE 1.0 ML EVERY 4 HOURS FOR SEVERE ANXIETY
$65.00 $0.00 50383-0705-30
DAW: 0 Auth #:
Plan: CHARGEACCT MLJ/CC

Rx #: C170144 12-20-18
D[redacted] B[redacted]
LORAZEPAM O/C 2MG/ML QTY: 30
Can for LORAZEPAM

D[redacted] B[redacted]
[redacted] CIRCLE LAS VEGAS NV [redacted]
RX0170144

TRINITY PHARMACY "Your Home for a Healthier You" 2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109 DEA: FT5011363 PHONE: 702-776-8210

Trinity Pharmacy
2797 S. Maryland Pkwy 28 Las Vegas, NV 89109 702-776-8210
Rx # C170144 12-20-18 CHARGEACCT

D[redacted] B[redacted] 02-15-1935
[redacted] CIRCLE LAS VEGAS NV [redacted]
Phone #: 702-[redacted] Card ID:

Dr. DUBIN, STEPHEN
5380 S RAINBOW STE 306 LAS VEGAS NV 89128
Phone #: 702-359-1368 DEA #: FD2419706

LORAZEPAM O/C 2MG/ML
Generic for LORAZEPAM O/S 2MG/ML

Qty: 30 NDC #: 50383-0705-30
Auth #

Amount Due: $65.00

TRINITY PHARMACY "Your Home for a Healthier You" 2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109 DEA: FT5011363 PHONE: 702-776-8210

FAST FRIENDLY SERVICE

FREE DELIVERY - MINIMUM OF 3 SCRIPTS
MISSED DELIVERY WILL HAVE CHARGES

MOVING? KEEP YOUR RECORD UP TO DATE
QUESTIONS? PLS CALL THE PHARMACY

Delivery Attempt: __1 __2 __3 Note DT below:

*** HAVE A NICE DAY ***

TRINITY PHARMACY "Your Home for a Healthier You" 2797 S. MARYLAND PKWY. #28, LAS VEGAS, NV 89109 DEA: FT5011363 PHONE: 702-776-8210

PATIENT COUNSELING

** PATIENT COUNSELING **

Rx #: C170144 LORAZEPAM O/C 2MG/ML

Patient: D[redacted] B[redacted]
Dr. DUBIN, STEPHEN NDC #: 50383-0705-30

50383070530017014400030

Call your doctor for medical advice about side effects. You may report side effects to the FDA at 1-800-FDA-1088.

WHAT IS THIS DRUG USED FOR?
It is used to treat seizures.It is used to treat anxiety.It is used to ease anxiety before surgery.It may be given to you for other reasons. Talk with the doctor.

WHAT ARE SOME SIDE EFFECTS THAT I NEED TO CALL MY DOCTOR ABOUT RIGHT AWAY?
Signs of an allergic reaction, like rash; hives; itching; red, swollen, blistered, or peeling skin with or without fever; wheezing; tightness in the chest or throat; trouble breathing, swallowing, or talking; unusual hoarseness; or swelling of the mouth, face, lips, tongue, or throat.New or worse behavior or mood changes like depression or thoughts of suicide.Hallucinations (seeing or hearing things that are not there).Change in balance.Feeling confused.Memory problems or loss.Very bad dizziness or passing out.Change in eyesight.Muscle weakness.Dark urine or yellow skin or eyes.This drug may cause very bad and sometimes deadly breathing problems. Call your doctor right away if you have slow, shallow, or trouble breathing.WHAT ARE SOME OTHER SIDE EFFECTS OF THIS DRUG? Feeling dizzy, sleepy, tired, or weak.Headache.

HOW IS THIS DRUG BEST TAKEN?
Take with or without food. Take with food if it causes an upset stomach.Use the dropper that comes with this drug to measure the drug.Mix the liquid with water, juice, soda, applesauce, or pudding before taking it.Swallow the mixture right away. Do not store for use at a later time.

OTHER PRECAUTIONS:
May Make You Drowsy Or Dizzy. Do Not Drink Alcohol With This Drug. Use Care When Operating A Vehicle, Vessel, Or Other Machines.

HOW DO I STORE AND/OR THROW OUT THIS DRUG?
Store in a refrigerator. Do not freeze.Throw away any part not used after 3 months.Protect from light.Store this drug in a safe place where children cannot see or reach it, and where other people cannot get to it. A locked box or area may help keep this drug safe. Keep all drugs away from pets.Throw away unused or expired drugs. Do not flush down a toilet or pour down a drain unless you are told to do so. Check with your

EXHIBIT 5

DECLARATION OF MA LOURDES JAUREGUI, RPH

I, MA LOURDES JAUREGUI, declares under penalty of perjury that the following assertions are true and correct of my own personal knowledge unless stated upon information and belief:

1. I was the managing pharmacist of Trinity Pharmacy ("Trinity") located at 2797 S. Maryland Parkway, Suite 28, Las Vegas, Nevada. I am writing this declaration because I am unavailable for the scheduled hearing for alleged violations against Stephen Dubin, MD ("Dubin") regarding the Nevada State Board of Pharmacy's ("Board") case number 20-020.

2. I have personal knowledge of all matters stated herein and, if called as a witness, could and would testify competently thereto, except as to those matters stated upon information and belief, and as to those matters, I believe them to be true.

3. On or about September 10, 2020, the Board's investigator, Dena McClish, requested certain prescription records from Trinity.

4. On or about September 10, 2020, I forwarded the requested prescription records, which included the following:

   a) True and correct copies of Trinity's (redacted) prescription records for patient A.D. on December 18, 2018 are attached hereto as Exhibit "1". However, I was not the pharmacist who filled this particular prescription. It was filled by a floater pharmacist.

   b) True and correct copies of Trinity's (redacted) prescription records for patient M.G. on December 19, 2018 are attached hereto as Exhibit "2".

   c) True and correct copies of Trinity's (redacted) prescription records for patient M.H. on December 19, 2018 are attached hereto as Exhibit "3".

d) True and correct copies of Trinity's (redacted) prescription records for patient D.B. on December 20, 2018 are attached hereto as Exhibit "4".

5. Exhibit "1" contains a prescription for patient A.D. which was telephoned by "Honey" on behalf of Dr. Dubin. "Honey" indicated that the prescription was authorized by Dr. Dubin. I did not speak with Dr. Dubin himself. The prescription for patient A.D. was taken by the floater pharmacist on December 18, 2018 for alprazolam 1 mg tablet. The alprazolam was dispensed on December 21, 2018 at 10:54 a.m. Dr. Dubin never signed this prescription.

6. Exhibit "2" contains a prescription for patient M.G. which was telephoned by "Speedy" at 4:00 p.m. on December 19, 2018 on behalf of Dr. Dubin. "Speedy" indicated that the prescription was authorized by Dr. Dubin. I did not speak with Dr. Dubin himself. The prescription for patient M.G. was written in my handwriting for Percocet 10/325 mg, 60 tablets for a 15 day supply. The prescription was dispensed on December 21, 2018 at 10:55 a.m. On the prescription signature information, the patient or the guardian signed for receipt of the prescription. Dr. Dubin signed this prescription within 72 hours of December 19, 2018, but is undated.

7. Exhibit "3" contains a prescription for patient M.H. which was telephoned by "Speedy" at 1:00 p.m. on December 19, 2018. "Speedy" indicated that the prescription was authorized by Dr. Dubin. I did not speak with Dr. Dubin himself. The prescription for patient M.H. was for lorazepam 0.5 mg tablet, 45 tablets. The prescription was dispensed on December 21, 2018 at 10:55 a.m. On the prescription signature information, the patient or the guardian signed for receipt of the prescription. Dr. Dubin never signed this prescription.

8. Exhibit "4" contains a prescription for patient D.B. which was telephoned by "Honey" at 4:00 p.m. on December 20, 2018. "Honey" indicated that the prescription was authorized by Dr. Dubin. I did not speak with Dr. Dubin himself. The prescription for patient D.B. was for morphine sulfate OS 20mg/ml, quantity 30. The prescription was dispensed on December 20, 2018 at 5:58 p.m. On the prescription signature information, the patient or the guardian signed for receipt of the prescription. Dr. Dubin signed this prescription within 72 hours of December 20, 2018, but is undated.
9. Exhibit "4" also contains a prescription for patient D.B. which was telephoned by "Honey" at 4:00 p.m. on December 20, 2018. "Honey" indicated that the prescription was authorized by Dr. Dubin. I did not speak with Dr. Dubin himself. The prescription for patient D.B. was for lorazepam O/C, quantity 30. The prescription was dispensed on December 20, 2018 at 5:58 p.m. Dr. Dubin never signed this prescription.
10. My understanding was that the prescriptions for hospice patients from Jireh Healthcare were all considered emergency oral prescriptions. However, I did not notate on the telephoned or oral prescriptions, "Authorization for Emergency Dispensing" nor did I speak with Dr. Dubin directly. I understood that I did have to receive a signed prescription back from the practitioner within 72 hours after the telephoned prescription, which admittedly was not always accomplished.

Further, Your Declarant Sayeth Naught.

Dated: 11/18/2021

Ma Lourdes Jauregui, RPH

JIREH HEALTHCARE SERVICES LLC

(HOSPICE AGENCY)

PATIENT NAME: A[redacted] D[redacted]

DOB: [redacted]

START OF CARE:

09/07/2018 TO 12/31/2018

EXHIBIT 6

Claim Number	From Service Date	To Service Date	Beneficiary Nam	Claim Status	Total Charge	Type Of Bill	Admit Date
21900700422207NVR	12/1/2018	12/31/2018	A[redacted]	P - Paid	$7,790.97	813 - Hospice (...	9/7/2018
21833900538807NVR	11/1/2018	11/30/2018	A[redacted]	P - Paid	$8,724.43	813 - Hospice (...	9/7/2018
21830901126607NVR	10/1/2018	10/31/2018	A[redacted]	P - Paid	$9,083.84	813 - Hospice (...	9/7/2018
21827601222707NVR	9/7/2018	9/30/2018	A[redacted]	P - Paid	$6,942.12	812 - Hospice (...	9/7/2018

Claim Number	From Service Date	To Service Date	Beneficiary Nam	Claim Status	Total Charge	Type Of Bill	Admit Date
21900700421907NVR	12/7/2018	12/31/2018	[redacted]	P - Paid	$6,986.61	813 - Hospice (...	10/10/2018
21833900542507NVR	11/1/2018	11/30/2018	[redacted]	P - Paid	$8,197.48	813 - Hospice (...	10/10/2018
21833900230804NVR	10/10/2018	10/31/2018	[redacted]	P - Paid	$6,230.74	817 - Hospice (...	10/10/2018
21830901121107NVR	10/10/2018	10/31/2018	[redacted]	P - Paid	$5,630.74	812 - Hospice (...	10/10/2018

Claim Number	From Service Date	To Service Date	Beneficiary Nam	Claim Status	Total Charge	Type Of Bill	Admit Date
21900901108507NVR	12/1/2018	12/26/2018	[redacted]	P - Paid	$6,626.68	814 - Hospice (...	6/13/2018
21833900542007NVR	11/1/2018	11/30/2018	[redacted]	P - Paid	$7,635.75	813 - Hospice (...	6/13/2018
21830901128607NVR	10/1/2018	10/31/2018	[redacted]	P - Paid	$8,065.97	813 - Hospice (...	6/13/2018
21827601223807NVR	9/1/2018	9/30/2018	[redacted]	P - Paid	$7,382.91	813 - Hospice (...	6/13/2018
21824701185107NVR	8/1/2018	8/31/2018	[redacted]	P - Paid	$8,276.79	813 - Hospice (...	6/13/2018
21821800581907NVR	7/1/2018	7/31/2018	[redacted]	P - Paid	$9,216.50	813 - Hospice (...	6/13/2018
21818600817807NVR	6/13/2018	6/30/2018	[redacted]	P - Paid	$5,126.72	812 - Hospice (...	6/13/2018

Claim Number	From Service Date	To Service Date	Beneficiary Nam	Claim Status	Total Charge	Type Of Bill	Admit Date
21900700421507NVR	12/20/2018	12/22/2018	D[redacted]	P - Paid	$680.54	811 - Hospice (...	12/20/2018

12/31/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/30/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/29/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/28/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/27/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/26/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/25/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/24/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/23/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/22/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/21/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/20/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/19/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/18/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/17/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/16/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/15/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/14/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/13/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/12/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/11/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/10/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/9/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/8/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/7/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/6/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/5/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/4/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/3/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/2/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/1/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/30/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/29/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/28/2018	Jireh Healthcar	M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0

11/27/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/26/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/25/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/24/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/23/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/22/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/21/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/20/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/19/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/18/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/17/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/16/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/15/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/14/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/13/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/12/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/11/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/10/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/9/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/8/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/7/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/6/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
11/5/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
11/4/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
11/3/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
11/2/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
11/1/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
10/31/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
10/30/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
10/29/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
10/28/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
10/27/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
10/26/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
10/25/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
10/24/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
10/23/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
10/22/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
10/21/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
10/20/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
10/19/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
10/18/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
10/17/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
10/16/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
10/15/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
10/14/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
10/13/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
10/12/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	[redacted]	226.8452	0

10/11/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/10/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/9/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/8/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/7/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/6/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/5/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/4/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/3/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/2/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
10/1/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	226.8452	0
9/30/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/29/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/28/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/27/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/26/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/25/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/24/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/23/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/22/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/21/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/20/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/19/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/18/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/17/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/16/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/15/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/14/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/13/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/12/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/11/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/10/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/9/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/8/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0
9/7/2018	Jireh Healthcar M0466	G30.1	Clark	ROUTINE	Medicare	220.5569	0

Jireh Healthcare Services LLC

HospiceMD™

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel: Fax:

Personal Information

LEVEL OF CARE RC, 09/07/18

MR#	M0466	SSN	[redacted]	DOB	[redacted] (75 yrs)
LAST NAME	D[redacted]	FIRST NAME	A[redacted]	MI	
ADDRESS	[redacted]venue			APT / SUITE #	
CITY	Las Vegas	STATE	NV	ZIP	89120
PHONE	(702) [redacted]	CELL		PRIM LANGUAGE	Chinese
RACE	White	ETHNICITY	Caucasian	MARITAL ST	
GENDER	Female	RELIGION		DENOMINATION	

Insurance

PAY SOURCE	INSURANCE	SHARE OF COST	POLICY / MBI #	GROUP#	BIN#	EFFECTIVE DATE	AUTH TYPE	R&B AUTH NO	R&B AUTH VALID TILL
Primary	Medicare	$0.00	[redacted]			9/7/2018			

Dates of Service, Diagnosis & Allergies

REF DATE	9/6/2018	SOC	9/7/2018	RE-CERT	5/4/2019
		EOC	4/5/2019	DISC CODE	Prognosis Extended
ADMIT TYPE	New Admission				
STARTING CERT#	1				
PRIMARY DX	Alzheimer's disease with late onset (G30.1)			DISEASE	Alzheimer's
SECOND DX	Delirium due to known physiological condition (F05)			DISEASE	
COMORBIDITIES	Anxiety, debility, failure to thrive				

ALLERGIES	LAST UPDATED
NKA	10/9/18

Place of Service (POS)

TYPE	Home	FACILITY NAME			
EFFECTIVE DATE		ROOM NO		PCG	
ADDRESS	[redacted]venue	CITY	Las Vegas	STATE-ZIP	NV 89120 -
PHONE	(702) [redacted]	ALT-PHONE		FAX	

Authorized Rep (AR) / Emergency Contact (EC)

AR/EC , , Address: , , , Phone: , Alt Phone: , AR/EC is:

Referral Source & Attending MD

MEDICAL DIRECTOR	STEPHEN DUBIN, Phone:, Fax:(702) 362-9930, NPI:1023311040
REFERRING/ATTENDING/PATIENT CHOICE	CARLOS INOCENCIO, Phone:(702) 733-0744, Fax:(702) 796-8262, NPI:1558319293

Vendors

PHARMACY	MAIN:Trinity Pharmacy (Las Vegas)
DME	MAIN:Advantage Home Medical Services, Inc. (Las Vegas)

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UTREK HEALTHCARE SERVICES
320 PASEO DEL PRADO STE B101
AS VEGAS NV 891020048
023591388 7023592388

CNTL # 3436259 | 2979
MED. REC. # M0466 | PG 1 OF 1 081A
5 FED. TAX NO. 251927052 | 6 STATEMENT COVERS PERIOD FROM 090718 THROUGH | 7

8 PATIENT NAME	9 PATIENT ADDRESS
D[redacted], A[redacted]	a [redacted] AVE.
	b LAS VEGAS c NV d 89120 e USA

10	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30
[redacted]	F	090718	12	3	2		30													

31 OCCURRENCE CODE	31 OCCURRENCE DATE	32 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	34 OCCURRENCE DATE	35 CODE	35 OCCURRENCE SPAN FROM	THROUGH	36 CODE	36 OCCURRENCE SPAN FROM	THROUGH	37
7	090718													

	39 CODE	39 VALUE CODES AMOUNT	40 CODE	40 VALUE CODES AMOUNT	41 CODE	41 VALUE CODES AMOUNT
a						
b						
c						
d						

REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON COVERED CHARGES	49
0650		Q5001	090718	1	000	000	
0001	PAGE 1 OF 1	CREATION DATE	090718	TOTALS	000		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. BEN.	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1427366699
Medicare Part A		Y	Y	000	000	57 OTHER PRV ID	

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO
D[redacted] A[redacted]	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66 DX											67
	G301	F05	F419	F0280	F329	I10					

ADMIT DX	70 PATIENT REASON DX			71 PPS CODE	72 ECI	73

74 PRINCIPAL PROCEDURE CODE	DATE	a OTHER PROCEDURE CODE	DATE	b OTHER PROCEDURE CODE	DATE	75

c OTHER PROCEDURE CODE	DATE	d OTHER PROCEDURE CODE	DATE	e OTHER PROCEDURE CODE	DATE

76 ATTENDING	NPI 1558319293	QUAL
LAST Inocencio	FIRST Carlos	
77 OPERATING	NPI	QUAL
LAST	FIRST	
78 OTHER	NPI 1023311040	QUAL
LAST Dubin	FIRST Stephen Paul	
78 OTHER	NPI	QUAL
LAST	FIRST	

REMARKS

80 CODE	
a	
b	B3 251G00000X
c	
d	

4 CMS-1450 *NUCF UB04 1 APPROVED OMB NO 0938 0997 OCR:Original NUBC National Uniform Billing Committee 2439804 THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART OF

DUBIN0013

OTHER HEALTHCARE SERVICES
320 PASEO DEL PRADO STE B101
AS VEGAS NV 891020048
023591388 7023592388

3476845 | 2980
M0466 | 0812
5 FED. TAX NO. 251927052 | 8 STATEMENT COVERS PERIOD FROM 090718 THROUGH 093018

PATIENT NAME [redacted] | 6 PATIENT ADDRESS [redacted] AVE.
[redacted] | b LAS VEGAS | c NV | d 89120 | e USA

10	11 SEX	12 DATE	ADMISSION 13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	CONDITION CODES 18 19 20 21 22 23 24 25 26 27 28	29 ACDT STATE	30
[redacted]	F	090718	12	3	2		30			

OCCURRENCE CODE	DATE	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 CODE	OCCURRENCE SPAN FROM	THROUGH	36 CODE	OCCURRENCE SPAN FROM	THROUGH	37
7	090718													

	39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT
a	61	2982000				
b						
c						
d						

REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
551	RN Clinical Visit	G0299	090718	8	9308	9308	
561	Social Services Clinical V	G0155	090718	4	4654	4654	
651	651-Routine Home Care	Q5001	090718	24	5,29336	000	
551	RN Clinical Visit	G0299	091018	4	4654	4654	
571	Hospice Aide Clinical Visi	G0156	091018	3	7500	7500	
571	Hospice Aide Clinical Visi	G0156	091118	3	7500	7500	
571	Hospice Aide Clinical Visi	G0156	091218	3	7500	7500	
250	N427241000350UN60.000		091218	1	1952	1952	
571	Hospice Aide Clinical Visi	G0156	091318	3	7500	7500	
571	Hospice Aide Clinical Visi	G0156	091418	3	7500	7500	
551	RN Clinical Visit	G0299	091718	4	4654	4654	
571	Hospice Aide Clinical Visi	G0156	091718	3	7500	7500	
571	Hospice Aide Clinical Visi	G0156	091818	3	7500	7500	
571	Hospice Aide Clinical Visi	G0156	091918	3	7500	7500	
6	657-Physician Charges	99205	091918	1	22500	000	
5	Hospice Aide Clinical Visi	G0156	092018	3	7500	7500	
571	Hospice Aide Clinical Visi	G0156	092118	3	7500	7500	
551	RN Clinical Visit	G0299	092418	4	4654	4654	
571	Hospice Aide Clinical Visi	G0156	092418	3	7500	7500	
571	Hospice Aide Clinical Visi	G0156	092518	3	7500	7500	
571	Hospice Aide Clinical Visi	G0156	092618	3	7500	7500	
571	Hospice Aide Clinical Visi	G0156	092718	3	7500	7500	
	PAGE 1 OF 2	CREATION DATE	100318	TOTALS	6,94212		

PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1427366699
edicare Part A		Y	Y	000	5,51836	57 OTHER PRV ID	

INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO
[redacted] A	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

67	G301	F05	F419	F0280	F329	I10					75
ADMTG DX		70 PATIENT REASON DX				71 PPS CODE		72 ECI			73

PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	76
c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE	

76 ATTENDING	NPI 1558319293	QUAL	
LAST Inocencio		FIRST Carlos	
77 OPERATING	NPI	QUAL	
LAST		FIRST	
78 OTHER	NPI 1023311040	QUAL	
LAST Dubin		FIRST Stephen Paul	
79 OTHER	NPI	QUAL	
LAST		FIRST	

REMARKS

PROC		
a		
b	B3	251G00000X
c		
d		

14 CMS-1450 NUCC 08/05 APPROVED OMB-NO. 0938-0997 OCR Original

NUBC

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

DUBIN0014

OTREH HEALTHCARE SERVICES
320 PASEO DEL PRADO STE B101
AS VEGAS NV 891020048
023591388 7023592388

CNTL # 3476845 — 2981
MED REC # M0466 — 0812
5 FED. TAX NO. 251927052 | 6 STATEMENT COVERS PERIOD FROM 090718 THROUGH 093018 | 7

PATIENT NAME [redacted] | 9 PATIENT ADDRESS [redacted] AVE.
[redacted] | b LAS VEGAS | c NV | d 89120 | e USA

10	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	CONDITION CODES 18 19 20 21 22 23 24 25 26 27 28	29 ACDT STATE	30
[redacted]	F	090718	12	3	2		30			

OCCURRENCE DE	DATE	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 OCCURRENCE SPAN CODE	FROM	THROUGH	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
7	090718													

	39 VALUE CODES CODE	AMOUNT	40 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	61	2982000				
b						
c						
d						

REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0571	Hospice Aide Clinical Visi	G0156	092818	3	7500	7500	
0001	PAGE 2 OF 2		CREATION DATE 100318	TOTALS	6,94212		

PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1427366699
Medicare Part A		Y	Y	000	5,51836	57 OTHER PRV ID	

INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
[redacted]	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

G301	F05	F419	F0280	F329	I10					72

ADMIT DX | 70 PATIENT REASON DX | 71 PPS CODE | 72 ECI | 73

PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75
OTHER PROCEDURE DATE		d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE	

76 ATTENDING NPI 1558319293 QUAL
LAST Inocencio FIRST Carlos
77 OPERATING NPI QUAL
LAST FIRST
78 OTHER NPI 1023311040 QUAL
LAST Dubin FIRST Stephen Paul
79 OTHER NPI QUAL
LAST FIRST

REMARKS

	81CC
a	
b	B3 251G00000X
c	
d	

M CMS-1450 NUCF-08/04-1 APPROVED OMB NO 0938-0997 OCR:Original NUBC THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE

DUBIN0015

OTREH HEALTHCARE SERVICES
320 PASEO DEL PRADO STE B101
AS VEGAS NV 891020048
023591388 7023592388

2982

3535014			0813
M0466			
5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7
251927052	100118	103118	

8 PATIENT NAME: [redacted], A
9 PATIENT ADDRESS: [redacted] AVE.
b LAS VEGAS c NV d 89120 e USA

10	11 SEX	12 DATE	ADMISSION 13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	CONDITION CODES 18 19 20 21 22 23 24 25 26 27 28	29 ACCT STATE	30
[redacted]	F	090718	12	3	2		30			

31 OCCURRENCE DATE	32 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	34 OCCURRENCE DATE	35 CODE	OCCURRENCE SPAN FROM THROUGH	36 CODE	OCCURRENCE SPAN FROM THROUGH	37
7 090718											

	39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT
a	61	2982000				
b						
c						
d						

REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON COVERED CHARGES	49
551	RN Clinical Visit	G0299	100118	4	4803	4803	
571	Hospice Aide Clinical Visi	G0156	100118	3	7500	7500	
250	N400228203150UN30.000		100118	1	4000	4000	
651	651-Routine Home Care	Q5001	100118	31	7,03220	000	
571	Hospice Aide Clinical Visi	G0156	100218	3	7500	7500	
571	Hospice Aide Clinical Visi	G0156	100318	3	7500	7500	
571	Hospice Aide Clinical Visi	G0156	100418	3	7500	7500	
571	Hospice Aide Clinical Visi	G0156	100518	3	7500	7500	
551	RN Clinical Visit	G0299	100818	4	4803	4803	
571	Hospice Aide Clinical Visi	G0156	100818	3	7500	7500	
571	Hospice Aide Clinical Visi	G0156	100918	3	7500	7500	
571	Hospice Aide Clinical Visi	G0156	101018	3	7500	7500	
571	Hospice Aide Clinical Visi	G0156	101118	3	7500	7500	
571	Hospice Aide Clinical Visi	G0156	101218	3	7500	7500	
5[illegible]	Hospice Aide Clinical Visi	G0156	101518	3	7500	7500	
2[illegible]	N465862006399UN60.000		101518	1	3000	3000	
250	N427241000350UN120.000		101518	1	4452	4452	
571	Hospice Aide Clinical Visi	G0156	101618	3	7500	7500	
571	Hospice Aide Clinical Visi	G0156	101718	3	7500	7500	
571	Hospice Aide Clinical Visi	G0156	101818	3	7500	7500	
571	Hospice Aide Clinical Visi	G0156	101918	3	7500	7500	
551	RN Clinical Visit	G0299	102218	4	4803	4803	
	PAGE 1 OF 2	CREATION DATE	110518	TOTALS	9,08384		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1427366699
ledicare Part A		Y	Y	000	7,03220	57 OTHER PRV ID	

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
[redacted], A	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66 DX											67
G301	F05	F419	F0280	F329	I10						

ADMIT DX | 70 PATIENT REASON DX | 71 PPS CODE | 72 ECI | 73

PRINCIPAL PROCEDURE CODE DATE	a OTHER PROCEDURE CODE DATE	b OTHER PROCEDURE CODE DATE	75
c OTHER PROCEDURE CODE DATE	d OTHER PROCEDURE CODE DATE	e OTHER PROCEDURE CODE DATE	

REMARKS

76 ATTENDING	NPI 1558319293	QUAL	
LAST Inocencio		FIRST Carlos	
77 OPERATING	NPI	QUAL	
LAST		FIRST	
78 OTHER	NPI 1023311040	QUAL	
LAST Dubin		FIRST Stephen Paul	
79 OTHER	NPI	QUAL	
LAST		FIRST	

a		
b	B3 251G00000X	
c		
d		

M CMS-1450 NUCP:0804.1 APPROVED OMB NO 0938-0997 OCR:Original

NUBC National Uniform Billing Committee 2439A604

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

DUBIN0016

OTHER HEALTHCARE SERVICES
320 PASEO DEL PRADO STE B101
AS VEGAS NV 891020048
023591388 7023592388

CNTL # 3535014 | 2983
b. MED. REC. # M0466 | 0813
5 FED. TAX NO. 251927052 | 6 STATEMENT COVERS PERIOD FROM 100118 THROUGH 103118 | 7

8 PATIENT NAME [redacted] | 9 PATIENT ADDRESS [redacted] AVE.
[redacted], A | b LAS VEGAS | c NV | d 89120 | e USA

10 | 11 SEX F | 12 ADMISSION DATE 090718 | 13 HR 12 | 14 TYPE 3 | 15 SRC 2 | 16 DHR | 17 STAT 30 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 ACDT STATE | 30
[redacted]

31 OCCURRENCE CODE DATE: 7 090718 | 32 OCCURRENCE CODE DATE | 33 OCCURRENCE CODE DATE | 34 OCCURRENCE CODE DATE | 35 OCCURRENCE SPAN CODE FROM THROUGH | 36 OCCURRENCE SPAN CODE FROM THROUGH | 37

	39 VALUE CODES CODE	AMOUNT	40 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	61	2982000				
b						
c						
d						

REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0571	Hospice Aide Clinical Visi	G0156	102218	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	102318	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	102418	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	102518	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	102618	3	7500	7500	
0551	RN Clinical Visit	G0299	102918	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	102918	3	7500	7500	
0250	N459762372004UN30.000		102918	1	2000	2000	
0571	Hospice Aide Clinical Visi	G0156	103018	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	103118	3	7500	7500	
0001	PAGE 2 OF 2	CREATION DATE	110518	TOTALS	9,08384		

50 PAYER NAME: Medicare Part A | 51 HEALTH PLAN ID | 52 REL. INFO Y | 53 ASG. BEN. Y | 54 PRIOR PAYMENTS 000 | 55 EST. AMOUNT DUE 7,03220 | 56 NPI 1427366699 | 57 OTHER PRV ID

58 INSURED'S NAME [redacted] A | 59 P REL 18 | 60 INSURED'S UNIQUE ID [redacted] | 61 GROUP NAME | 62 INSURANCE GROUP NO.

63 TREATMENT AUTHORIZATION CODES | 64 DOCUMENT CONTROL NUMBER | 65 EMPLOYER NAME

66 DX												67
	G301	F05	F419	F0280	F329	I10						

ADMIT DX | 69 PATIENT REASON DX | 70 PPS CODE | 71 PPS CODE | 72 ECI | 73

74 PRINCIPAL PROCEDURE CODE DATE | a. OTHER PROCEDURE CODE DATE | b. OTHER PROCEDURE CODE DATE | 75
c. OTHER PROCEDURE CODE DATE | d. OTHER PROCEDURE CODE DATE | e. OTHER PROCEDURE CODE DATE

76 ATTENDING NPI 1558319293 QUAL | LAST Inocencio | FIRST Carlos
77 OPERATING NPI | QUAL | LAST | FIRST
78 OTHER NPI 1023311040 QUAL | LAST Dubin | FIRST Stephen Paul
79 OTHER NPI | QUAL | LAST | FIRST

REMARKS | 80 LOCAL USE | a | b B3 251G00000X | c | d

CMS-1450 NUCC UB04-1 APPROVED OMB NO. 0938-0997 OCR/Original NUBC 24MAR04 THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE

DUBIN0017

JTHER HEALTHCARE SERVICES
320 PASEO DEL PRADO STE B101
AS VEGAS NV 891020048
023591388 7023592388

CNTL # 3586453 | TYPE OF BILL 0813
b. MED REC # M0466
5 FED TAX NO. 251927052 | 6 STATEMENT COVERS PERIOD FROM 110118 THROUGH 113018 | 7

ATIENT NAME [redacted] | 9 PATIENT ADDRESS [redacted] AVE.
D[redacted], A[redacted] | b LAS VEGAS | c NV | d 89120 | e USA

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	CONDITION CODES 18 19 20 21 22 23 24 25 26 27 28	29 ACDT STATE	30
[redacted]	F	090718	12	3	2		30			

OCCURRENCE CODE	OCCURRENCE DATE	32 CODE	32 OCCURRENCE DATE	33 CODE	33 OCCURRENCE DATE	34 CODE	34 OCCURRENCE DATE	35 CODE	35 OCCURRENCE SPAN FROM	THROUGH	36 CODE	36 OCCURRENCE SPAN FROM	THROUGH	37
7	090718													

	39 CODE	39 VALUE CODES AMOUNT	40 CODE	40 VALUE CODES AMOUNT	41 CODE	41 VALUE CODES AMOUNT
a	61	2982000				
b						
c						
d						

REV CD	43 DESCRIPTION	44 HCPCS RATE (HIPPS) CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0651	651-Routine Home Care	Q5001	110118	5	1,13423	000	
0571	Hospice Aide Clinical Visi	G0156	110118	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	110218	3	7500	7500	
0551	RN Clinical Visit	G0299	110518	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	110518	4	10000	10000	
0250	Non-injectable		110518	1	86677	86677	
0651	651-Routine Home Care	Q5001	110618	25	4,45631	000	
0571	Hospice Aide Clinical Visi	G0156	110618	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	110718	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	110818	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	110918	4	10000	10000	
0551	RN Clinical Visit	G0299	111218	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	111218	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	111318	4	10000	10000	
05[redacted]	Hospice Aide Clinical Visi	G0156	111418	4	10000	10000	
05[redacted]	Hospice Aide Clinical Visi	G0156	111518	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	111618	4	10000	10000	
0551	RN Clinical Visit	G0299	111918	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	111918	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	112018	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	112118	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	112218	4	10000	10000	
	PAGE 1 OF 2	CREATION DATE	120418	TOTALS	8,72443		

PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1427366699
Medicare Part A		Y	Y	000	5,59054	57 OTHER PRV ID	

INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
[redacted]	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

										66
G301	F05	F419	F0280	F329	I10					

ADMIT DX	70 PATIENT REASON DX				71 PPS CODE	72 ECI				73

74 PRINCIPAL PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	c. OTHER PROCEDURE CODE	DATE	75

d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE

76 ATTENDING	NPI 1558319293	QUAL	
LAST Inocencio		FIRST Carlos	
77 OPERATING	NPI	QUAL	
LAST		FIRST	
78 OTHER	NPI 1023311040	QUAL	
LAST Dubin		FIRST Stephen Paul	
79 OTHER	NPI	QUAL	
LAST		FIRST	

REMARKS

81CC	
a	
b	B3 251G00000X
c	
d	

M CMS-1450 NUCF-UB04 1 APPROVED OMB NO. 0938-0997 OCR/Original NUBC National Uniform Billing Committee 24394504 THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

DUBIN0018

VITAS HEALTHCARE SERVICES
320 PASEO DEL PRADO STE B101
LAS VEGAS NV 891020048
7023591388 7023592388

a. CNTL # 3588453			0813
b. MED. REC. # M0466			
5 FED. TAX NO	6 STATEMENT COVERS PERIOD FROM	THROUGH	7
251927052	110118	113018	

8 PATIENT NAME	9 PATIENT ADDRESS				
D[redacted], A[redacted]	a [redacted] AVE.	b LAS VEGAS	c NV	d 89120	e USA

10	11 SEX	12 DATE	ADMISSION 13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	CONDITION CODES 18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30
[redacted]	F	090718	12	3	2		30													

OCCURRENCE CODE	OCCURRENCE DATE	32 CODE	32 OCCURRENCE DATE	33 CODE	33 OCCURRENCE DATE	34 CODE	34 OCCURRENCE DATE	35 CODE	35 OCCURRENCE SPAN FROM	THROUGH	36 CODE	36 OCCURRENCE SPAN FROM	THROUGH	37
17	090718													

	39 CODE	39 VALUE CODES AMOUNT	40 CODE	40 VALUE CODES AMOUNT	41 CODE	41 VALUE CODES AMOUNT
a	61	2982000				
b						
c						
d						

REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0571	Hospice Aide Clinical Visi	G0156	112318	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	112618	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	112718	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	112818	1	2500	2500	
0571	Hospice Aide Clinical Visi	G0156	112918	4	10000	10000	
0551	RN Clinical Visit	G0299	113018	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	113018	4	10000	10000	
0001	PAGE 2 OF 2		CREATION DATE 120418	TOTALS	8,72443		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1427366699
Medicare Part A		Y	Y	000	5,59054	57 OTHER PRV ID	

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO
D[redacted], A[redacted]	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

67	67A	68
G301	F05	F419	F0280	F329	I10							

ADMIT DX	70 PATIENT REASON DX				71 PPS CODE	72 ECI			73

PRINCIPAL PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	c. OTHER PROCEDURE CODE	DATE	75

d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE

76 ATTENDING	NPI 1558319293	QUAL	
LAST Inocencio	FIRST Carlos		
77 OPERATING	NPI	QUAL	
LAST	FIRST		
78 OTHER	NPI 1023311040	QUAL	
LAST Dubin	FIRST Stephen Paul		
79 OTHER	NPI	QUAL	
LAST	FIRST		

REMARKS

80 CODE	
a	
b	B3 251G00000X
c	
d	

4 CMS-1450 NUCF-UB04-1 APPROVED OMB NO 0938-0997 OCR/Original NUBC 2394504

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE

DUBIN0019

UTREM HEALTHCARE SERVICES
320 PASEO DEL PRADO STE B101
AS VEGAS NV 891020048
023591388 7023592388

CNTL # 3650256 | MED. REC. # M0466 | TYPE OF BILL 0817 | 2986
5 FED. TAX NO. 251927052 | 6 STATEMENT COVERS PERIOD FROM 120118 THROUGH 123118 | 7

8 PATIENT NAME [redacted] | 9 PATIENT ADDRESS [redacted] AVE.
D[redacted], A[redacted] | b LAS VEGAS | c NV | d 89120 | e USA

10 BIRTHDATE	11 SEX	12 DATE	ADMISSION 13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	CONDITION CODES 18 19 20 21 22 23 24 25 26 27 28	29 ACCT STATE	30
[redacted]	F	090718	12	3	2		30			

OCCURRENCE CODE DATE	32 OCCURRENCE CODE DATE	33 OCCURRENCE CODE DATE	34 OCCURRENCE CODE DATE	35 CODE OCCURRENCE SPAN FROM THROUGH	36 CODE OCCURRENCE SPAN FROM THROUGH	37
7 120618						

	39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT
a	61	2982000				
b						
c						
d						

REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0651	651-Routine Home Care	Q5001	120118	31	5,52582	000	
0551	RN Clinical Visit	G0299	120318	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	120318	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	120418	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	120518	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	120618	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	120718	4	10000	10000	
0551	RN Clinical Visit	G0299	121018	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	121018	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	121118	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	121218	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	121318	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	121418	3	7500	7500	
0551	RN Clinical Visit	G0299	121718	4	4803	4803	
057	Hospice Aide Clinical Visi	G0156	121718	4	10000	10000	
057	Hospice Aide Clinical Visi	G0156	121818	4	10000	10000	
0250	Non-injectable		121818	1	28811	28811	
0571	Hospice Aide Clinical Visi	G0156	121918	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	122018	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	122118	4	10000	10000	
0551	RN Clinical Visit	G0299	122418	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	122418	4	10000	10000	
	PAGE 1 OF 2	CREATION DATE	010819	TOTALS	8,07908		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1427366699
edicare Part A		Y	Y	000	5,52582	57 OTHER PRV ID	

INSURED'S NAME	58 P. REL	59 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO
[redacted] A[redacted]	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66 DX											
	G301	F05	F419	F0280	F329	I10					

ADMIT DX	70 PATIENT REASON DX			71 PPS CODE	72 ECI			73

PRINCIPAL PROCEDURE CODE DATE	a. OTHER PROCEDURE CODE DATE	b. OTHER PROCEDURE CODE DATE	75
[redacted]			

[redacted] PROCEDURE DATE	d. OTHER PROCEDURE CODE DATE	e. OTHER PROCEDURE CODE DATE

REMARKS	RSC	
	a	
	b	B3 251G00000X
	c	
	d	

76 ATTENDING	NPI 1558319293	QUAL	
LAST Inocencio		FIRST Carlos	
77 OPERATING	NPI	QUAL	
LAST		FIRST	
78 OTHER	NPI 1023311040	QUAL	
LAST Dubin		FIRST Stephen Paul	
79 OTHER	NPI	QUAL	
LAST		FIRST	

4 CMS-1450 NUCF-UB04-1 APPROVED OMB NO. 0938-0997 OCR-Original NUBC National Uniform Billing Committee 2439H504 THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE M

DUBIN0020

OTREH HEALTHCARE SERVICES
320 PASEO DEL PRADO STE B101
AS VEGAS NV 891020048
023591388 7023592388

CNTL # 3650256 | b. MED. REC. # M0466 | 2987 | TYPE OF BILL 0617

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7
251927052	120118	123118	

PATIENT NAME	b	8 PATIENT ADDRESS	a	b	c	d	e
D[redacted] A[redacted]	025324213A	[redacted] AVE.		LAS VEGAS	NV	89120	USA

9	10 SEX	11 DATE	12 ADMISSION HR	13 TYPE	14 SRC	15 DHR	16 STAT	17	18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30
[redacted]	F	090718	12	3	2		30														

OCCURRENCE CODE	DATE	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 OCCURRENCE SPAN CODE	FROM	THROUGH	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
17	120618													

	39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT
a	61	2982000				
b						
c						
d						

REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0571	Hospice Aide Clinical Visi	G0156	122518	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	122618	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	122718	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	122818	4	10000	10000	
0551	RN Clinical Visit	G0299	123118	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	123118	4	10000	10000	
0001	PAGE 2 OF 2	CREATION DATE	010819	TOTALS	8,07908		

PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1427366699
Medicare Part A		Y	Y	000	5,52582	57 OTHER PRV ID	

INSURED'S NAME	59 P. REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
D[redacted] A[redacted]	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66	G301	F05	F419	F0280	F329	I10					

ADMIT DX	70 PATIENT REASON DX				71 PPS CODE	72 ECI	73

PRINCIPAL PROCEDURE CODE	DATE	a OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75

[redacted] PROCEDURE	DATE	c OTHER PROCEDUR	CODE	DATE	e OTHER PROCEDURE CODE	DATE

76 ATTENDING	NPI 1558319293	QUAL	
LAST Inocencio		FIRST Carlos	
77 OPERATING	NPI	QUAL	
LAST		FIRST	
78 OTHER	NPI 1023311040	QUAL	
LAST Dubin		FIRST Stephen Paul	
79 OTHER	NPI	QUAL	
LAST		FIRST	

REMARKS

80		
a		
b	B3	251G00000X
c		
d		

M CMS-1450 NUCC UB04.1 APPROVED OMB NO 0938-0997 DCN:Original NUBC 24394504 THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE

DUBIN0021

OTHER HEALTHCARE SERVICES
320 PASEO DEL PRADO STE B101
AS VEGAS NV 891020048
'023591388 7023592388

CNTL # 3650262 | MED REC. # M0466 | TYPE OF BILL 0817 | 2988

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7
251927052	120118	123118	

8 PATIENT NAME	9 PATIENT ADDRESS
D[redacted] A[redacted]	[redacted] AVE.
	b LAS VEGAS c NV d 89120 e USA

10	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	CONDITION CODES 18 19 20 21 22 23 24 25 26 27 28	29 ACDT STATE	30
[redacted]	F	090718	12	3	2		30			

31 OCCURRENCE CODE	DATE	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 CODE	OCCURRENCE SPAN FROM	THROUGH	36 CODE	OCCURRENCE SPAN FROM	THROUGH	37

	39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT
a	61	2982000				
b						
c						
d						

REV. CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0651	651-Routine Home Care	Q5001	120118	31	5,52582	000	
0551	RN Clinical Visit	G0299	120318	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	120318	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	120418	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	120518	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	120618	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	120718	4	10000	10000	
0551	RN Clinical Visit	G0299	121018	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	121018	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	121118	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	121218	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	121318	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	121418	3	7500	7500	
0551	RN Clinical Visit	G0299	121718	4	4803	4803	
057	Hospice Aide Clinical Visi	G0156	121718	4	10000	10000	
05	Hospice Aide Clinical Visi	G0156	121818	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	121918	3	7500	7500	
0571	Hospice Aide Clinical Visi	G0156	122018	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	122118	4	10000	10000	
0551	RN Clinical Visit	G0299	122418	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	122418	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	122518	4	10000	10000	
	PAGE 1 OF 2	CREATION DATE	010819	TOTALS	7,79097		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1427366699
Medicare Part A		Y	Y	000	5,52582	57 OTHER PRV ID	

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
[redacted] A[redacted]	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66 ADMIT DX	67 PATIENT REASON DX	68	69	70 PPS CODE	71 PPS EC1	72	73

74 PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75

c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE

76 ATTENDING	NPI 1558319293	QUAL	
LAST Inocencio		FIRST Carlos	
77 OPERATING	NPI	QUAL	
LAST		FIRST	
78 OTHER	NPI 1023311040	QUAL	
LAST Dubin		FIRST Stephen Paul	
79 OTHER	NPI	QUAL	
LAST		FIRST	

REMARKS

a	
b	B3 251G00000X
c	
d	

4 CMS-1450 NUCP-UBIN APPROVED OMB NO. 0938-0997 08/10/2004 NUBC THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE

DUBIN0022

JIREH HEALTHCARE SERVICES
320 PASEO DEL PRADO STE B101
AS VEGAS NV 891020048
023591388 7023592388

CNTL # 3650262 | BILL TYPE 0817 | 2989
MED REC # M0466
5 FED TAX NO 251927052 | 6 STATEMENT COVERS PERIOD FROM 120118 THROUGH 123118

PATIENT NAME [redacted] | 9 PATIENT ADDRESS [redacted] AVE.
[redacted] A | b LAS VEGAS | c NV | d 89120 | e USA

10	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30
[redacted]	F	090718	12	3	2		30													

31 OCCURRENCE CODE	DATE	32 CODE	OCCURRENCE DATE	33 CODE	OCCURRENCE DATE	34 CODE	OCCURRENCE DATE	35 CODE	OCCURRENCE SPAN FROM	THROUGH	36 CODE	OCCURRENCE SPAN FROM	THROUGH	37

	39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT
a	61	2982000				
b						
c						
d						

REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0571	Hospice Aide Clinical Visi	G0156	122618	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	122718	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	122818	4	10000	10000	
0551	RN Clinical Visit	G0299	123118	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	123118	4	10000	10000	
0001	PAGE 2 OF 2	CREATION DATE	010819	TOTALS	7,79097		

PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST AMOUNT DUE	56 NPI	1427366699
Medicare Part A		Y	Y	000	5,52582	57 OTHER PRV ID	

INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO
[redacted], A	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

ADMIT DX	70 PATIENT REASON DX	71 PPS CODE	72 ECI	73

PRINCIPAL PROCEDURE CODE	DATE	a OTHER PROCEDURE CODE	DATE	b OTHER PROCEDURE CODE	DATE	74

c OTHER PROCEDURE CODE	DATE	d OTHER PROCEDURE CODE	DATE	e OTHER PROCEDURE CODE	DATE

REMARKS	80		76 ATTENDING	NPI 1558319293	QUAL	
	a		LAST Inocencio		FIRST Carlos	
	b	B3 251G00000X	77 OPERATING	NPI	QUAL	
	c		LAST		FIRST	
	d		78 OTHER	NPI 1023311040	QUAL	
			LAST Dubin		FIRST Stephen Paul	
			79 OTHER	NPI	QUAL	
			LAST		FIRST	

M CMS-1450 NUCC 0804.1 APPROVED OMB NO 0938-0997 OCR/Original NUBC 2439H504 THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE

DUBIN0023

OTREH HEALTHCARE SERVICES
320 PASEO DEL PRADO STE B101
AS VEGAS NV 891020048
'023591388 7023592388

CNTL # 3644116 | BILL 0813 | 2990
b. MED REC. # M0466
5 FED TAX NO 251927052 | 6 STATEMENT COVERS PERIOD FROM 120118 THROUGH 123118 | 7

ATIENT NAME a 025924213A | 9 PATIENT ADDRESS a [redacted] AVE.
D[redacted] A[redacted] | b LAS VEGAS | c NV | d 89120 | e USA

10 BIRTHDATE	11 SEX	12 DATE	ADMISSION 13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	CONDITION CODES 18 19 20 21 22 23 24 25 26 27 28	29 ACCT STATE	30
[redacted]	F	090718	12	3	2		30			

OCCURRENCE CODE	OCCURRENCE DATE	32 CODE	32 OCCURRENCE DATE	33 CODE	33 OCCURRENCE DATE	34 CODE	34 OCCURRENCE DATE	35 CODE	OCCURRENCE SPAN FROM THROUGH	36 CODE	OCCURRENCE SPAN FROM THROUGH	37
:7	120618											

	39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT
a	61	2982000				
b						
c						
d						

REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
651	651-Routine Home Care	Q5001	120118	31	5,52582	000	
551	RN Clinical Visit	G0299	120318	4	4803	4803	
571	Hospice Aide Clinical Visi	G0156	120318	4	10000	10000	
571	Hospice Aide Clinical Visi	G0156	120418	4	10000	10000	
571	Hospice Aide Clinical Visi	G0156	120518	4	10000	10000	
571	Hospice Aide Clinical Visi	G0156	120618	4	10000	10000	
571	Hospice Aide Clinical Visi	G0156	120718	4	10000	10000	
551	RN Clinical Visit	G0299	121018	4	4803	4803	
571	Hospice Aide Clinical Visi	G0156	121018	4	10000	10000	
571	Hospice Aide Clinical Visi	G0156	121118	4	10000	10000	
571	Hospice Aide Clinical Visi	G0156	121218	4	10000	10000	
571	Hospice Aide Clinical Visi	G0156	121318	3	7500	7500	
571	Hospice Aide Clinical Visi	G0156	121418	3	7500	7500	
551	RN Clinical Visit	G0299	121718	4	4803	4803	
57	Hospice Aide Clinical Visi	G0156	121718	4	10000	10000	
5	Hospice Aide Clinical Visi	G0156	121818	4	10000	10000	
571	Hospice Aide Clinical Visi	G0156	121918	3	7500	7500	
571	Hospice Aide Clinical Visi	G0156	122018	4	10000	10000	
571	Hospice Aide Clinical Visi	G0156	122118	4	10000	10000	
551	RN Clinical Visit	G0299	122418	4	4803	4803	
571	Hospice Aide Clinical Visi	G0156	122418	4	10000	10000	
571	Hospice Aide Clinical Visi	G0156	122518	4	10000	10000	
	PAGE 1 OF 2	CREATION DATE	010419	TOTALS	7,79097		

PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1427366699
ledicare Part A		Y	Y	000	5,52582	OTHER PRV ID	

INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
J[redacted] A[redacted]	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

67	G301	F05	F419	F0280	F329	I10					67

ADMIT DX	70 PATIENT REASON DX				71 PPS CODE	72 ECI			73

a. PRINCIPAL PROCEDURE CODE DATE	a. OTHER PROCEDURE CODE DATE	b. OTHER PROCEDURE CODE DATE	74

e. OTHER PROCEDURE DATE	c. OTHER PROCEDURE CODE DATE	f. OTHER PROCEDURE CODE DATE

REMARKS	80 CC a	
	b	B3 251G00000X
	c	
	d	

76 ATTENDING	NPI 1558319293	QUAL	
LAST Inocencio		FIRST Carlos	
77 OPERATING	NPI	QUAL	
LAST		FIRST	
78 OTHER	NPI 1023311040	QUAL	
LAST Dubin		FIRST Stephen Paul	
79 OTHER	NPI	QUAL	
LAST		FIRST	

M CMS-1450 NUCF-U004 1 APPROVED OMB NO 0938-0997 OCR/Original NUBC National Uniform Billing Committee 24304604 THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

DUBIN0024

STREAM HEALTHCARE SERVICES
320 PASEO DEL PRADO STE B101
AS VEGAS NV 891020048
023591388 7023592388

CNTL # 3644116 | 42 TYPE OF BILL 0813
b. MED. REC. # M0466 | 2991
5 FED. TAX NO 251927052 | 6 STATEMENT COVERS PERIOD FROM 120118 THROUGH 123118 | 7

PATIENT NAME a 025324213A | 8 PATIENT ADDRESS a [redacted] AVE.
DE[redacted] A[redacted] | b LAS VEGAS | c NV | d 89120 | e USA

10	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	22	23	24	25	26	27	28 CONDITION CODES	29 ACDT STATE	30
[redacted]	F	090718	12	3	2		30													

31 OCCURRENCE CODE	31 OCCURRENCE DATE	32 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE SPAN CODE	35 OCCURRENCE SPAN FROM	35 OCCURRENCE SPAN THROUGH	36 OCCURRENCE SPAN CODE	36 OCCURRENCE SPAN FROM	36 OCCURRENCE SPAN THROUGH	37
7	120618													

	39 VALUE CODES CODE	39 VALUE CODES AMOUNT	40 VALUE CODES CODE	40 VALUE CODES AMOUNT	41 VALUE CODES CODE	41 VALUE CODES AMOUNT
a	61	2982000				
b						
c						
d						

REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0571	Hospice Aide Clinical Visi	G0156	122618	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	122718	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	122818	4	10000	10000	
0551	RN Clinical Visit	G0299	123118	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	123118	4	10000	10000	
0001	PAGE 2 OF 2	CREATION DATE	010419	TOTALS	7,79097		

PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	57
Medicare Part A		Y	Y	000	5,52582	1427366699	OTHER PRV ID

INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GRP NAME	62 INSURANCE GROUP NO
[redacted] A[redacted]	18	[redacted]A		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

67	67A	67B	67C	67D	67E	67F	67G	67H	67I	67J	67K	67L	67M	67N	68
G301	F05	F419	F0280	F329	I10										

ADMIT DX | 70 PATIENT REASON DX | 71 PPS CODE | 72 ECI | 73

74 PRINCIPAL PROCEDURE CODE	DATE	74a OTHER PROCEDURE CODE	DATE	74b OTHER PROCEDURE CODE	DATE	75

74c OTHER PROCEDURE CODE	DATE	74d OTHER PROCEDURE CODE	DATE	74e OTHER PROCEDURE CODE	DATE

76 ATTENDING	NPI 1558319293	QUAL
LAST Inocencio	FIRST Carlos	
77 OPERATING	NPI	QUAL
LAST	FIRST	
78 OTHER	NPI 1023311040	QUAL
LAST Dubin	FIRST Stephen Paul	
79 OTHER	NPI	QUAL
LAST	FIRST	

REMARKS

80 CC	
a	
b	B3 251G00000X
c	
d	

M CMS-1450 NUCC-0804 APPROVED OMB NO. 0938-0997 OCR:Original NUBC 2439604 THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE M

DUBIN0025

STREAM HEALTHCARE SERVICES
320 PASEO DEL PRADO STE B101
AS VEGAS NV 891020048
023591388 7023592388

CNTL # 3834552 | BILL 0618
b. MED REC # M0466
5 FED TAX NO. 251927052 | 6 STATEMENT COVERS PERIOD FROM 090718 THROUGH 041719 | 7

2992

PATIENT NAME a [redacted] | 8 PATIENT ADDRESS a [redacted] AVE.
D [redacted] A | b LAS VEGAS | c NV | d 89120 | e USA

9	10 SEX	11 ADMISSION DATE	HR	TYPE	SRC	12 DHR	13 STAT	CONDITION CODES 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	29 ACDT STATE	30
[redacted]	F	090718	12	3	2		30			

OCCURRENCE CODE	OCCURRENCE DATE	32 CODE	32 OCCURRENCE DATE	33 CODE	33 OCCURRENCE DATE	34 CODE	34 OCCURRENCE DATE	35 CODE	OCCURRENCE SPAN FROM	THROUGH	36 CODE	OCCURRENCE SPAN FROM	THROUGH	37

	39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT
a						
b						
c						
d						

REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0650		Q5001	090718	223	000	000	
0001	PAGE 1 OF 1	CREATION DATE	041719	TOTALS	000		

PAYER NAME	51 HEALTH PLAN ID	52 REL ASG'T	53 ASG'T SEC	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1427366699
Medicare Part A		Y	Y	000	000	57 OTHER PRV ID	

INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
[redacted] A	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

G301	F05	F419	F0280	F329	I10					66

ADMIT DX	70 PATIENT REASON DX				71 PPS CODE	72 ECI				73

PRINCIPAL PROCEDURE CODE	DATE	OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75

[redacted]	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE

76 ATTENDING	NPI 1558319293	QUAL	
LAST Inocencio		FIRST Carlos	
77 OPERATING	NPI	QUAL	
LAST		FIRST	
78 OTHER	NPI 1023311040	QUAL	
LAST Dubin		FIRST Stephen Paul	
79 OTHER	NPI	QUAL	
LAST		FIRST	

REMARKS

	PPSC	
a		
b	B3	251G00000X
c		
d		

M CMS-1450 NUCC 08/04-1 APPROVED OMB NO. 0938-0997 OCR:Original NUBC National Uniform Billing Committee 2434504

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

DUBIN0026

Patient Details for D[redacted], A[redacted] (Patient ID 491783, MRN M0466)

Date Of Birth	[redacted]	Status	Pending - Discharged

Assignment Details

Effective Date: 09/07/2018, Medical Record No: M0466, Dme Provider: Advantage Home Medical Services, Inc. , Pharmacy: Trinity Pharmacy, Staff (caregiver)

IDG Team

Discipline	Name	Primary?	Default for New Medications?	Visits	PRN Visits	Frequency Notes
Chaplain	CHAPLAIN_Murphy, Kathryn	Yes	No			Evaluation (frequency of visits to be determined post evaluation
Hospice Aide	CNA_Barba, Magdalena	No	No	5 visit(s) Weekly		
MD Director	Dubin, Stephen Paul	Yes	No		1 PRN visit(s) every 30 day(s)	1x/mo PRN withn certification period for Emergency Response
Physician	Inocencio, Carlos	Yes	No		1 PRN visit(s) every 30 day(s)	Eval,1x/mo PRN withn certification period for Emergency Response
Skilled Nurse	RN_Cacanindin, Speedy	Yes	No	1 visit(s) Weekly	2 PRN visit(s) every 7 day(s)	1x/wk &2x/wk PRN for fall & anxiety issues withn cert perd
Skilled Nurse	RN_Ruiz, Janyvill	No	No		2 PRN visit(s) every 7 day(s)	Eval &2x/wk PRN for fall & anxiety issues withn cert perd

Patient Details for D[redacted] A[redacted] (Patient ID 491783, MRN M0466)

Date Of Birth	[redacted]	Status	Pending - Discharged

Assignment Details

Effective Date: 09/10/2018, Medical Record No: M0466, Dme Provider: Advantage Home Medical Services, Inc. , Pharmacy: Trinity Pharmacy, Staff (caregiver)

IDG Team

Discipline	Name	Primary?	Default for New Medications?	Visits	PRN Visits	Frequency Notes
Chaplain	CHAPLAIN_Murphy, Kathryn	Yes	No			Evaluation (frequency of visits to be determined post evaluation
Hospice Aide	CNA_Barba, Magdalena	Yes	No	5 visit(s) Weekly		
MD Director	Dubin, Stephen Paul	Yes	No		1 PRN visit(s) every 30 day(s)	1x/mo PRN withn certification period for Emergency Response
Physician	Inocencio, Carlos	Yes	No		1 PRN visit(s) every 30 day(s)	Eval,1x/mo PRN withn certification period for Emergency Response
Skilled Nurse	RN_Ruiz, Janyvill	Yes	No		2 PRN visit(s) every 7 day(s)	Eval &2x/wk PRN for fall & anxiety issues withn cert perd
Skilled Nurse	RN_Cacanindin, Speedy	No	No	1 visit(s) Weekly	2 PRN visit(s) every 7 day(s)	1x/wk &2x/wk PRN for fall & anxiety issues withn cert perd

Patient Details for D[redacted] A[redacted] (Patient ID 491783, MRN M0466)

Date Of Birth	[redacted]	Status	Pending - Discharged

Assignment Details

Effective Date: 09/12/2018, Medical Record No: M0466, Dme Provider: Advantage Home Medical Services, Inc. , Pharmacy: Trinity Pharmacy, Staff (caregiver)

IDG Team

Discipline	Name	Primary?	Default for New Medications?	Visits	PRN Visits	Frequency Notes
Chaplain	CHAPLAIN_Murphy, Kathryn	Yes	No	1 visit(s) Monthly	3 PRN visit(s) every 30 day(s)	Evaluation, 1x/mo, and 3x/mo PRN for spiritual issues within cer
Hospice Aide	CNA_Barba, Magdalena	Yes	No	5 visit(s) Weekly		
MD Director	Dubin, Stephen Paul	Yes	No		1 PRN visit(s) every 30 day(s)	1x/mo PRN withn certification period for Emergency Response
Physician	Inocencio, Carlos	Yes	No		1 PRN visit(s) every 30 day(s)	Eval,1x/mo PRN withn certification period for Emergency Response
Skilled Nurse	RN_Ruiz, Janyvill	No	No		2 PRN visit(s) every 7 day(s)	Eval &2x/wk PRN for fall & anxiety issues withn cert perd
Skilled Nurse	RN_Cacanindin, Speedy	Yes	No	1 visit(s) Weekly	2 PRN visit(s) every 7 day(s)	1x/wk &2x/wk PRN for fall & anxiety issues withn cert perd

MD ORDERS, TREATMENT, MEDICATION & CTI

Xanax 1 MG Oral Tablet - Alprazolam Oral Tablet 1 MG	Take 1 tablet (1 mg) by mouth every night as needed for anxiety	N/A -
Galantamine Hydrobromide ER 24 MG Oral Capsule Extended Release 24 Hour - Galantamine Hydrobromide Oral Capsule Extended Release 24 Hour 24 MG	Take 1 capsule (24 mg) by mouth daily in the morning with food	N/A -

There is no allergy history recorded for this patient

Encounter - 09/05/2018

SEEN BY		SEEN ON	
Anthony, Denina		09/05/2018	
HEIGHT	WEIGHT	BMI	BLOOD PRESSURE
63.0 in	181.4 lbs	32.1	153/82
TEMP	PULSE	RESP RATE	HEAD CIRC
97.9 F	64.0 bpm	17.0 rpm	N/A

CC

89120 Confirmed eval for Hospice St Anne Care Home
3158 Kingspoint Ave 89120 (Appt time: 7:00 AM) (Arrival time: 12:41 PM)

S

Pt was referred to ARdha Mobile MD for a routine follow-up. Pt's pcg and grouphome owner stated that she spoke with pt's son Todd [redacted] who is pt's POA and is contemplating on placing pt under hospice care.

O

HPI: Pt is a 75 y/o female, aaox1, able to recall some long term memory but has very poor short term memory, due to worsening alzheimers. She is ambulatory and is denying any discomfort at this time. Per pcg Susana, pt has episodes of sundowning and is getting very confused and agitated at night times with episodes of wandering and is an elopement risk. She is requesting for a hospice eval per her conversation with pt's son Todd. Explained that I can order for an eval or screening but the hospice medical director will have to take over pt's care once pt's condition is deemed appropriate for hospice.
Pt is homebound due to the following reasons:
> Requires considerable taxing effort to safely leave home.
> Unable to safely leave home unassisted
> Dependent upon adaptive device
> Requires assistance on activities.
Advance Directives / Advance care planning.
Patient has already executed an Advance Directive: Yes
If no, was patient given an opportunity to execute an Advance Directive today? ... n/a
Physician statement: "Patient has the ability to prepare an Advance Directive.".. Yes ?No X.
Physician has completed a Physician Order of Life-Sustaining Treatment, or similar document of another name, reflecting the patient's wishes. Yes ?No X.
Physician is willing to follow the patient's wishes. Yes

A

P:E:
V.S: as recorded
General appearance: Well-kept, A&O x 1, pleasant with conversation, answers questions appropriately. HEENT: Head is normocephalic, temporal arteries soft, non-tender with no bruits. Eyes appear to be healthy/no redness/ tearing. Right & left ear appears to be clean, no exudates or discharges noted. No thyromegaly. Neck is supple/no jugular venous distension. Dentition appears unremarkable, denies dental/ oral discomfort. Nose is symmetrical. Oral mucosa is moist. Respiratory: Respiration's are unlabored. Symmetrical chest expansion noted. Lungs sounds are clear. No cyanosis or clubbing of the fingers noted. Cardiovascular: Rhythm and rate are regular. Normal S-1 & S-2 heard, no murmurs noted. Musculoskeletal: ambulatory with a steady gait, both upper and lower extremities are normal in strength and mobility, No swelling or deformities noted. Gastrointestinal: Abdomen soft with normal bowel sounds, stated normal bowel movement. Genitourinary: continent; denies dysuria, denies frequency. Lymph nodes: No palpable cervical nodes. Integumentary: Skin is pink, and warm. No acne/ scarring or dyspigmentation noted. Neurological: A.A.O X 1 with very poor short term memory. Psychiatric: Pt is cooperative. Answers to questions appropriately denies suicidal/homicidal thoughts.

P

> Continue all meds
> Refer to hospice for eval, once accepted, transfer care to hospice's medical director as pt's pcp, pcg is agreeable
Provided an in-depth discussion of disease process and potential complications.
Safety measures discussed; fall precautions discussed, evaluated home/environment for safety issues.

JHCS
2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102
Phone: 702.359.1388 Fax: 702.359.2388

PHYSICIAN'S ORDER

Patient			Physician's Name
A[redacted] D[redacted]	M0466	NKDA	Dr. Stephen Dubin, MD

Date	Orders
9/07/11	Admit and treat patient for hospice care.

Order Type: Verbal ____ Telephone ✓ Other ____

ORDER READ BACK AND VERIFIED BY:

Signature/Discipline
Staff Receiving Order: J. Rubb Date Received: 9/07/11

Physician Signature: [signature] Date Signed: 9/07/11

JHCS
2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102
Phone: 702.359.1388 Fax: 702.359.2388

PHYSICIAN'S ORDER

Patient Name			Physician's Name
A[redacted]D[redacted]	10466	NKDA	Dr. Stephen Dubin, MD

Date	Orders
9/07/17	Refer patient for Hospice Eval

Order Type: Verbal ____ Telephone ✓ Other ____

ORDER READ BACK AND VERIFIED BY:

Signature/Discipline
Staff Receiving Order: _____ Date Received: 9/07/2017

Physician Signature: _____ Date Signed: 9/07/2017

Consolo Physician for DEWxA at Office Jireh Healthcare Services LLC

Patient Details for D[redacted], A[redacted] (Patient ID 491783, MRN M0466)

Date Of Birth	[redacted]	**Status**	Active
Screened Allergies	No Known Drug Allergy, No Known Drug Allergy	**Unscreened Allergies**	See Screened Allergies

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	D[redacted]A[redacted]	09/07/2018	0730
Physician	**Nurse**	**Related**	**Oversight**
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	Yes	No

Orders

Admit to Jireh Healthcare Services, Llc. for the 1st 90 day benefit period * Pharmacist may use generic drug equivalents or compound medications as appropriate. * Interdisciplinary team to determine equipment and supply needs based on assessment for comfort and symptom control (may include but not limited to: hospital bed, special mattress, bedside commode, over-bed-table, shower chair, wheelchair, walker, suction machine, etc.) * Assess and evaluate cardiac, respiratory, GI,GU, pain, mobility, skin, nutrition/dehydration, comfort level and symptom management, disease progression, safety and family/caregiver needs * Instruction on care of terminally ill, medications, safety, nutritional needs, pain and symptom control based on assessment * Assess and evaluate current medications * May give nutritional supplements 1 can a day as tolerated for supplement * May crush medications that are crush-able. * Medications to be administered by licensed staff, patient and/or family member/caregiver per medication profile and current orders * Hospice Medical Director may assist patient as needed to manage symptoms * Hospice nurse may pronounce death * Check oxygen saturation level prn every SN visit * Bed-rails up 2x * Skilled Nurse visits - (1x/week and 2x/week as needed for fall & anxiety issues) to promote comfort and symptom management within certification period. * CHHA visits 5x/week to assist with personal care, home making and to promote comfort per RN assignment within certification period. * Chaplain visits - (Eval & 1x/mo as needed for spiritual issues) *Social worker visits - (Eval & 1x/mo as needed for psychosocial issues)Volunteer Services continue to be offered every week per Skilled Nurse/Staff. Admit Patient to Jireh Healthcare Services with the following orders verified with M.D. * Patient: DNR * Diet: As Tolerated * Admit with the following medications: Please see related medications:

Read Back	Non Verbal Order
Yes	No

Medications

Medication	Instructions	Quantity	Refills
Losartan Potassium 1 tab 1 times a day PO (100 MG Tablet)			
ALPRAZolam 1 tab 1 times a day PO (1 MG Tablet)	to be taken every night at bedtime.		
Metoprolol Tartrate 1 tab 2 times a day PO (50 MG Tablet)			
Galantamine Hydrobromide ER 1 tab 1 times a day PO (24 MG Capsule ER 24HR)			
Escitalopram Oxalate 0.5 tab 1 times a day PO (10 MG Tablet)			
Namenda XR 1 tab 1 times a day PO (28 MG Capsule ER 24HR)			

Related Assignees

Skilled Nurse - RN_Ruiz, Janyvill 2 PRN visit(s) every 7 day(s) effective 09/07/2018
Skilled Nurse - RN_Cacanindin, Speedy 1 visit(s) Weekly 2 PRN visit(s) every 7 day(s) effective 09/07/2018
Hospice Aide - CNA_Barba, Magdalena 5 visit(s) Weekly effective 09/07/2018
Chaplain - CHAPLAIN_Murphy, Kathryn effective 09/07/2018
Physician - Inocencio, Carlos 1 PRN visit(s) every 30 day(s) effective 09/07/2018
MD Director - Dubin, Stephen Paul 1 PRN visit(s) every 30 day(s) effective 09/07/2018

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **09/07/2018**. Recorded by jruiz on 09/10/2018 11:47:02.
2. Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on **09/10/2018**. Recorded by jruiz on 09/10/2018 11:46:50.

Consolo Physician Order (2397060) Dated: 12/03/2018 for Dubin, Stephen Paul for D[redacted], A[redacted]

Patient Details for D[redacted] (Patient ID 491783, MRN M0466)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
Dugay, Julia (jduga)	D[redacted] A[redacted]	12/03/2018	1420

Physician	Nurse	Oversight
Dubin, Stephen Paul	Dugay, Julia (jduga)	No

Orders

Re-certify to Jireh Healthcare Services for the 2nd 90 day benefit period * Pharmacist may use generic drug equivalents or compound medications as appropriate. * Interdisciplinary team to determine equipment and supply needs based on assessment for comfort and symptom control (may include but not limited to: hospital bed, special mattress, bedside commode, over-bed-table, shower chair, wheelchair, walker, suction machine, etc.) * Assess and evaluate cardiac, respiratory, GI, GU, pain, mobility, skin, nutrition/dehydration, comfort level and symptom management, disease progression, safety and family/caregiver needs * Instructions on care of terminally ill, medications, safety, nutritional needs, pain and symptom control based on assessment * Review and reconcile current medications * May give nutritional supplements 1 can a day as tolerated for supplement * May crush medications that are crush-able. * Medications to be administered by licensed staff, patient and/or family member/caregiver per medication profile and current orders * Hospice Medical Director may assist patient as needed to manage symptoms * Hospice nurse may pronounce death * Oxygen 3.0 lpm via NC continuously as needed for SOB * Check oxygen saturation level prn every SN visit * Bed-rails up 2x * Skilled Nurse visits 1x/week and 2x/week as needed for pain, SOB, fall & anxiety issues to promote comfort and symptom management within certification period. * CHHA visits 5x/week to assist with personal care, home making and to promote comfort per RN assignment within certification period. * Chaplain visits -1x/mo, 1x/mo as needed for spiritual issues. * Social worker visits - 1x/mo as needed for psychosocial issues. * Volunteer Services continue to be offered every week per Skilled Nurse/Staff. * Admit patient to Jireh Healthcare Services with the following orders verified with M.D: Patient: DNR Diet: As Tolerated * Admit with the following medications: Please see related medications.

Read Back	Non Verbal Order
Yes	No

Related Assignees

Chaplain - CHAPLAIN_Murphy, Kathryn 1 visit(s) Monthly 3 PRN visit(s) every 30 day(s) effective 09/12/2018
Hospice Aide - CNA_Barba, Magdalena 5 visit(s) Weekly effective 09/12/2018
MD Director - Dubin, Stephen Paul 1 PRN visit(s) every 30 day(s) effective 09/12/2018
Physician - Inocencio, Carlos 1 PRN visit(s) every 30 day(s) effective 09/12/2018
Skilled Nurse - RN_Cacanindin, Speedy 1 visit(s) Weekly 2 PRN visit(s) every 7 day(s) effective 09/12/2018
Skilled Nurse - RN_Ruiz, Janyvill 2 PRN visit(s) every 7 day(s) effective 09/12/2018

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **12/03/2018**. Recorded by jduga on 12/03/2018 15:13:16.

Consolo Physician for DEWxA at Office Jireh Healthcare Services LLC

Patient Details for D[redacted] A[redacted] (Patient ID 491783, MRN M0466)

Date Of Birth	[redacted]	**Status**	Active
Screened Allergies	No Known Drug Allergy, No Known Drug Allergy	**Unscreened Allergies**	See Screened Allergies

Physician's Order Details

User
Dugay, Julia (jduga)

Patient
D[redacted] A[redacted]

Order Date
12/03/2018

Time of Event
1420

Physician
Dubin, Stephen Paul

Nurse
Dugay, Julia (jduga)

Oversight
No

Orders

Re-certify to Jireh Healthcare Services for the 2nd 90 day benefit period * Pharmacist may use generic drug equivalents or compound medications as appropriate. * Interdisciplinary team to determine equipment and supply needs based on assessment for comfort and symptom control (may include but not limited to: hospital bed, special mattress, bedside commode, over-bed-table, shower chair, wheelchair, walker, suction machine, etc.) * Assess and evaluate cardiac, respiratory, GI, GU, pain, mobility, skin, nutrition/dehydration, comfort level and symptom management, disease progression, safety and family/caregiver needs * Instructions on care of terminally ill, medications, safety, nutritional needs, pain and symptom control based on assessment * Review and reconcile current medications * May give nutritional supplements 1 can a day as tolerated for supplement * May crush medications that are crush-able. * Medications to be administered by licensed staff, patient and/or family member/caregiver per medication profile and current orders * Hospice Medical Director may assist patient as needed to manage symptoms * Hospice nurse may pronounce death * Oxygen 3.0 lpm via NC continuously as needed for SOB * Check oxygen saturation level prn every SN visit * Bed-rails up 2x * Skilled Nurse visits 1x/week and 2x/week as needed for pain, SOB, fall & anxiety issues to promote comfort and symptom management within certification period. * CHHA visits 5x/week to assist with personal care, home making and to promote comfort per RN assignment within certification period. * Chaplain visits -1x/mo, 1x/mo as needed for spiritual issues. * Social worker visits - 1x/mo as needed for psychosocial issues. * Volunteer Services continue to be offered every week per Skilled Nurse/Staff. * Admit patient to Jireh Healthcare Services with the following orders verified with M.D: Patient: DNR Diet: As Tolerated * Admit with the following medications: Please see related medications.

Read Back
Yes

Non Verbal Order
No

Related Assignees

Chaplain - CHAPLAIN_Murphy, Kathryn 1 visit(s) Monthly 3 PRN visit(s) every 30 day(s) effective 09/12/2018
Hospice Aide - CNA_Barba, Magdalena 5 visit(s) Weekly effective 09/12/2018
MD Director - Dubin, Stephen Paul 1 PRN visit(s) every 30 day(s) effective 09/12/2018
Physician - Inocencio, Carlos 1 PRN visit(s) every 30 day(s) effective 09/12/2018
Skilled Nurse - RN_Cacanindin, Speedy 1 visit(s) Weekly 2 PRN visit(s) every 7 day(s) effective 09/12/2018
Skilled Nurse - RN_Ruiz, Janyvil 2 PRN visit(s) every 7 day(s) effective 09/12/2018

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **12/03/2018**. Recorded by jduga on 12/03/2018 15:13:16.

Consolo Physician Order (2253673) Dated: 09/12/2018 for Dubin, Stephen Paul for D[redacted], A[redacted]

Patient Details for D[redacted] A[redacted] (Patient ID 491783, MRN M0466)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User
RN_Esteban, Randy (Reste)

Patient
D[redacted] A[redacted]

Order Date
09/12/2018

Time of Event
1700

Physician
Dubin, Stephen Paul

Nurse
RN_Esteban, Randy (Reste)

Oversight
Yes

Orders
Discontinue previous chaplain visit frequency. Start new chaplain visit frequency: 1 time a month and 3 times a month as needed for spiritual issues

Read Back
Yes

Non Verbal Order
No

Consolo Physician Order for DEWxA at Office Jireh Healthcare Services LLC

Patient Details for D[redacted] A[redacted] (Patient ID 491783, MRN M0466)

Date Of Birth	[redacted]	Status	Active

Physician's Order Details

User
RN_Esteban, Randy (Reste)

Patient
D[redacted] A[redacted]

Order Date
09/12/2018

Time of Event
1700

Physician
Dubin, Stephen Paul

Nurse
RN_Esteban, Randy (Reste)

Oversight
Yes

Orders
Discontinue previous chaplain visit frequency. Start new chaplain visit frequency: 1 time a month and 3 times a month as needed for spiritual issues.

Read Back
Yes

Non Verbal Order
No

Signature: _____

Date: 9/12/18

Consolo Certification Dated: 09/07/2018 for D[redacted] A[redacted]

Patient Details for D[redacted] A[redacted] (Patient ID 491783, MRN M0466)

Date Of Birth	[redacted]	Status	Pending - Discharged

Hospice Certification of Terminal Illness

Benefit Period
1

Benefit Period Start Date
09/07/2018

Benefit Period End Date
12/05/2018

Certification Start Date
09/07/2018

Certification End Date
12/05/2018

Signed Date
09/07/2018

Medical Director or Certifying Physician
Dubin, Stephen Paul

Medical Director or Certifying Physician Address
5741 S. Fort Apache Rd. Suite 100 Las Vegas, NV 89148

Attending Physician
Inocencio, Carlos

Attending Physician Address
2320 Paseo Del Prado Ste. B303 Las Vegas, NV 89102

Patient Hi Claim No
025324213A

Disaster Acuity
Medical services required within 72 hours

Provider Information

Provider Name
Jireh Healthcare Services LLC

Provider Number
291533

Provider Address
2320 Paseo Del Prado Ste B101 Las Vegas, NV 89102-0048

Admission

New Admission 09/07/2018 (ROUTINE)

Verbal Certification

Verbal Certification received from Medical Director: Dubin, Stephen Paul by RN_Ruiz, Janyvill (jruiz) on 09/06/2018

I certify that D[redacted] A[redacted] is terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course.

Skilled Nurse RN_Ruiz, Janyvill (User) signed on 09/06/2018. Recorded by jruiz on 09/10/2018 09:55:52.

Verbal Certification received from Physician: Inocencio, Carlos by RN_Ruiz, Janyvill (jruiz) on 09/06/2018

I certify that D[redacted] A[redacted] is terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course.

Skilled Nurse RN_Ruiz, Janyvill (User) signed on 09/06/2018. Recorded by jruiz on 09/10/2018 09:55:59.

Brief Narrative Statement and Attestation

Review the patient's clinical circumstances and synthesize the medical information to provide clinical justification for admission and continuation to hospice services. If in third (3rd) or more benefit periods, clinical findings from the face to face encounter have been used to determine continued eligibility for hospice care.

Composing Physician
Dubin, Stephen Paul

Ms. D[redacted] is 75 year old, Caucasian Female, with very poor short term memory due to worsening alzheimer, requires considerable taxing effort to do her ADL's due to severe weakness and fatigue. Caregiver has to provide maximum to complete assist on patient as she is very high risk to fall and is very confused. As per caregiver Susan, patient refused to eat at times and would just stare on her plate. Todd the son of Ms. Dewey reported that her mom had lost 15 lbs in 2 months. Patient has imminence of death and if patient continues this course her condition is terminal and prognosis is six months or less.

Recorded By
RN_Ruiz, Janyvill (jruiz)

Attestation: I confirm that I composed this narrative and that it is based on my review of the patient's medical record and/or examination of the patient.

Medical Director Dubin, Stephen Paul (Medical Director) signed on 09/07/2018. Recorded by jruiz on 09/10/2018 10:06:44.

Certification Statement

I certify that this patient is under my care, and to the best of my medical knowledge given the data available, has a life expectancy of six (6) months or less if the terminal illness runs its normal course.

Medical Director or Certifying Physician: Medical Director **Dubin, Stephen Paul** (Medical Director) signed on 09/07/2018. Recorded by jruiz on 09/10/2018 10:06:56.

I certify that this patient is under my care, and to the best of my medical knowledge given the data available, has a life expectancy of six (6) months or less if the terminal illness runs its normal course.

Attending Physician: Physician **Inocencio, Carlos** (Physician) signed on 09/07/2018. Recorded by jruiz on 09/10/2018 10:07:05.

Additional Signatures

1. Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on 09/10/2018. Recorded by jruiz on 09/10/2018 10:07:26.

JIREH HEALTHCARE SERVICES
2320 Paseo Del Prado Suite B101 Las Vegas Nevada 89102
PHONE: 702.359.1388 FAX: 702.359.2388
EMAIL ADDRESS: jirehhealthcare @gmail.com

PHYSICIAN'S CERTIFICATION FOR MEDICARE/MEDICAID HOSPICE BENEFIT

Physician's Certification of Terminal Illness for Hospice Benefit (Part – 1)

MR# M0464

A. CERTIFICATION STATEMENT First 90-Day Period from 9/07/2018 **to** 12/05/2018

I (or WE) certify that A[redacted] D[redacted] is terminally ill and Has a life expectancy of six (6) months or less if the terminal illness runs its normal course. I (WE) Reviewed the patient's clinical information and considered the primary terminal condition, related diagnoses, current subjective and objective medical findings, current medication and treatment orders and information about management of unrelated conditions in making this determination.

RN Signature — 9/07/2018 Verbal Order Date

Hospice Medical Director/Associate Hospice Doctor — 9/07/2018 Date

Attending Physician Signature — 9/07/2018 Date

B. RECERTIFICATION STATEMENT Second 90-Day Period from 12-6-18 **to** 3-05-19

I certify that I have reviewed the clinical record prior to recertification for the above noted patient and That patient is still considered to be terminally ill and has life expectancy of six (six) months or less, if The terminal illness runs its normal course.

Hospice Medical Director/Associate Hospice Doctor — [redacted] Date

C. RECERTIFICATION STATEMENT 60-Day Period from _____ **to** _____

I certify that I have reviewed the clinical record prior to recertification for the above noted patient and That patient is still considered to be terminally ill and has life expectancy of six (6) months or less, if The terminal illness runs its normal course.

Hospice Medical Director/Associate Hospice Doctor — Date

Consolo Certification for DEWxA at Office Jireh Healthcare Services LLC

Patient Details for D[redacted] A[redacted] (Patient ID 491783, MRN M0466)

Date Of Birth	[redacted]	**Status**	Active
Screened Allergies	No Known Drug Allergy	**Unscreened Allergies**	See Screened Allergies
Start Of Care	09/07/2018	**Gender**	Female
Patient Address	3158 Kingspoint Ave. Las Vegas, NV 89120		

Hospice Certification of Terminal Illness

Benefit Period
1

Benefit Period Start Date
09/07/2018

Benefit Period End Date
12/05/2018

Certification Start Date
09/07/2018

Certification End Date
12/05/2018

Signed Date
09/07/2018

Medical Director or Certifying Physician
Dubin, Stephen Paul

Medical Director or Certifying Physician Address
5741 S. Fort Apache Rd. Suite 100 Las Vegas, NV 89148

Attending Physician
Inocencio, Carlos

Attending Physician Address
2320 Paseo Del Prado Ste. B303 Las Vegas, NV 89102

Patient Hi Claim No
025324213A

Disaster Acuity
Medical services required within 72 hours

Provider Information

Provider Name
Jireh Healthcare Services LLC

Provider Number
291533

Provider Address
2320 Paseo Del Prado Ste B101 Las Vegas, NV 89102-0048

Admission

New Admission 09/07/2018 (ROUTINE)

Verbal Certification

Verbal Certification received from Medical Director: Dubin, Stephen Paul by RN_Ruiz, Janyvill (jruiz) on 09/06/2018

I certify that D[redacted], A[redacted] is terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course.

Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on **09/06/2018**. Recorded by jruiz on 09/10/2018 09:55:52.

Verbal Certification received from Physician: Inocencio, Carlos by RN_Ruiz, Janyvill (jruiz) on 09/06/2018

I certify that D[redacted], A[redacted] is terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course.

Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on **09/06/2018**. Recorded by jruiz on 09/10/2018 09:55:59.

Consolo Certification for DEWxA at Office Jireh Healthcare Services LLC

Brief Narrative Statement and Attestation

Review the patient's clinical circumstances and synthesize the medical information to provide clinical justification for admission and continuation to hospice services. If in third (3rd) or more benefit periods, clinical findings from the face to face encounter have been used to determine continued eligibility for hospice care.

Composing Physician
Dubin, Stephen Paul

Ms. D[redacted] is 75 year old, Caucasian Female, with very poor short term memory due to worsening alzheimer, requires considerable taxing effort to do her ADL's due to severe weakness and fatigue. Caregiver has to provide maximum to complete assist on patient as she is very high risk to fall and is very confused. As per caregiver Susan, patient refused to eat at times and would just stare on her plate. Todd the son of Ms. Dewey reported that her mom had lost 15 lbs in 2 months. Patient has imminence of death and If patient continues this course her condition is terminal and prognosis is six months or less.

Recorded By
RN_Ruiz, Janyvill (jruiz)

Attestation: I confirm that I composed this narrative and that it is based on my review of the patient's medical record and/or examination of the patient.

Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **09/07/2018**. Recorded by jruiz on 09/10/2018 10:06:44.

Certification Statement

I certify that this patient is under my care, and to the best of my medical knowledge given the data available, has a life expectancy of six (6) months or less if the terminal illness runs its normal course.

Medical Director or Certifying Physician: Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **09/07/2018**. Recorded by jruiz on 09/10/2018 10:06:56.

I certify that this patient is under my care, and to the best of my medical knowledge given the data available, has a life expectancy of six (6) months or less if the terminal illness runs its normal course.

Attending Physician: Physician **Inocencio, Carlos** (Physician) signed on **09/07/2018**. Recorded by jruiz on 09/10/2018 10:07:05.

Additional Signatures

1. Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on **09/10/2018**. Recorded by jruiz on 09/10/2018 10:07:26.

Screened Allergies No Known Drug Allergy, No Known Drug Allergy

D[redacted], A[redacted](491783) MRN M0466 Start Of Care 09/07/2018 Level Of Care ROUTINE More

Hospice Certification of Terminal Illness

Benefit Period
2

Benefit Period Start Date
12/06/2018

Benefit Period End Date
03/05/2019

Certification Start Date
12/06/2018

Certification End Date
03/05/2019

Signed Date
12/03/2018

Medical Director or Certifying Physician
Dubin, Stephen Paul

Medical Director or Certifying Physician Address
5741 S. Fort Apache Rd. Suite 100 Las Vegas, NV 89148

Attending Physician
Inocencio, Carlos

Attending Physician Address
2320 Paseo Del Prado Ste. B303 Las Vegas, NV 89102

Patient HI Claim No
025324213A

Disaster Acuity
Medical services required within 72 hours

Provider Information

Provider Name
Jireh Healthcare Services LLC

Provider Number
291533

Provider Address
2320 Paseo Del Prado Ste B101 Las Vegas, NV 89102-0048

Admission

New Admission 09/07/2018 (ROUTINE)

Verbal Certification

Verbal Certification received from Medical Director: Dubin, Stephen Paul by Dugay, Julia (jduga) on 12/03/2018

I certify that D[redacted] A[redacted] is terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course.

Skilled Nurse Dugay, Julia (User) signed on 12/03/2018. Recorded by jduga on 12/03/2018 14:06:53.

Brief Narrative Statement and Attestation

Review the patient's clinical circumstances and synthesize the medical information to provide clinical justification for admission and continuation to hospice services. If in third (3rd) or more benefit periods, clinical findings from the face to face encounter have been used to determine continued eligibility for hospice care.

Composing Physician
Dubin, Stephen Paul

Recorded By
Dugay, Julia (jduga)

Recertifying Ms A[redacted] D[redacted] Jireh healthcare services for the 2nd 90-day benefit episode. She is a 75 y/o white female with worsening Alzheimer's Disease requiring maximum assist with her ADL/IADLs. She is oftentimes confused and eats 20-25% of her meals. If patient continues this course, her prognosis is 6 months or less.

Attestation: I confirm that I composed this narrative and that it is based on my review of the patient's medical record and/or examination of the patient.

Medical Director Dubin, Stephen Paul (Medical Director) signed on 12/03/2018. Recorded by jduga on 12/03/2018 14:06:16.

Certification Statement

I certify that this patient is under my care, and to the best of my medical knowledge given the data available, has a life expectancy of six (6) months or less if the terminal illness runs its normal course.

Medical Director or Certifying Physician: Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **12/03/2018**. Recorded by jduga on 12/03/2018 14:05:44.

I recertify that this patient is under my care, and to the best of my medical knowledge given the data available, has a life expectancy of six (6) months or less if the terminal illness runs its normal course.

Attending Physician: Physician **Inocencio, Carlos** (Physician) signed on **12/03/2018**. Recorded by jduga on 12/03/2018 14:05:58.

Additional Signatures

1. Skilled Nurse **Dugay, Julia** (User) signed on **12/03/2018**. Recorded by jduga on 12/03/2018 14:08:23.

Jireh Healthcare Services LLC

3013

PHYSICIANS ORDER

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel: Fax:

PATIENT: D[redacted] A[redacted] DOB: [redacted] MR#: M0466

ORDERED BY: STEPHEN DUBIN (MD) ORDER DATE: 09/07/18 ORDER#: 1598165

List of New/Refill Orders

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer
09/14/18		Medication	New	RISPERDAL (risperidone)	0.5 mg		1 Tab	ORAL	2 times a day		

List of 'ADMIT' Items - DO NOT FILL ITEMS BELOW (Patient has supply of item at admission)

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer
09/07/18		Medication	Admit	Alprazolam (Alprazolam)	1 mg		1 Tab	ORAL	Once a day - At bedtime		
	==> Note: To be taken every night at bedtime.										
09/07/18		Medication	Admit	Escitalopram (Escitalopram Oxalate)	10 mg		0.5 Tab	ORAL	Daily		
	==> Note: Take half a tablet once daily.										
09/07/18		Medication	Admit	Galantamine (Galantamine)	24 mg		1 Cap ER	ORAL	Daily		
	==> Note: Take one tablet once daily.										
09/07/18		Medication	Admit	Metoprolol Tartrate (Metoprolol tartrate)	50 mg		1 Tab	ORAL	2 times a day		
	==> Note: Take one tablet by mouth twice daily.										

ADDITIONAL NOTE

Merging information from Consolo

PHONE ORDER / READ BACK ORDER BY MARY ROSE FRONDA (RN)

Electronically Signed: 9/7/2018, By STEPHEN DUBIN, MD

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Jireh Healthcare Services LLC

PHYSICIANS ORDER

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel: Fax:

PATIENT: D[redacted] A[redacted] DOB: [redacted] MR#: M0466

ORDERED BY: STEPHEN DUBIN (MD) ORDER DATE: 09/10/18 ORDER#: 1598200

List of New/Refill Orders

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer
09/10/18		Medication	New	Losartan (Losartan Potassium)	100 mg		1 Tab	ORAL	Daily		
	==> Note: Take one tablet by mouth once daily.										
09/10/18		Medication	New	Namenda XR (memantine hydrochloride)	28 mg		1 Cap ER	ORAL	Daily		
	==> Note: Take one tablet by mouth once daily.										

List of 'ADMIT' Items - DO NOT FILL ITEMS BELOW (Patient has supply of item at admission)

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer

PHONE ORDER / READ BACK ORDER BY MARY ROSE FRONDA (RN)

Electronically Signed: 9/10/2018, By STEPHEN DUBIN, MD

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TRINITY PHARMACY

2797 S MARYLAND PKWY, STE 28
LAS VEGAS, NV 89109
TEL 702.776.8210

Your Home for a Healthier You

Name: A[redacted] D[redacted]
Address:
Tel:

Date: 9/18/18
Time: 11:42A
DOB: [redacted]

alp. Img

T qhs Anx1 SL #15

RP

A[redacted] AVE LAS VEGAS NV 89120
RX0169967

DR.: Honey
TEL:
NPI:
DEA:

Dubin
FD 2419706
359-1388

Trinity Pharmacy

2797 S. Maryland Pkwy 28 Las Vegas, NV 89109

Phone: 702-776-8210 Fax: 702-776-7195

Telephoned Prescription

RX0168817

STEPHEN DUBIN

5380 S RAINBOW STE 306
LAS VEGAS NV 89128

Phone : 702-359-1388
Fax : 702-362-9954

DEA # : FD2419706
Lic # : 13772
NPI # : 1023311040

Rx# : 168817

Rx Written : 11-30-2018

Patient : D[redacted], A[redacted]
Address : [redacted] AVE
LAS VEGAS NV 89120
Phone # : 702-[redacted]
D.O.B. : [redacted]
Gender : Female

[redacted]LPRAZOLAM 1 MG TABLET
Generic for XANAX 1MG TABLET

[redacted]uantity : 15

[redacted]g Instructions :
[redacted]AKE ONE TABLET BY MOUTH AT BEDTIME FOR ANXIETY/SLEEP

[redacted]

Refills Authorized : 0 **RPh : LJ**

Diagnosis Codes : F41.9

Signature

Date

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "DAW" IN THE BOX BELOW

Dispense As Written

Trinity Pharmacy

2797 S. Maryland Pkwy 28 Las Vegas, NV 89109

Phone: 702-776-8210 Fax: 702-776-7195

Telephoned Prescription

RX0168116

STEPHEN DUBIN

5380 S RAINBOW STE 306
LAS VEGAS NV 89128

Phone : 702-359-1388
Fax : 702-362-9954

DEA # : FD241970(
Lic # : 13772
NPI # : 102331104

Rx# : 168116

Rx Written : 11-19-2018

Patient : D[redacted], A[redacted]
Address : [redacted] AVE
LAS VEGAS NV 89120
Phone # : 702-[redacted]
D.O.B. : [redacted]
Gender : Female

1PM
SP

ALPRAZOLAM 1 MG TABLET
Generic for XANAX 1MG TABLET

Quantity : 15

Sig Instructions :
TAKE ONE TABLET BY MOUTH AT BEDTIME FOR ANXIETY/SLEEP

Refills Authorized : 0 **RPh : LJ**

Diagnosis Codes : F41.9

MD called refill by phone

Signature

11/19

Date

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "DAW" IN THE BOX BELOW

Dispense As Written

Trinity Pharmacy

2797 S. Maryland Pkwy 28 Las Vegas, NV 89109

Phone: 702-776-8210 Fax: 702-776-7195

Telephoned Prescription

RX0186757

STEPHEN DUBIN
5380 S RAINBOW STE 306
LAS VEGAS NV 89128

Phone : 702-359-1388
Fax : 702-362-9954

DEA # : FD2419706
Lic # : 13772
NPI # : 1023311040

Rx# : 166757

Rx Written : 10-29-2018

Patient : D[redacted], A[redacted]
Address : [redacted] AVE
LAS VEGAS NV 89120
Phone # : 702-[redacted]
D.O.B. : [redacted]
Gender : Female

ALPRAZOLAM 1 MG TABLET
Generic for XANAX 1MG TABLET

Quantity : 15

Sig Instructions :
TAKE ONE TABLET BY MOUTH AT BEDTIME FOR ANXIETY/SLEEP

Refills Authorized : 0 **RPh : MLJ / CC**
Diagnosis Codes : F41.9

Mb ok / Speedy @ 1.41pm 10/29/18

Signature Date

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "DAW" IN THE BOX BELOW

A[redacted] D[redacted] [redacted]
[redacted] AVE LAS VEGAS NV 89120

RX0166757

Dispense As Written

Trinity Pharmacy
2797 S. Maryland Pkwy 28 Las Vegas, NV 89109
Phone: 702-776-8210 Fax: 702-776-7195

Telephoned Prescription

RX0165873

STEPHEN DUBIN
5380 S RAINBOW STE 306
LAS VEGAS NV 89128
Phone : 702-359-1388
Fax : 702-362-9954
DEA # : FD2419708
Lic # : 13772
NPI # : 1023311040

Rx# : 165873
Rx Written : 10-15-2018

Patient : D[redacted] A[redacted]
Address : [redacted] AVE
LAS VEGAS NV 89120
Phone # : 702-[redacted]
D.O.B. : [redacted]
Gender : Female

4 PM
Speedy

ALPRAZOLAM 1 MG TABLET
Generic for XANAX 1MG TABLET
Quantity : 15 (fifteen)

Sig Instructions :
TAKE ONE TABLET BY MOUTH AT BEDTIME FOR ANXIETY/SLEEP

Refills Authorized : 0 RPh : LJ
Diagnosis Codes : F41.9

MJ called in new Rx 10/15/18
Signature Date

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "DAW" IN THE BOX BELOW

☐ Dispense As Written

Patient

[redacted] LAS VEGAS NV 89120
RX0165873

Trinity Pharmacy
2797 S. Maryland Pkwy 28 Las Vegas, NV 89109
Phone: 702-776-8210 Fax: 702-776-7195

Telephoned Prescription

STEPHEN DUBIN
5380 S RAINBOW STE 306
LAS VEGAS NV 89128

Phone : 702-359-1388
Fax : 702-382-9954

DEA # : FD2419706
Lic # : 13772
NPI # : 1023311040

Rx# : 164958

Rx Written : 10-1-2018

Speedy
11 AM

Patient : D[redacted] A[redacted]
Address : [redacted] AVE
LAS VEGAS NV 89120
Phone # : 702-[redacted]
D.O.B. : [redacted]
Gender : Female

ALPRAZOLAM 1 MG TABLET
Generic for XANAX 1MG TABLET
Quantity : 15

Sig Instructions :
TAKE ONE TABLET BY MOUTH AT BEDTIME FOR ANXIETY/SLEEP

Refills Authorized : 0 RPh : LJ

MD called in new Rx 10/1/18
Signature Date

[illegible] PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "DAW" IN THE BOX BELOW

☐ Dispense As Written

JIREH HEALTHCARE SERVICES LLC

(HOSPICE AGENCY)

PATIENT NAME: M[redacted]

G[redacted]

DOB: [redacted]

START OF CARE:

10/10/2018 TO 12/31/2018

EXHIBIT 7

Claim Number	From Service Date	To Service Date	Beneficiary Nam	Claim Status	Total Charge	Type Of Bill	Admit Date
21900700422207NVR	12/1/2018	12/31/2018	[redacted]	P - Paid	$7,790.97	813 - Hospice (...	9/7/2018
21833900538807NVR	11/1/2018	11/30/2018		P - Paid	$8,724.43	813 - Hospice (...	9/7/2018
21830901126607NVR	10/1/2018	10/31/2018		P - Paid	$9,083.84	813 - Hospice (...	9/7/2018
21827601222707NVR	9/7/2018	9/30/2018		P - Paid	$6,942.12	812 - Hospice (...	9/7/2018

Claim Number	From Service Date	To Service Date	Claim Status	Total Charge	Type Of Bill	Admit Date
21900700421907NVR	12/1/2018	12/31/2018	P - Paid	$6,986.61	813 - Hospice (...	10/10/2018
21833900542507NVR	11/1/2018	11/30/2018	P - Paid	$8,197.48	813 - Hospice (...	10/10/2018
21833900230804NVR	10/10/2018	10/31/2018	P - Paid	$6,230.74	817 - Hospice (...	10/10/2018
21830901121107NVR	10/10/2018	10/31/2018	P - Paid	$5,630.74	812 - Hospice (...	10/10/2018

Claim Number	From Service Date	To Service Date	Claim Status	Total Charge	Type Of Bill	Admit Date
21900901108507NVR	12/1/2018	12/26/2018	P - Paid	$6,626.68	814 - Hospice (...	6/13/2018
21833900542007NVR	11/1/2018	11/30/2018	P - Paid	$7,635.75	813 - Hospice (...	6/13/2018
21830901128607NVR	10/1/2018	10/31/2018	P - Paid	$8,065.97	813 - Hospice (...	6/13/2018
21827601223807NVR	9/1/2018	9/30/2018	P - Paid	$7,382.91	813 - Hospice (...	6/13/2018
21824701185107NVR	8/1/2018	8/31/2018	P - Paid	$8,276.79	813 - Hospice (...	6/13/2018
21821800581907NVR	7/1/2018	7/31/2018	P - Paid	$9,216.50	813 - Hospice (...	6/13/2018
21818600817807NVR	6/13/2018	6/30/2018	P - Paid	$5,126.72	812 - Hospice (...	6/13/2018

Claim Number	From Service Date	To Service Date	Claim Status	Total Charge	Type Of Bill	Admit Date
21900700421507NVR	12/20/2018	12/22/2018	P - Paid	$680.54	811 - Hospice (...	12/20/2018

12/31/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/30/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/29/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/28/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/27/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/26/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/25/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/24/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/23/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/22/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/21/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/20/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/19/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/18/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/17/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/16/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/15/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/14/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/13/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/12/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/11/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/10/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/9/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/8/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
12/7/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
12/6/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
12/5/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
12/4/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
12/3/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
12/2/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
12/1/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
11/30/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
11/29/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
11/28/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
11/27/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
11/26/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
11/25/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
11/24/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
11/23/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
11/22/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
11/21/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
11/20/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
11/19/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
11/18/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
11/17/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
11/16/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
11/15/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
11/14/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
11/13/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
11/12/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
11/11/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
11/10/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
11/9/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
11/8/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
11/7/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
11/6/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
11/5/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
11/4/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
11/3/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
11/2/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
11/1/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
10/31/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
10/30/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
10/29/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
10/28/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
10/27/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
10/26/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
10/25/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
10/24/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
10/23/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
10/22/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
10/21/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
10/20/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
10/19/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
10/18/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
10/17/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
10/16/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
10/15/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
10/14/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
10/13/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
10/12/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
10/11/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	226.8452	0
10/10/2018 Jireh Healthcare Servic M0474	E43	Clark	ROUTINE	Medicare	[redacted]	226.8452	0

Jireh Healthcare Services LLC

HospiceMD

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel: Fax:

ersonal Information

LEVEL OF CARE

MR#	M0474	SSN	[redacted]	DOB	[redacted] (56 yrs)
LAST NAME	[redacted] G[redacted]	FIRST NAME	M	MI	
ADDRESS	[redacted] Drive			APT / SUITE #	
CITY	Las Vegas	STATE	NV	ZIP	89108
PHONE	(702)[redacted]	CELL		PRIM LANGUAGE	English
RACE	Black	ETHNICITY	Afro-American	MARITAL ST	Single
GENDER	Female	RELIGION	Baptist	DENOMINATION	

Insurance

PAY SOURCE	INSURANCE	SHARE OF COST	POLICY / MBI #	GROUP#	BIN#	EFFECTIVE DATE	AUTH TYPE	R&B AUTH NO	R&B AUTH VALID TILL
Primary	Medicare	$0.00	[redacted]			10/10/2018			

Dates of Service, Diagnosis & Allergies

REF DATE	10/9/2018	SOC	10/10/2018	RE-CERT	1/7/2019
		EOC	1/7/2019	DISC CODE	Status Improved
ADMIT TYPE	New Admission				
STARTING CERT#	1				
PRIMARY DX	Unspecified severe protein-calorie malnutrition (E43)			DISEASE	FTT / Debility (Non-Specific Disease)
SECOND DX	Adult failure to thrive (R62.7)			DISEASE	
COMORBIDITIES					

ALLERGIES LAST UPDATED

Place of Service (POS)

TYPE	Home	FACILITY NAME			
EFFECTIVE DATE		ROOM NO		PCG	
ADDRESS	[redacted] Drive	CITY	Las Vegas	STATE-ZIP	NV 89108
PHONE	(702)[redacted]	ALT-PHONE		FAX	

Authorized Rep (AR) / Emergency Contact (EC)

AR/EC , , Address: , , , Phone: , Alt Phone: , AR/EC is:

Referral Source & Attending MD

MEDICAL DIRECTOR	STEPHEN DUBIN, Phone:, Fax:(702) 362-9930, NPI:1023311040
REFERRING/ATTENDING/PATIENT CHOICE	STEPHEN DUBIN, Phone:(702) 362-9930, Fax:(702) 362-9930, NPI:1023311040

Vendors

PHARMACY	MAIN:Trinity Pharmacy (Las Vegas)
ME	MAIN:Advantage Home Medical Services, Inc. (Las Vegas)

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Consolo Assignment Dated: 10/17/2018 for T[redacted]G[redacted], M

Patient Details for T[redacted]G[redacted], M (Patient ID 501364, MRN M0474)

Date Of Birth [redacted]	Status	Pending - Discharged

Assignment Details

Effective Date: 10/17/2018, Medical Record No: M0474, Dme Provider: Advantage Home Medical Services, Inc. , Pharmacy: Trinity Pharmacy, Patient

IDG Team

Discipline	Name	Primary?	Default for New Medications?	Visits	PRN Visits	Frequency Notes
Chaplain	CHAPLAIN_Murphy, Kathryn	Yes	No			Eval. 1x/mo, & 3x/mo PRN for spiritual distress w/in cert pd
Hospice Aide	CNA_Munive, Esther	Yes	No	5 visit(s) Weekly		5X/W
Hospice Aide	Young, Grace Marie	No	No	5 visit(s) Weekly		
MD Director	Dubin, Stephen Paul	Yes	No			1x/mo PRN withn certification period for Emergency Respons
Physician	Dubin, Stephen Paul	Yes	No			1x/mo PRN withn certification period for Emergency Respons
Skilled Nurse	RN_Cacanindin, Speedy	Yes	No			1x/wk&2x/wk PRN for fall & anxiety issues withn cert perd
Skilled Nurse	RN_Domondon, Mary Alyn	No	No			Eval &2x/wk PRN for fall & anxiety issues withn cert perd
Social Services	MSW_Minnick, Joseph	Yes	No			Eval. 1x/mo PRN for psychosocial issues within cert period

Consolo Assignment Dated: 10/10/2018 for T[redacted] G[redacted], M

Patient Details for [redacted] G[redacted]y, M (Patient ID 501364, MRN M0474)

Date Of Birth [redacted]	Status	Pending - Discharged

Assignment Details

Effective Date: 10/10/2018, **Medical Record No**: M0474, **Dme Provider**: Advantage Home Medical Services, Inc. , **Pharmacy**: Trinity Pharmacy

IDG Team

Discipline	Name	Primary?	Default for New Medications?	Visits	PRN Visits	Frequency Notes
Chaplain	CHAPLAIN_Murphy, Kathryn	Yes	No			Eval 1x/mo, & 3x/mo PRN for spiritual distress w/in cert pd
Hospice Aide	Young, Grace Marie	No	No	5 visit(s) Weekly		
MD Director	Dubin, Stephen Paul	Yes	No			1x/mo PRN withn certification period for Emergency Respons
Physician	Dubin, Stephen Paul	Yes	No			1x/mo PRN withn certification period for Emergency Respons
Skilled Nurse	RN_Domondon, Mary Alyn	No	No			Eval &2x/wk PRN for fall & anxiety issues withn cert perd
Skilled Nurse	RN_Cacanindin, Speedy	Yes	No			1x/wk&2x/wk PRN for fall & anxiety issues withn cert perd
Social Services	MSW_Minnick, Joseph	Yes	No			Eval 1x/mo PRN for psychosocial issues within cert period

Consolo Discharge - No Longer Appropriate 01/07/2019 (ROUTINE) for [redacted], M

Patient Details for [redacted], M (Patient ID 501364, MRN M0474)

Date Of Birth	[redacted]	Status	Pending - Discharged

Care Level Change Details

Description	Effective Datetime	Level Of Care	Office
Discharge - No Longer Appropriate	01/07/2019 13:27 PST	ROUTINE	Jireh Healthcare Services LLC

Status
COMPL

Checklist

- Completed 01/07/2019 - Call Primary Physician
- Completed 01/07/2019 - Complete Advance Beneficiary Notice form
- Completed 01/07/2019 - Complete Notice Of MEDICARE Provider Non-Coverage
- Completed 01/07/2019 - Discharge Planning & Coordination of Care
- Completed 01/07/2019 - Notify Ancillary Services (i.e. Massage, Music, Pet Therapy, etc)
- Completed 01/07/2019 - Notify Bereavement Coordinator
- Completed 01/07/2019 - Notify Care Facility
- Completed 01/07/2019 - Notify Chaplain
- Completed 01/07/2019 - Notify Clinical Director
- Completed 01/07/2019 - Notify DME provider and request pickup
- Completed 01/07/2019 - Notify Hospice Aide Supervisor
- Completed 01/07/2019 - Notify Insurance Company/Caseworker
- Completed 01/07/2019 - Notify Medical Director
- Completed 01/07/2019 - Notify Medical Records
- Completed 01/07/2019 - Notify Pharmacy
- Completed 01/07/2019 - Notify Primary Nurse
- Completed 01/07/2019 - Notify Senior Services/Caseworker
- Completed 01/07/2019 - Notify Social Worker
- Completed 01/07/2019 - Notify Volunteer
- Completed 01/07/2019 - Notify Volunteer Coordinator
- Completed 01/07/2019 - Print IDG report.
- Completed 01/07/2019 - Verify HIS Data

Discharge Details

Notes
Patient is discharge to hospice care today 01/07/2019. Patient is no longer appropriate for hospice. She is also seeking for a physical therapy treatment. RN Speedy Cacanindin discussed to patient about safety measure, emergency plan, and to see primary physician in 2 weeks to discuss about medication reconciliation. and to manage patient overall health.

1	2	3a PAT. CNTL #	3666552	4 TYPE OF BILL
JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388		b. MED. REC. #	M0474	0814

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7
251927052	010119	010719	

8 PATIENT NAME	9 PATIENT ADDRESS
a [redacted]	a [redacted]
b [redacted] G[redacted], M	b LAS VEGAS c NV d 89130 e USA

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29 ACCT STATE	30
[redacted]	F	101018	12	3	2		01													

31 OCCURRENCE CODE	31 OCCURRENCE DATE	32 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	34 OCCURRENCE DATE	35 CODE	35 OCCURRENCE SPAN FROM	THROUGH	36 CODE	36 OCCURRENCE SPAN FROM	THROUGH	37
27	101018													

38	39 CODE	39 VALUE CODES AMOUNT	40 CODE	40 VALUE CODES AMOUNT	41 CODE	41 VALUE CODES AMOUNT
	a 61	2982000				
	b					
	c					
	d					

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0651	651-Routine Home Care	Q5001	010119	7	1,24777	000	
0001	PAGE 1 OF 1	CREATION DATE	012119	TOTALS	1,24777		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1427366699
Medicare Part A		Y	Y	000	1,24777	57 OTHER PRV ID	

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
[redacted] G[redacted], M	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66 DX	E43	R627	G894	R269	F329	Z8781					66
0											

69 ADMIT DX	70 PATIENT REASON DX			71 PPS CODE	72 ECI		73

74 PRINCIPAL PROCEDURE CODE	DATE	a OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75
c OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e OTHER PROCEDURE CODE	DATE	

76 ATTENDING	NPI 1023311040	QUAL	
LAST Dubin	FIRST Stephen Paul		
77 OPERATING	NPI	QUAL	
LAST	FIRST		
78 OTHER	NPI	QUAL	
LAST	FIRST		
79 OTHER	NPI	QUAL	
LAST	FIRST		

80 REMARKS	81CC	
	a	
	b	B3 251G00000X
	c	
	d	

CMS-1450 NUBC-0804 1 APPROVED OMB NO. 0938-0997 OCR Original

NUBC 24394604

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

DUBIN0062

1 JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388	2	3a PAT CNTL # 3656887 b. MED REC. # M0474	4 TYPE OF BILL 081B
		5 FED TAX NO. 251927052	6 STATEMENT COVERS PERIOD FROM 101018 THROUGH 010719

| | | |

1 JIREH HEALTHCARE SERVICES
2320 PASEO DEL PRADO STE B101
LAS VEGAS NV 891020048
7023591388 7023592388

2

3a PAT CNTL # 3644113
b MED REC # M0474
4 TYPE OF BILL 0813
5 FED. TAX NO. 251927052
6 STATEMENT COVERS PERIOD FROM 120118 THROUGH 123118
7

8 PATIENT NAME a [redacted]
b [redacted] G [redacted] M
9 PATIENT ADDRESS a [redacted]
b LAS VEGAS c NV d 89130 e USA

10 BIRTHDATE [redacted] 11 SEX F 12 ADMISSION DATE 101018 HR 12 13 TYPE 3 14 SRC 2 15 DHR 16 STAT 30
17 CONDITION CODES 18 19 20 21 22 23 24 25 26 27 28
29 ACCT STATE 30

31 OCCURRENCE CODE 27 DATE 101018
32 OCCURRENCE CODE DATE
33 OCCURRENCE CODE DATE
34 OCCURRENCE CODE DATE
35 OCCURRENCE SPAN CODE FROM THROUGH
36 OCCURRENCE SPAN CODE FROM THROUGH
37

38

39 VALUE CODES CODE AMOUNT a 61 2982000
b
c
d
40 VALUE CODES CODE AMOUNT
41 VALUE CODES CODE AMOUNT

42 REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0651	651-Routine Home Care	Q5001	120118	8	1,81476	000	
0551	RN Clinical Visit	G0299	120318	1	1201	1201	
0551	RN Clinical Visit	G0299	120318	1	1201	1201	
0571	Hospice Aide Clinical Visi	G0156	120318	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	120418	4	10000	10000	
0551	RN Clinical Visit	G0299	120518	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	120518	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	120618	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	120718	4	10000	10000	
0651	651-Routine Home Care	Q5001	120918	23	4,09980	000	
0571	Hospice Aide Clinical Visi	G0156	121018	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	121118	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	121218	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	121318	4	10000	10000	
1	Hospice Aide Clinical Visi	G0156	121418	4	10000	10000	
0001	PAGE 1 OF 1	CREATION DATE 010419	TOTALS		6,98661		

50 PAYER NAME: Medicare Part A
51 HEALTH PLAN ID:
52 REL. INFO Y
53 ASG. BEN Y
54 PRIOR PAYMENTS 000
55 EST. AMOUNT DUE 5,91456
56 NPI 1427366699
57 OTHER PRV ID

58 INSURED'S NAME [redacted] t G [redacted] M
59 P REL 18
60 INSURED'S UNIQUE ID [redacted]
61 GROUP NAME
62 INSURANCE GROUP NO.

63 TREATMENT AUTHORIZATION CODES
64 DOCUMENT CONTROL NUMBER
65 EMPLOYER NAME

67 E43 R627 G894 R269 F329 Z8781
0
68
69 ADMIT DX
70 PATIENT REASON DX
71 PPS CODE
72 ECI
73

74 PRINCIPAL PROCEDURE CODE DATE
a. OTHER PROCEDURE CODE DATE
b. OTHER PROCEDURE CODE DATE
c. OTHER PROCEDURE CODE DATE
d. OTHER PROCEDURE CODE DATE
e. OTHER PROCEDURE CODE DATE
75

76 ATTENDING NPI 1023311040 QUAL
LAST Dubin FIRST Stephen Paul
77 OPERATING NPI QUAL
LAST FIRST
78 OTHER NPI QUAL
LAST FIRST
79 OTHER NPI QUAL
LAST FIRST

80 REMARKS
23 a
b B3 251G00000X
c
d

UB-04 CMS-1450 NUCC 08/04 APPROVED OMB NO. 0938-0997 OCR:Original
NUHC National Uniform Billing Committee 24394604
THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

1 JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388	3	3a PAT CNTL # 3588466 b MED REC # M0474			4 TYPE OF BILL 0813
		5 FED TAX NO. 251927052	6 STATEMENT COVERS PERIOD FROM 110118	THROUGH 113018	7

8 PATIENT NAME		9 PATIENT ADDRESS				
[redacted] G[redacted] M		b LAS VEGAS	c NV	d 89130	e USA	

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	HR	14 TYPE	15 SRC	16 DHR	17 STAT	CONDITION CODES 18	19	20	21	22	23	24	25	26	27	28	29 ACCT STATE	30
[redacted]	F	101018	12	3	2		30													

31 OCCURRENCE CODE	DATE	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 OCCURRENCE SPAN CODE	FROM	THROUGH	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
27	101018													

39		40 VALUE CODES CODE	AMOUNT	40 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
	a	61	2982000				
	b						
	c						
	d						

42 REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0651	651-Routine Home Care	Q5001	110118	30	6,80536	000	
0571	Hospice Aide Clinical Visi	G0156	110118	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	110218	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	110518	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	110618	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	110718	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	110818	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	110918	4	10000	10000	
0551	RN Clinical Visit	G0299	111318	4	4803	4803	
0561	Social Services Clinical V	G0155	112018	4	4803	4803	
0551	RN Clinical Visit	G0299	112118	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	112118	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	112218	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	112318	4	10000	10000	
[illegible]1	RN Clinical Visit	G0299	112618	4	4803	4803	
[illegible]1	Hospice Aide Clinical Visi	G0156	112618	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	112718	4	10000	10000	
0001	PAGE 1 OF 1		CREATION DATE 120418	TOTALS		8,19748	

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1427366699
Medicare Part A		Y	Y	000	6,80536	57 OTHER PRV ID	

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
[redacted] G[redacted] M	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66 DX	E43	R627	G894	R269	F329	Z8781					68
0											

69 ADMIT DX	70 PATIENT REASON DX			71 PPS CODE	72 ECI				73
74 a PRINCIPAL PROCEDURE CODE DATE	b OTHER PROCEDURE CODE DATE	c OTHER PROCEDURE CODE DATE	75	76 ATTENDING	NPI 1023311040	QUAL	
				LAST Dubin	FIRST Stephen Paul		
d OTHER PROCEDURE CODE DATE	e OTHER PROCEDURE CODE DATE	f OTHER PROCEDURE CODE DATE		77 OPERATING	NPI	QUAL	
				LAST	FIRST		
80 REMARKS	a CC			78 OTHER	NPI	QUAL	
	b	B3 251G00000X		LAST	FIRST		
	c			79 OTHER	NPI	QUAL	
	d			LAST	FIRST		

UB-04 CMS-1450 NUCF-U804.1 APPROVED OMB NO. 0938 0997 DCR/Original NUBC National Uniform Billing Committee 24394604 THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

1 JIREH HEALTHCARE SERVICES
2320 PASEO DEL PRADO STE B101
LAS VEGAS NV 891020048
7023591388 7023592388

3a PAT CNTL # 3535008
b MED REC # M0474
4 TYPE OF BILL 0812
5 FED TAX NO 251927052
6 STATEMENT COVERS PERIOD FROM 101018 THROUGH 103118

8 PATIENT NAME [redacted] M
9 PATIENT ADDRESS [redacted] b LAS VEGAS c NV d 89130 e USA

10 BIRTHDATE [redacted] 11 SEX F 12 ADMISSION DATE 101018 13 HR 12 14 TYPE 3 15 SRC 2 16 DHR 17 STAT 30
18 CONDITION CODES 29 ACDT STATE 30

31 OCCURRENCE CODE	31 OCCURRENCE DATE	32 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE SPAN CODE	35 OCCURRENCE SPAN FROM	35 OCCURRENCE SPAN THROUGH	36 OCCURRENCE SPAN CODE	36 OCCURRENCE SPAN FROM	36 OCCURRENCE SPAN THROUGH	37
27	101018													

38

39 VALUE CODES CODE	39 VALUE CODES AMOUNT	40 VALUE CODES CODE	40 VALUE CODES AMOUNT	41 VALUE CODES CODE	41 VALUE CODES AMOUNT
a 61	2982000				
b					
c					
d					

42 REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0551	RN Clinical Visit	G0299	101018	8	9606	9606	
0651	651-Routine Home Care	Q5001	101018	22	4,99059	000	
0571	Hospice Aide Clinical Visi	G0156	101118	4	10000	10000	
0561	Social Services Clinical V	G0155	101518	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	101518	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	101618	2	5000	5000	
0571	Hospice Aide Clinical Visi	G0156	101718	2	5000	5000	
0571	Hospice Aide Clinical Visi	G0156	101818	2	5000	5000	
0571	Hospice Aide Clinical Visi	G0156	101918	2	5000	5000	
0551	RN Clinical Visit	G0299	102418	4	4803	4803	
0551	RN Clinical Visit	G0299	103018	4	4803	4803	
0001	PAGE 1 OF 1		CREATION DATE 110518	TOTALS	5,63074		

50 PAYER NAME: Medicare Part A
51 HEALTH PLAN ID:
52 REL INFO: Y
53 ASG BEN: Y
54 PRIOR PAYMENTS: 000
55 EST AMOUNT DUE: 4,99059
56 NPI: 1427366699
57 OTHER PRV ID:

58 INSURED'S NAME: G[redacted] M
59 P REL: 18
60 INSURED'S UNIQUE ID: [redacted]
61 GROUP NAME:
62 INSURANCE GROUP NO:

63 TREATMENT AUTHORIZATION CODES:
64 DOCUMENT CONTROL NUMBER:
65 EMPLOYER NAME:

67 E43 | R627 | G894 | R269 | F329 | Z8781 | 67 Q
68
69 ADMIT DX:
70 PATIENT REASON DX:
71 PPS CODE:
72 ECI:
73

74 PRINCIPAL PROCEDURE CODE DATE
a. OTHER PROCEDURE CODE DATE
b. OTHER PROCEDURE CODE DATE
c. OTHER PROCEDURE CODE DATE
d. OTHER PROCEDURE CODE DATE
e. OTHER PROCEDURE CODE DATE

76 ATTENDING NPI 1023311040 QUAL
LAST Dubin FIRST Stephen Paul
77 OPERATING NPI QUAL
LAST FIRST
78 OTHER NPI QUAL
LAST FIRST
79 OTHER NPI QUAL
LAS FIRST

80 REMARKS
81CC a
b B3 251G00000X
c
d

UB-04 CMS-1450 NUCF-U1004.1 APPROVED OMB NO 0938-0997 ORIGINAL
NUBC 21394A04
THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592788	3a PAT. CNTL # 3494313		4 TYPE OF BILL 081A
	b MED. REC. # M0474		
	5 FED TAX NO. 251927052	6 STATEMENT COVERS PERIOD FROM 101018 THROUGH	7

8 PATIENT NAME	9 PATIENT ADDRESS				
a 541767821A	a [redacted]				
[redacted] G[redacted] M M	b LAS VEGAS	c NV	d 89130	e USA	

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	15 DHR	17 STAT	18	19	20	21	CONDITION CODES 22	23	24	25	26	27	28	29 ACCT STATE	30
[redacted]	F	101018	12	3	2		30													

31 OCCURRENCE CODE	31 OCCURRENCE DATE	32 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE SPAN CODE	35 OCCURRENCE SPAN FROM	35 OCCURRENCE SPAN THROUGH	36 OCCURRENCE SPAN CODE	36 OCCURRENCE SPAN FROM	36 OCCURRENCE SPAN THROUGH	37
27	101018													

38	39 VALUE CODES CODE	39 VALUE CODES AMOUNT	40 VALUE CODES CODE	40 VALUE CODES AMOUNT	41 VALUE CODES CODE	41 VALUE CODES AMOUNT
	a					
	b					
	c					
	d					

42 REV. CD.	42 DESCRIPTION	43 HCPCS/RATE/HIPPS CODE	44 SERV. DATE	45 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0650		Q5001	101018	1	000	000	
0001 PAGE 1 OF 1		CREATION DATE	101518	TOTALS	000		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1427366699
Medicare Part A		Y	Y	000	000	57 OTHER PRV ID	

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
[redacted] G[redacted], M M	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

67	E43	R627	G894	R269	F329	Z8781					68
C											

69 ADMIT DX	70 PATIENT REASON DX				71 PPS CODE	72 ECI					73

74 a. PRINCIPAL PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	c. OTHER PROCEDURE CODE	DATE	75
e. OTHER PROCEDURE CODE	DATE	f. OTHER PROCEDURE CODE	DATE	g. OTHER PROCEDURE CODE	DATE	

76 ATTENDING	NPI 1023311040	QUAL	
LAST Dubin	FIRST Stephen Paul		
77 OPERATING	NPI	QUAL	
LAST	FIRST		
78 OTHER	NPI	QUAL	
LAST	FIRST		
79 OTHER	NPI	QUAL	
LAS	FIRST		

80 REMARKS	81CC	
	a	
	b	B3 251G00000X
	c	
	d	

UB-04 CMS-1450 NUBC 1394.1 APPROVED OMB NO. 0938-0997 DCN [redacted]

NUBC National Uniform Billing Committee 21394004

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

MD ORDERS, TREATMENT, MEDICATION & CTI

Jireh Healthcare Services LLC

PHYSICIANS ORDER

88 South Rainbow Blvd Suite A, Las Vegas, NV 89146 . Tel Fax

PATIENT: [redacted], M **DOB:** [redacted] **MR#:** M0474
ORDERED BY: () **ORDER DATE:** 10/08/18 **ORDER#:** 4672884
ALLERGIES:

List of New/Refill Orders

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer
10/08/18		Other	New								
		Please send an RN to do hospice evaluation and treat									

List of 'ADMIT' Items - DO NOT FILL ITEMS BELOW (Patient has supply of item at admission)

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer

PHONE ORDER / READ BACK ORDER BY MARY ALYN DOMONDON (RN)

Electronically Signed: 10/8/2018, By STEPHEN DUBIN, MD

CONFIDENTIALITY NOTICE. The information contained in this facsimile is confidential and may contain privileged material or be otherwise protected by applicable law. It is intended only for the use of the individual (s) or entity named above. If the person receiving this facsimile, or any other reader of the facsimile, is not the intended recipient or the employee or agent responsible for delivering it to the intended recipient, then any use, dissemination, distribution, or copying of this communication is strictly prohibited and may be subject to civil and/or criminal liability. If you have received this communication in error, please destroy it and notify the sender immediately

Consolo Physician for TARxM at Office Jireh Healthcare Services LLC

Patient Details for [redacted] M (Patient ID 501364, MRN M0474)

Date Of Birth	[redacted]	**Status**	Pending - Discharged
Screened Allergies	Not Assessed	**Unscreened Allergies**	See Screened Allergies

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	[redacted] M	10/10/2018	1100

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	No

Orders

Admit to Jireh Healthcare Services, Llc. for the 1st 90 day benefit period * Pharmacist may use generic drug equivalents or compound medications as appropriate. * Interdisciplinary team to determine equipment and supply needs based on assessment for comfort and symptom control (may include but not limited to: hospital bed, special mattress, bedside commode, over-bed-table, shower chair, wheelchair, walker, suction machine, etc.) * Assess and evaluate cardiac, respiratory, GI,GU, pain, mobility, skin, nutrition/dehydration, comfort level and symptom management, disease progression, safety and family/caregiver needs * Instruction on care of terminally ill, medications, safety, nutritional needs, pain and symptom control based on assessment * Assess and evaluate current medications * May give nutritional supplements 1 can a day as tolerated for supplement * May crush medications that are crush-able. * Medications to be administered by licensed staff, patient and/or family member/caregiver per medication profile and current orders * Hospice Medical Director may assist patient as needed to manage symptoms * Hospice nurse may pronounce death * Check oxygen saturation level prn every SN visit * Bed-rails up 2x * Skilled Nurse visits - (1x/week and 2x/week as needed for respiratory & anxiety issues) to promote comfort and symptom management within certification period. * CHHA visits 5x/week to assist with personal care, home making and to promote comfort per RN assignment within certification period. * Chaplain visits - (1x/mo as needed for spiritual issues) *Social worker visits - (1x/mo as needed for psychosocial issues)Volunteer Services continue to be offered every week per Skilled Nurse/Staff. Admit Patient to Jireh Healthcare Services with the following orders verified with M.D. * Patient: DNR * Diet: As Tolerated * Admit with the following medications: Please see related medications

Read Back	Non Verbal Order
Yes	No

Medications

Medication	Instructions	Quantity	Refills
SUMAtriptan Succinate 1 Tablet 2 times a day PO (50 MG Tablet)	take 1 tab by mouth 2 times per day at least 2 hours between doses		
Sertraline HCl 1 Tablet 1 times a day PO (100 MG Tablet)			
Oxycodone-Acetaminophen 1 Tablet every 6 hours PO As Needed Pain (10-325 MG Tablet)			0
Oxybutynin Chloride ER 1 Tablet ER 24HR 1 times a day PO (5 MG Tablet ER 24HR)			
Omeprazole 1 Capsule DR 1 times a day PO As Needed Gas Relief (40 MG Capsule DR)			
Lidocaine 1 Patch every 12 hours EX (5 % Patch)			

Related Assignees

Social Services - MSW_Minnick, Joseph effective 10/17/2018
Chaplain - CHAPLAIN_Murphy, Kathryn effective 10/17/2018
Hospice Aide - Young, Grace Marie 5 visit(s) Weekly effective 10/17/2018
Skilled Nurse - RN_Cacanindin, Speedy effective 10/17/2018
Skilled Nurse - RN_Domondon, Mary Alyn effective 10/17/2018
MD Director - Dubin, Stephen Paul effective 10/17/2018
Physician - Dubin, Stephen Paul effective 10/17/2018

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **10/18/2018**. Recorded by jruiz on 10/17/2018 18:32:50.
2. Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on **10/17/2018**. Recorded by jruiz on 10/17/2018 18:32:40.

Consolo Indicator Dated: 10/10/2018 for [redacted], M

Patient Details for [redacted], M (Patient ID 501364, MRN M0474)

Date Of Birth	[redacted]	Status	Pending - Discharged

Indicator Dated 10/10/2018 for M [redacted]

Medical Record No M0474

Effective Date
10/10/2018

Diagnoses

ICD10s

Primary ICD10 - E43 Unspecified severe protein-calorie malnutrition
Secondary ICD10 - R62.7 Adult failure to thrive
Tertiary ICD10 - G89.4 Chronic pain syndrome
4th ICD10 - R26.9 Unspecified abnormalities of gait and mobility
5th ICD10 - F32.9 Major depressive disorder, single episode, unspecified
6th ICD10 - Z87.81 Personal history of (healed) traumatic fracture

Consolo Physician Order (2311403) Dated: 10/10/2018 for Dubin, Stephen Paul for [redacted]

Patient Details for [redacted] M (Patient ID 501364, MRN M0474)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	[redacted] M	10/10/2018	1100

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	No

Orders

Admit to Jireh Healthcare Services, Llc. for the 1st 90 day benefit period * Pharmacist may use generic drug equivalents or compound medications as appropriate. * Interdisciplinary team to determine equipment and supply needs based on assessment for comfort and symptom control (may include but not limited to: hospital bed, special mattress, bedside commode, over-bed-table, shower chair, wheelchair, walker, suction machine, etc.) * Assess and evaluate cardiac, respiratory, GI,GU, pain, mobility, skin, nutrition/dehydration, comfort level and symptom management, disease progression, safety and family/caregiver needs * Instruction on care of terminally ill, medications, safety, nutritional needs, pain and symptom control based on assessment * Assess and evaluate current medications * May give nutritional supplements 1 can a day as tolerated for supplement * May crush medications that are crush-able. * Medications to be administered by licensed staff, patient and/or family member/caregiver per medication profile and current orders * Hospice Medical Director may assist patient as needed to manage symptoms * Hospice nurse may pronounce death * Check oxygen saturation level prn every SN visit * Bed-rails up 2x * Skilled Nurse visits - (1x/week and 2x/week as needed for respiratory & anxiety issues) to promote comfort and symptom management within certification period. * CHHA visits 5x/week to assist with personal care, home making and to promote comfort per RN assignment within certification period. * Chaplain visits - (1x/mo as needed for spiritual issues) *Social worker visits - (1x/mo as needed for psychosocial issues)Volunteer Services continue to be offered every week per Skilled Nurse/Staff. Admit Patient to Jireh Healthcare Services with the following orders verified with M.D. * Patient: DNR * Diet: As Tolerated * Admit with the following medications: Please see related medications

Read Back	Non Verbal Order
Yes	No

Medications

Medication	Instructions	Quantity	Refills
SUMAtriptan Succinate 1 Tablet 2 times a day PO (50 MG Tablet)	take 1 tab by mouth 2 times per day at least 2 hours between doses		
Sertraline HCl 1 Tablet 1 times a day PO (100 MG Tablet)			
Oxycodone-Acetaminophen 1 Tablet every 6 hours PO As Needed Pain (10-325 MG Tablet)			0
Oxybutynin Chloride ER 1 Tablet ER 24HR 1 times a day PO (5 MG Tablet ER 24HR)			
Omeprazole 1 Capsule DR 1 times a day PO As Needed Gas Relief (40 MG Capsule DR)			
Lidocaine 1 Patch every 12 hours EX (5 % Patch)			

Related Assignees

Social Services - MSW_Minnick, Joseph effective 10/17/2018
Chaplain - CHAPLAIN_Murphy, Kathryn effective 10/17/2018
Hospice Aide - Young, Grace Marie 5 visit(s) Weekly effective 10/17/2018
Skilled Nurse - RN_Cacanindin, Speedy effective 10/17/2018
Skilled Nurse - RN_Domendon, Mary Alyn effective 10/17/2018
MD Director - Dubin, Stephen Paul effective 10/17/2018
Physician - Dubin, Stephen Paul effective 10/17/2018

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **10/18/2018**. Recorded by jruiz on 10/17/2018 18:32:50.
2. Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on **10/17/2018**. Recorded by jruiz on 10/17/2018 18:32:40.

Consolo Physician Order (2311402) Dated: 10/10/2018 for Dubin, Stephen Paul for [redacted], M

Patient Details for [redacted], M (Patient ID 501364, MRN M0474)

Date Of Birth [redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	[redacted]	10/10/2018	1100

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	No

Orders

Admit to Jireh Healthcare Services, Llc. for the 1st 90 day benefit period * Pharmacist may use generic drug equivalents or compound medications as appropriate. * Interdisciplinary team to determine equipment and supply needs based on assessment for comfort and symptom control (may include but not limited to: hospital bed, special mattress, bedside commode, over-bed-table, shower chair, wheelchair, walker, suction machine, etc.) * Assess and evaluate cardiac, respiratory, GI,GU, pain, mobility, skin, nutrition/dehydration, comfort level and symptom management, disease progression, safety and family/caregiver needs * Instruction on care of terminally ill, medications, safety, nutritional needs, pain and symptom control based on assessment * Assess and evaluate current medications * May give nutritional supplements 1 can a day as tolerated for supplement * May crush medications that are crush-able. * Medications to be administered by licensed staff, patient and/or family member/caregiver per medication profile and current orders * Hospice Medical Director may assist patient as needed to manage symptoms * Hospice nurse may pronounce death * Check oxygen saturation level prn every SN visit * Bed-rails up 2x * Skilled Nurse visits - (1x/week and 2x/week as needed for respiratory & anxiety issues) to promote comfort and symptom management within certification period. * CHHA visits 5x/week to assist with personal care, home making and to promote comfort per RN assignment within certification period. * Chaplain visits - (1x/mo as needed for spiritual issues) *Social worker visits - (1x/mo as needed for psychosocial issues)Volunteer Services continue to be offered every week per Skilled Nurse/Staff. Admit Patient to Jireh Healthcare Services with the following orders verified with M.D. * Patient: DNR * Diet: As Tolerated * Admit with the following medications. Please see related medications

Read Back	Non Verbal Order
Yes	No

Related Assignees

Social Services - MSW_Minnick, Joseph effective 10/17/2018
Chaplain - CHAPLAIN_Murphy, Kathryn effective 10/17/2018
Hospice Aide - Young, Grace Marie 5 visit(s) Weekly effective 10/17/2018
Skilled Nurse - RN_Cacanindin, Speedy effective 10/17/2018
Skilled Nurse - RN_Domondon, Mary Alyn effective 10/17/2018
MD Director - Dubin, Stephen Paul effective 10/17/2018
Physician - Dubin, Stephen Paul effective 10/17/2018

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **10/18/2018.** Recorded by jruiz on 10/17/2018 18:32.22.

Jireh Healthcare Services LLC

PHYSICIANS ORDER

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 Tel: Fax:

PATIENT: [redacted], M **DOB:** [redacted] **MR#:** M0474

ORDERED BY: STEPHEN DUBIN (MD) **ORDER DATE:** 10/10/18 **ORDER#:** 1606966

List of New/Refill Orders

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer

List of 'ADMIT' Items - DO NOT FILL ITEMS BELOW (Patient has supply of item at admission)

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer
10/10/18		Medication	Admit	Oxybutynin Chloride Extended Release (Oxybutynin Chloride)	5 mg		1 Tab ER	ORAL	Daily		
10/10/18		Medication	Admit	OXYCODONE AND ACETAMINOPHEN 10/325 mg (oxycodone hydrochloride and acetaminophen)	10-325 mg		1 Tab	ORAL	Every 6 hrs - PRN	Pain	
10/10/18		Medication	Admit	Sertraline (Sertraline Hydrochloride)	100 mg		1 Tab	ORAL	Daily		
10/10/18		Medication	Admit	IMITREX (SUMATRIPTAN)	50 mg		1 Tab	ORAL	2 times a day		

==> Note: Take 1 tab by mouth 2 times per day at least 2 hours between doses

ADDITIONAL NOTE

Merging of information from Consolo Services

ONE ORDER / READ BACK ORDER BY MARY ROSE FRONDA (RN)

Electronically Signed: 10/10/2018, By STEPHEN DUBIN, MD

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Jireh Healthcare Services LLC

3042

PHYSICIANS ORDER

2320 Paseo Del Prado Suite B101, Las Vegas, NV 89102 Tel: Fax:

PATIENT: [redacted] M **DOB:** [redacted] **MR#:** M0474

ORDERED BY: STEPHEN DUBIN (MD) **ORDER DATE:** 10/17/18 **ORDER#:** 1606911

List of New/Refill Orders

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer
10/17/18		Medication	New	Lidocaine	5% patch		1 Patch	TOPICAL	Every 12 Hours		
10/17/18		Medication	New	Omeprazole (omeprazole)	40 mg		1 Cap DR	ORAL	Daily - PRN	Gas Relief	

List of 'ADMIT' Items - DO NOT FILL ITEMS BELOW (Patient has supply of item at admission)

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer

ADDITIONAL NOTE

Merging of information from Consolo Services

PHONE ORDER / READ BACK ORDER BY MARY ROSE FRONDA (RN)

Electronically Signed: 10/17/2018, By STEPHEN DUBIN, MD

CONFIDENTIALITY NOTICE The information contained in this facsimile is confidential and may contain privileged material or be otherwise protected by applicable law. It is intended only for the use of the individual (s) or entity named above. If the person receiving this facsimile, or any other reader of the facsimile, is not the intended recipient or the employee or agent responsible for delivering it to the intended recipient, then any use, dissemination, distribution, or copying of this communication is strictly prohibited and may be subject to civil and/or criminal liability. If you have received this communication in error, please destroy it and notify the sender immediately.

12/19/18
4 PM
Speedy

JIREH HEALTHCARE
2320 PASEO DEL PRADO SUITE B101, LAS VEGAS, NV 89102
TEL: 702-359-1388

PATIENT NAME: M[redacted] G[redacted] DATE OF BIRTH: [redacted]

RX NUMBER: _____

Percocet 10/325 mg #60

1 po q 6 prn pain

for 15 days supply

ICD: M54.5

M[redacted] G[redacted] LAS VEGAS NV 89121
RX0170088

"HOSPICE PATIENT"

PHYSICIAN SIGNATURE: _____ DEA#: FD2419706

PHYSICIAN NAME: STEPHEN DUBIN DATE: _____

PHYSICIAN ADDRESS: 5380 S RAINBOW STE 306 LAS VEGAS NV 89128

PLEASE FAX BACK TO 702-776-7195

TRINITY PHARMACY
2797 S. MARYLAND PKWY., #28, LAS VEGAS, NV 89109 | TEL: 702-776-8210 | FAX: 702-776-7195

11/26/18
Speedy
12 NN

JIREH HEALTHCARE
2320 PASEO DEL PRADO SUITE B101, LAS VEGAS, NV 89102
TEL: 702-359-1388

PATIENT NAME: [redacted] DATE OF BIRTH: [redacted]

RX NUMBER: _____

Percocet 10/325 mg #60

1 tab q 6 prn pain
x 5 days

MJ 4.5

[redacted] LAS VEGAS NV 89121
RX0168481

"HOSPICE PATIENT"

PHYSICIAN SIGNATURE: _____ DEA#: FD2419706
PHYSICIAN NAME: STEPHEN DUBIN DATE: _____
PHYSICIAN ADDRESS: 5380 S RAINBOW STE 306 LAS VEGAS NV 89128
PLEASE FAX BACK TO 702-776-7195

TRINITY PHARMACY
2797 S. MARYLAND PKWY., #28, LAS VEGAS, NV 89109 | TEL: 702-776-8210 | FAX: 702-776-7195

JIREH HEALTHCARE
2320 PASEO DEL PRADO SUITE B101, LAS VEGAS, NV 89102
TEL: 702-359-1388

11/5/18

PATIENT NAME: M[redacted] G[redacted] DATE OF BIRTH: [redacted]

RX NUMBER: _____

Oxycodone / APAP 10/325
#60
1 po q 6 prn. pain
15 DS
M54.5

[redacted] LAS VEGAS NV 89121 [redacted]
RX0167193

"HOSPICE PATIENT"

PHYSICIAN SIGNATURE: _____ DEA#: FD2419706
PHYSICIAN NAME: STEPHEN DUBIN DATE: _____
PHYSICIAN ADDRESS: 5380 S RAINBOW STE 306 LAS VEGAS NV 89128
PLEASE FAX BACK TO 702-776-7195

TRINITY PHARMACY
2797 S. MARYLAND PKWY., #28, LAS VEGAS, NV 89109 | TEL: 702-776-8210 | FAX: 702-776-7195

11/26/18
Speedy
12 NN

JIREH HEALTHCARE
2320 PASEO DEL PRADO SUITE B101, LAS VEGAS, NV 89102
TEL: 702-359-1388

PATIENT NAME: [redacted] DATE OF BIRTH: [redacted]

RX NUMBER: _____

Percocet 10/325 mg #60

1 tab q 6 prn pain.

x 15 days

M54.5

[redacted] LAS VEGAS NV 89121
RX0168481

"HOSPICE PATIENT"

PHYSICIAN SIGNATURE: _____ DEA#: FD2419706

PHYSICIAN NAME: STEPHEN DUBIN DATE: _____

PHYSICIAN ADDRESS: 5380 S RAINBOW STE 306 LAS VEGAS NV 89128

PLEASE FAX BACK TO 702-776-7195

TRINITY PHARMACY
2797 S. MARYLAND PKWY., #28, LAS VEGAS, NV 89109 | TEL: 702-776-8210 | FAX: 702-776-7195

10/11/18
5:30 PM
Honey

JIREH HEALTHCARE
2320 PASEO DEL PRADO SUITE B101, LAS VEGAS, NV 89102
TEL: 702-359-1388

PATIENT NAME: [redacted] DATE OF BIRTH: [redacted]

RX NUMBER: _____

Percocet 10/325 #60

1 po q 6 prn pain

15 DS

M54.5

[redacted]
RX0185659

"HOSPICE PATIENT"

PHYSICIAN SIGNATURE: _____ DEA#: FD2419706
PHYSICIAN NAME: STEPHEN DUBIN DATE: _____
PHYSICIAN ADDRESS: 5380 S RAINBOW STE 306 LAS VEGAS NV 89128
PLEASE FAX BACK TO 702-776-7195

TRINITY PHARMACY
2797 S. MARYLAND PKWY., #28, LAS VEGAS, NV 89109 | TEL: 702-776-8210 | FAX: 702-776-7195

Consolo Physician Order (2311403) Dated: 10/10/2018 for Dubin, Stephen Paul for [redacted]

Patient Details for [redacted] (Patient ID 501364, MRN M0474)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	[redacted]	10/10/2018	1100

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	No

Orders

Admit to Jireh Healthcare Services, Llc. for the 1st 90 day benefit period * Pharmacist may use generic drug equivalents or compound medications as appropriate. * Interdisciplinary team to determine equipment and supply needs based on assessment for comfort and symptom control (may include but not limited to: hospital bed, special mattress, bedside commode, over-bed-table, shower chair, wheelchair, walker, suction machine, etc.) * Assess and evaluate cardiac, respiratory, GI,GU, pain, mobility, skin, nutrition/dehydration, comfort level and symptom management, disease progression, safety and family/caregiver needs * Instruction on care of terminally ill, medications, safety, nutritional needs, pain and symptom control based on assessment * Assess and evaluate current medications * May give nutritional supplements 1 can a day as tolerated for supplement * May crush medications that are crush able. * Medications to be administered by licensed staff, patient and/or family member/caregiver per medication profile and current orders * Hospice Medical Director may assist patient as needed to manage symptoms * Hospice nurse may pronounce death * Check oxygen saturation level prn every SN visit * Bed-rails up 2x * Skilled Nurse visits - (1x/week and 2x/week as needed for respiratory & anxiety issues) to promote comfort and symptom management within certification period. * CHHA visits 5x/week to assist with personal care, home making and to promote comfort per RN assignment within certification period * Chaplain visits - (1x/mo as needed for spiritual issues) *Social worker visits - (1x/mo as needed for psychosocial issues)Volunteer Services continue to be offered every week per Skilled Nurse/Staff. Admit Patient to Jireh Healthcare Services with the following orders verified with M.D. * Patient: DNR * Diet: As Tolerated * Admit with the following medications: Please see related medications

Read Back	Non Verbal Order
Yes	No

Medications

Medication	Instructions	Quantity	Refills
SUMAtriptan Succinate 1 Tablet 2 times a day PO (50 MG Tablet)	take 1 tab by mouth 2 times per day at least 2 hours between doses		
Sertraline HCl 1 Tablet 1 times a day PO (100 MG Tablet)			
Oxycodone-Acetaminophen 1 Tablet every 6 hours PO As Needed Pain (10-325 MG Tablet)			0
Oxybutynin Chloride ER 1 Tablet ER 24HR 1 times a day PO (5 MG Tablet ER 24HR)			
Omeprazole 1 Capsule DR 1 times a day PO As Needed Gas Relief (40 MG Capsule DR)			
Lidocaine 1 Patch every 12 hours EX (5 % Patch)			

Related Assignees

Social Services - MSW_Minnick, Joseph effective 10/17/2018
Chaplain - CHAPLAIN_Murphy, Kathryn effective 10/17/2018
Hospice Aide - Young, Grace Marie 5 visit(s) Weekly effective 10/17/2018
Skilled Nurse - RN_Cacanindin, Speedy effective 10/17/2018
Skilled Nurse - RN_Domondon, Mary Alyn effective 10/17/2018
MD Director - Dubin, Stephen Paul effective 10/17/2018
Physician - Dubin, Stephen Paul effective 10/17/2018

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on 10/18/2018. Recorded by jruiz on 10/17/2018 18:32:50.
2. Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on 10/17/2018. Recorded by jruiz on 10/17/2018 18:32:40.

Consolo Physician Order (2311402) Dated: 10/10/2018 for Dubin, Stephen Paul for [redacted], M

Patient Details for [redacted], M (Patient ID 501364, MRN M0474)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	[redacted] M	10/10/2018	1100

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	No

Orders

Admit to Jireh Healthcare Services, Llc. for the 1st 90 day benefit period * Pharmacist may use generic drug equivalents or compound medications as appropriate. * Interdisciplinary team to determine equipment and supply needs based on assessment for comfort and symptom control (may include but not limited to: hospital bed, special mattress, bedside commode, over-bed-table, shower chair, wheelchair, walker, suction machine, etc.) * Assess and evaluate cardiac, respiratory, GI GU, pain, mobility, skin, nutrition/dehydration, comfort level and symptom management, disease progression, safety and family/caregiver needs * Instruction on care of terminally ill, medications, safety, nutritional needs, pain and symptom control based on assessment * Assess and evaluate current medications * May give nutritional supplements 1 can a day as tolerated for supplement * May crush medications that are crush-able. * Medications to be administered by licensed staff, patient and/or family member/caregiver per medication profile and current orders * Hospice Medical Director may assist patient as needed to manage symptoms * Hospice nurse may pronounce death * Check oxygen saturation level prn every SN visit * Bed-rails up 2x * Skilled Nurse visits - (1x/week and 2x/week as needed for respiratory & anxiety issues) to promote comfort and symptom management within certification period * CHHA visits 5x/week to assist with personal care, home making and to promote comfort per RN assignment within certification period. * Chaplain visits - (1x/mo as needed for spiritual issues) *Social worker visits - (1x/mo as needed for psychosocial issues)Volunteer Services continue to be offered every week per Skilled Nurse/Staff. Admit Patient to Jireh Healthcare Services with the following orders verified with M.D. * Patient: DNR * Diet: As Tolerated * Admit with the following medications. Please see related medications

Read Back	Non Verbal Order
Yes	No

Related Assignees

Social Services - MSW_Minnick, Joseph effective 10/17/2018
Chaplain - CHAPLAIN_Murphy, Kathryn effective 10/17/2018
Hospice Aide - Young, Grace Marie 5 visit(s) Weekly effective 10/17/2018
Skilled Nurse - RN_Cacanindin, Speedy effective 10/17/2018
Skilled Nurse - RN_Domondon, Mary Alyn effective 10/17/2018
MD Director - Dubin, Stephen Paul effective 10/17/2018
Physician - Dubin, Stephen Paul effective 10/17/2018

Signatures

1 Medical Director **Dubin, Stephen Paul** (Medical Director) signed on 10/18/2018 Recorded by jruiz on 10/17/2018 18:32:22

Al. onsolo Medications for [redacted] G[redacted], M

Patient Details for [redacted] G[redacted], M (Patient ID 501364, MRN M0474)

Date Of Birth [redacted]	Status	Pending - Discharged

DOB	Screened Allergies	Unscreened Allergies	Current Indicator
11/06/1962	Not Assessed	See Screened Allergies	E43 - Unspecified severe protein-calorie malnutrition

Pending Medications

Current Medications

Lidocaine [5 %] Patch (ID: 6634907) - 1 Patch every 12 hours EX (5 % Patch)

Order Date	10/17/2018	Ordering MD	Dubin, Stephen Paul
Admin By	Patient	Coverage	Covered
Change	Updated	Updated Date	10/17/2018

Omeprazole [40 MG] Capsule DR (ID: 6634894) - 1 Capsule DR 1 times a day PO As Needed Gas Relief (40 MG Capsule DR)

Order Date	10/17/2018	Ordering MD	Dubin, Stephen Paul
Admin By	Patient	Coverage	Covered
Change	Updated	Updated Date	10/17/2018
Reasons	Gas Relief		

Oxybutynin Chloride ER [5 MG] Tablet ER 24HR (ID: 6634895) - 1 Tablet ER 24HR 1 times a day PO (5 MG Tablet ER 24HR)

Order Date	10/10/2018	Ordering MD	Dubin, Stephen Paul
Admin By	Patient	Coverage	Covered
Change	Updated	Updated Date	10/17/2018

Oxycodone-Acetaminophen [10-325 MG] Tablet (ID: 6634899) - 1 Tablet every 6 hours PO As Needed Pain (10-325 MG Tablet)

Order Date	10/10/2018	Ordering MD	Dubin, Stephen Paul
Admin By	Patient	Coverage	Covered
Change	Updated	Updated Date	10/17/2018
Reasons	Pain		

Al. onsolo Medications for [redacted], M

Sertraline HCl [100 MG] Tablet (ID: 6634901) - 1 Tablet 1 times a day PO (100 MG Tablet)

Order Date	10/10/2018	Ordering MD	Dubin, Stephen Paul
Admin By	Patient	Coverage	Covered
Change	Updated	Updated Date	10/17/2018

SUMAtriptan Succinate [50 MG] Tablet (ID: 6634906) - 1 Tablet 2 times a day PO (50 MG Tablet)

Order Date	10/10/2018	Ordering MD	Dubin, Stephen Paul
Admin By	Patient	Coverage	Covered
Change	Updated	Updated Date	10/17/2018
Additional Notes	take 1 tab by mouth 2 times per day at least 2 hours between doses		

All Consolo Medications for [redacted]

Patient Details for [redacted], M (Patient ID 501364, MRN M0474)

Date Of Birth	[redacted]	Status	Pending - Discharged

DOB	Screened Allergies	Unscreened Allergies	Current Indicator
11/06/1962	Not Assessed	See Screened Allergies	E43 - Unspecified severe protein-calorie malnutrition

Pending Medications

Current Medications

Lidocaine [5 %] Patch (ID: 6634907) - 1 Patch every 12 hours EX (5 % Patch)

Order Date	10/17/2018	Ordering MD	Dubin, Stephen Paul
Admin By	Patient	Coverage	Covered
Change	Updated	Updated Date	10/17/2018

Omeprazole [40 MG] Capsule DR (ID: 6634894) - 1 Capsule DR 1 times a day PO As Needed Gas Relief (40 MG Capsule DR)

Order Date	10/17/2018	Ordering MD	Dubin, Stephen Paul
Admin By	Patient	Coverage	Covered
Change	Updated	Updated Date	10/17/2018
Reasons	Gas Relief		

Oxybutynin Chloride ER [5 MG] Tablet ER 24HR (ID: 6634895) - 1 Tablet ER 24HR 1 times a day PO (5 MG Tablet ER 24HR)

Order Date	10/10/2018	Ordering MD	Dubin, Stephen Paul
Admin By	Patient	Coverage	Covered
Change	Updated	Updated Date	10/17/2018

Oxycodone-Acetaminophen [10-325 MG] Tablet (ID: 6634899) - 1 Tablet every 6 hours PO As Needed Pain (10-325 MG Tablet)

Order Date	10/10/2018	Ordering MD	Dubin, Stephen Paul
Admin By	Patient	Coverage	Covered
Change	Updated	Updated Date	10/17/2018
Reasons	Pain		

All Consolo Medications for [redacted] G[redacted] M

Sertraline HCl [100 MG] Tablet (ID: 6634901) - 1 Tablet 1 times a day PO (100 MG Tablet)

Order Date	10/10/2018	Ordering MD	Dubin, Stephen Paul
Admin By	Patient	Coverage	Covered
Change	Updated	Updated Date	10/17/2018

SUMAtriptan Succinate [50 MG] Tablet (ID: 6634906) - 1 Tablet 2 times a day PO (50 MG Tablet)

Order Date	10/10/2018	Ordering MD	Dubin, Stephen Paul
Admin By	Patient	Coverage	Covered
Change	Updated	Updated Date	10/17/2018
Additional Notes	take 1 tab by mouth 2 times per day at least 2 hours between doses		

Jireh Healthcare Services LLC

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel: Fax:

CTI

PHYSICIAN'S CERTIFICATION FOR HOSPICE BENEFIT

In order to determine if a patient is eligible for Hospice benefit we are required to have physician's authorization with a brief narrative supporting terminal illness

PATIENT: [redacted]G[redacted], M **MR#:** M0474

Certification #1: Statement for First 90-day period

• I certify that [redacted]G[redacted], M has a life expectancy of six months or less, if the terminal illness runs its normal course.

Verbal Authorization Date 10/10/2018 Obtained by: Mary Alyn Domondon/RN

Effective Date of Certification: 10/10/2018 To 1/7/2019

Primary DX: Unspecified severe protein-calorie malnutrition (E43)

Secondary/Related DX: Adult failure to thrive (R62.7)

Comorbidities

Certification is based on: ☑ Medical history, record and patient status ☑ Team Assessment ☑ Face to Face Encounter Visit Date: 10/10/2018

ADL Assessment

Ambulation	0	Transfer	0	Feeding	0
Toileting	0	Dressing	0	Bathing	0
Total ADL score	0	Total number of activities with complete dependence (0-6)		0 of 6 Activities	

Functional Status

KPS		FAST	
PPS		NYHA	

LCD Determination Status:

RN Prognosis Summary: Patient is alert and oriented to person, place, and time. Patient is unstable in balance and coordination. Diet is as tolerated. Patient with mild shortness of breath, breathing exercises taught to patient by RN. Patient requires moderate assistance with activities of daily living (ADL's) by CNA. Patient's appetite and nutritional intake is poor. Patient was previously 105 lbs and is now 82 lbs. Patient with moderate to severe pain on multiple sites, including shoulder. Patient is at risk for falls and lives in an apartment with brother.

Physician Narrative: Ms. [redacted] is a 55-year-old African American female with a terminal diagnosis of severe protein calorie malnutrition. Patient with history of traumatic fracture, sciatica, migraines, major depressive disorder, adult failure to thrive. Patient will require maximum assistance with ADL's and has a very poor gait and balance as well as significant weight loss. Patient has moderate to severe generalized pain; pain management will continue. The patient is under my care, and to the best of knowledge given the data available, has a life expectancy of six months or less if terminal illness runs normal course.

Medical Director Attestation/Certification

• I attest/confirm that I composed this narrative based on my review of patient's medical record, team assessment and/or examination of the patient

STEPHEN DUBIN / 1023311040 — Reviewed and electronically signed by STEPHEN DUBIN (MD). 10/10/2018

Medical Director / Physician Designee / Referring MD (if attending) — Signature / Signature on file — Date

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PATIENT		FACILITY		ENCOUNTER	
la[redacted] G[redacted]		**RENATO RABARA Practice**		NOTE TYPE	SOAP Note
DOB	[redacted]	T (702) 677-0661		SEEN BY	RENATO RABARA
AGE	55 yrs	9958 Corbridge st,		DATE	09/10/2018
SEX	Female	Las Vegas, NV 89178		AGE AT DOS	55 yrs
PRN	GM889522			Electronically signed by RENATO RABARA at 09/12/2018 07:08 am	

Chief complaint

For initial visit.

Patient identifying details and demographics

FIRST NAME	M[redacted]	SEX	Female	ETHNICITY	Provider did not ask
	[redacted]	DATE OF BIRTH	[redacted]		
MIDDLE NAME	-	DATE OF DEATH	-	PREF. LANGUAGE	-
LAST NAME	G[redacted]	PRN	GM889522	RACE	Provider did not ask
SSN	[redacted]			STATUS	Active patient

CONTACT INFORMATION

ADDRESS LINE 1	[redacted]	CONTACT BY	Mobile Phone
		EMAIL	-
		HOME PHONE	-
ADDRESS LINE 2	-	MOBILE PHONE	(702)[redacted]
CITY	Las Vegas	OFFICE PHONE	-
STATE	NV	OFFICE	-
ZIP CODE	89130	EXTENSION	

FAMILY INFORMATION

NEXT OF KIN	-	PATIENT'S MOTHER'S MAIDEN NAME	-
RELATION TO PATIENT	-		
HONE	-		
ADDRESS	-		

Insurance

PRIMARY PAYER

PAYER	NV - Medicare B (MAC J1)	INSURED ID NUMBER	541 76 7821-A
PRIORITY	Primary	GROUP NUMBER	-
TYPE	Medicare	EMPLOYER NAME	-
RELATIONSHIP TO INSURED	Self	INSURANCE PAYMENT TYPE	Copay
START DATE	09/10/2018	PAYMENT TYPE	Fixed
END DATE	-	COPAY AMOUNT	-
		STATUS	Active

AYMENT INFORMATION

PAYMENT PREFERENCE	Primary Insurance	DATE OF BIRTH	-
PATIENT'S RELATIONSHIP TO GUARANTOR	-	SEX	-
		SOCIAL SECURITY NUMBER	-
GUARANTOR NAME	-	PRIMARY PHONE NUMBER	-
GUARANTOR ADDRESS	-	SECONDARY PHONE NUMBER	-

Vitals for this encounter

	09/10/18 10:00 AM
Height	58 in
Weight	85 lb
Temperature	97.50 °F
Pulse	77 bpm
Respiratory rate	20 bpm
O2 Saturation	93 %
BMI	17.76
Blood pressure	106/82 mmHg

Current Diagnoses	ACUITY	START	STOP
(Z87.81) Personal history of (healed) traumatic fracture	Chronic		
(M84.4795) Pathological fracture, unspecified toe(s), sequela	Chronic		
(M54.30) Sciatica, unspecified side	Chronic		
(M54.9) Dorsalgia, unspecified	Chronic		
(R32) Unspecified urinary incontinence	Chronic		
(R26.9) Unspecified abnormalities of gait and mobility	Chronic		
(G43.909) Migraine, unspecified, not intractable, without status migrainosus	Chronic		
(G89.29) Other chronic pain	Chronic		
(F32.9) Major depressive disorder, single episode, unspecified	Chronic		

Historical Diagnoses	ACUITY	START	STOP
No historical diagnoses			

Drug Allergies

ACTIVE ALLERGIES	SEVERITY/REACTIONS	ONSET
Patient has no known drug allergies		

Food Allergies

ACTIVE ALLERGIES	SEVERITY/REACTIONS	ONSET
No food allergies recorded		

Environmental Allergies

ACTIVE ALLERGIES	SEVERITY/REACTIONS	ONSET
No environmental allergies recorded		

Active Medications

MEDICATION	SIG	START/STOP	ASSOCIATED DX
Omeprazole 40 MG Oral Capsule Delayed Release	take 1 capsule by mouth daily, PRN	-	-
Oxybutynin Chloride (Oxybutynin Chloride ER) 5 MG Oral Tablet Extended Release 24 Hour	Take 1 tablet (5 mg) by mouth daily	-	-
Oxycodone w/ Acetaminophen (Oxycodone-Acetaminophen) 10-325 MG Oral Tablet	1 tablet orally every 6 hours as needed	-	-
Sertraline HCl 100 MG Oral Tablet	Take 1 tablet (100 mg) by mouth daily	-	-
SUMAtriptan Succinate 50 MG Oral Tablet	Take 1 tablet (50 mg) by mouth 2 times per day at least 2 hours between doses as needed	-	-

Historical Medications

MEDICATION	SIG	START/STOP	ASSOCIATED DX
No historical medications recorded			

Immunizations

DATE	VACCINE	SOURCE	LOT NUMBER	EXPIRES	COMMENT
No immunizations recorded for this patient.					

ast medical history

MAJOR EVENTS

several surgeries due to MVA

FAMILY HEALTH HISTORY

DM
Hypertension
CA

Family health history

DIAGNOSIS	ONSET DATE
No Family health history recorded	

Advance Directive

DIRECTIVE	RECORDED
No advance directives recorded for this patient.	

Subjective

The patient is a 55 year old, female, African American who was seen for an initial visit. The patient lives alone in an apartment. The patient stated that she is separated from her husband and has 2 independent living children. The patient was born in Spokane, Washington and ultimately moved to Las Vegas. The patient stated that she had several surgeries in the leg due to a MVA. The patient said that she became disabled due to the accident. The patient has an unsteady gait and uses a cane or scooter. The patient is also complaining of chronic pain and goes to a Pain Management Doctor for her pain issues. The patient is home bound and needs home visits because she is unable to leave home safely and needs assistive device due to abnormality of gait.

REVIEW OF SYSTEMS:.
Medications: Reviewed & Up-to-date
General: no fever, no fatigue, (+) reduction in weight, (+) change in appetite.
Head: No headaches, no dizziness
Eyes: no blurred vision, no eye pain.
Ears: No Otalgia, No change in hearing, no tinnitus, no discharge
Nose: no coryza, no stuffy nose, no discharge, no post nasal drip
Throat: No dental difficulties, no sore throat, no difficulty swallowing
Neck: No stiffness, no pain, no swollen glands
Breasts: No noted lumps, no tenderness, no swelling, no nipple discharge
Heart: No chest pains, no palpitations, no leg swelling.
Lung: No dyspnea, no wheezing, no cough
Abdomen: no abdominal pain, no nausea, no vomiting
Neurologic: No numbness/tingling, no weakness, no tremor, no seizures, no changes in memory, no ataxia
Extremities: (+) pain in muscles or joints, (+) limitation of range of motion, no paresthesias or numbness
Back: (+) back pain, no spasms.
Skin: no rashes, no lesions
GU: No frequency, no urgency, no dysuria, no hematuria.
Psychiatric: (+) depressive symptoms, no anxiety, no insomnia, no changes in thought content, no suicidal thoughts.

Objective

General: Normotensive, in no acute distress.
Head: Normocephalic, no lesions.
Eyes: PERRLA, EOM's full, conjunctivae clear,
Ears: EAC's clear, TM's normal.
Nose: Mucosa normal, no obstruction.
Throat: Clear, no exudates, no lesions.
Neck: Supple, no masses, no thyromegaly, no bruits.
Chest: Lungs clear, no rales, no rhonchi, no wheezes.

Heart: RR, no murmurs, no rubs, no gallops.
Abdomen: Soft, no tenderness, no masses, bowel sounds normal.
GU: Normal, no lesions, no discharge, no hernias noted.
Back: Normal curvature, no tenderness.
Extremities: (+) several scars, no edema, no erythema.
Neuro: Physiological, no localizing findings.
Skin: Normal, no rashes, no lesions noted.

Assessment

Diagnoses attached to this encounter:

Personal history of traumatic fracture [ICD-10: Z87.81], [ICD-9: V15.51], [SNOMED: 391095006]

Pathological fracture of toe [ICD-10: M84.479S], [SNOMED: 704168008]

Sciatica [ICD-10: M54.30], [ICD-9: 724.3], [SNOMED: 23056005]

Dorsalgia [ICD-10: M54.9], [ICD-9: 724.5], [SNOMED: 267981009]

Urine incontinence [ICD-10: R32], [ICD-9: 788.30], [SNOMED: 165232002]

Abnormality of gait [ICD-10: R26.9], [ICD-9: 781.2], [SNOMED: 22325002]

Migraine [ICD-10: G43.909], [ICD-9: 346.90], [SNOMED: 37796009]

Chronic pain [ICD-10: G89.29], [ICD-9: 338.29], [SNOMED: 82423001]

MDD [ICD-10: F32.9], [ICD-9: 296.20], [SNOMED: 370143000]

Plan

The visit was explained to the patient about the set up of the visiting provider. Primary care in the home by the nurse practitioner is being supervised by an MD. It was also explained to the patient thatch is electing King Rey to be her care provider and in an emergency situation the patient needs to call 911.
The patient verbalized understanding and consent was signed.
Labs will be ordered. (CBC, CMP, TSH with reflex free T4, HgbA1C, Lipid panel)
For HH evaluation, SN
Patient will benefit from SN services for her overall health status, medications and disease process teachings.
SN to do regular check of blood pressure and log
Notify the provider if the BP is persistently <90/60 or >140/90
Continue current medications.
Low salt, Low fat diet
Patient was advised on the risk of smoking.
Fall and safety precautions.
Follow up with her Pain Management Doctor for Pain issues.
For follow up visit after 30 days..

Medications attached to this encounter:

Sertraline HCl 100 MG Oral Tablet 1 tablet (100 mg) orally daily

Oxycodone-Acetaminophen 10-325 MG Oral Tablet 1 tablet orally every 6 hours as needed

Oxybutynin Chloride ER 5 MG Oral Tablet Extended Release 24 Hour 1 tablet (5 mg) orally daily

Omeprazole 40 MG Oral Capsule Delayed Release take 1 capsule by mouth daily, PRN

SUMAtriptan Succinate 50 MG Oral Tablet 1 tablet (50 mg) orally 2 times per day at least 2 hours between doses as needed

Orders

LAB ORDERS

No orders attached to this encounter.

IMAGING ORDERS

No orders attached to this encounter.

Screenings/Interventions/assessments

No screenings/interventions/assessments recorded.

practicefusion

JIREH HEALTHCARE SERVICES LLC

(HOSPICE AGENCY)

PATIENT NAME: M[redacted] H[redacted]

DOB: [redacted]

START OF CARE:

06/13/2018 TO 12/26/2018

EXHIBIT 8

Claim Number	From Service Date	To Service Date	Beneficiary Nam	Claim Status	Total Charge	Type Of Bill	Admit Date
21900700422207NVR	12/1/2018	12/31/2018	[redacted]	P - Paid	$7,790.97	813 - Hospice (...	9/7/2018
21833900538807NVR	11/1/2018	11/30/2018	[redacted]	P - Paid	$8,724.43	813 - Hospice (...	9/7/2018
21830901126607NVR	10/1/2018	10/31/2018	[redacted]	P - Paid	$9,083.84	813 - Hospice (...	9/7/2018
21827601222707NVR	9/7/2018	9/30/2018	[redacted]	P - Paid	$6,942.12	812 - Hospice (...	9/7/2018

Claim Number	From Service Date	To Service Date	Beneficiary Nam	Claim Status	Total Charge	Type Of Bill	Admit Date
21900700421907NVR	12/1/2018	12/31/2018	[redacted]	P - Paid	$6,986.61	813 - Hospice (...	10/10/2018
21833900542507NVR	11/1/2018	11/30/2018	[redacted]	P - Paid	$8,197.48	813 - Hospice (...	10/10/2018
21833900230804NVR	10/10/2018	10/31/2018	[redacted]	P - Paid	$6,230.74	817 - Hospice (...	10/10/2018
21830901121107NVR	10/10/2018	10/31/2018	[redacted]	P - Paid	$5,630.74	812 - Hospice (...	10/10/2018

Claim Number	From Service Date	To Service Date	Beneficiary Nam	Claim Status	Total Charge	Type Of Bill	Admit Date
21900901108507NVR	12/1/2018	12/26/2018	[redacted]	P - Paid	$6,626.68	814 - Hospice (...	6/13/2018
21833900542007NVR	11/1/2018	11/30/2018	[redacted]	P - Paid	$7,635.75	813 - Hospice (...	6/13/2018
21830901128607NVR	10/1/2018	10/31/2018	[redacted]	P - Paid	$8,065.97	813 - Hospice (...	6/13/2018
21827601223807NVR	9/1/2018	9/30/2018	[redacted]	P - Paid	$7,382.91	813 - Hospice (...	6/13/2018
21824701185107NVR	8/1/2018	8/31/2018	[redacted]	P - Paid	$8,276.79	813 - Hospice (...	6/13/2018
21821800581907NVR	7/1/2018	7/31/2018	[redacted]	P - Paid	$9,216.50	813 - Hospice (...	6/13/2018
21818600817807NVR	6/13/2018	6/30/2018	[redacted]	P - Paid	$5,126.72	812 - Hospice (...	6/13/2018

Claim Number	From Service Date	To Service Date	Beneficiary Nam	Claim Status	Total Charge	Type Of Bill	Admit Date
21900700421507NVR	12/20/2018	12/22/2018	[redacted]	P - Paid	$680.54	811 - Hospice (...	12/20/2018

12/26/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/25/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/24/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/23/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/22/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/21/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/20/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/19/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/18/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/17/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/16/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/15/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/14/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/13/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/12/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
12/11/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
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12/7/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
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12/1/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
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11/16/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	[redacted]	178.2523	0
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10/1/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	178.2523	0
9/30/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
9/29/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
9/28/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
9/27/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
9/26/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
9/25/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
9/24/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
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9/19/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
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9/12/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
9/11/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
9/10/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
9/9/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
9/8/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
9/7/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
9/6/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
9/5/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
9/4/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
9/3/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
9/2/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
9/1/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
8/31/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
8/30/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
8/29/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
8/28/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
8/27/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
8/26/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
8/25/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
8/24/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
8/23/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
8/22/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
8/21/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
8/20/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
8/19/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
8/18/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
8/17/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
8/16/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
8/15/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
8/14/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
8/13/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
8/12/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	173.2251	0
8/11/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
8/10/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
8/9/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
8/8/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
8/7/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
8/6/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
8/5/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
8/4/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
8/3/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
8/2/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
8/1/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0

7/31/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
7/30/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
7/29/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
7/28/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
7/27/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
7/26/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
7/25/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
7/24/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
7/23/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
7/22/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
7/21/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
7/20/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
7/19/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
7/18/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
7/17/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
7/16/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
7/15/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
7/14/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
7/13/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
7/12/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
7/11/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
7/10/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
7/9/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
7/8/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
7/7/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
7/6/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
7/5/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
7/4/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
7/3/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
7/2/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
7/1/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
6/30/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
6/29/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
6/28/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
6/27/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
6/26/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
6/25/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
6/24/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
6/23/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
6/22/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
6/21/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
6/20/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
6/19/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
6/18/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
6/17/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
6/16/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
6/15/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
6/14/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0
6/13/2018	Jireh Healthcare Servic	M0456	J44.9	Clark	ROUTINE	Medicare	220.5569	0

Jireh Healthcare Ser\ es LLC

HospiceMD

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 Tel: Fax

ersonal Information

MR#	M0456	SSN	[redacted]	DOB	[redacted] (86 yrs)
LAST NAME	H[redacted]	FIRST NAME	M[redacted]	MI	
ADDRESS	[redacted] Avenue			APT / SUITE #	
CITY	Las Vegas	STATE	NV	ZIP	89121
PHONE	(702) [redacted]	CELL		PRIM LANGUAGE	English
RACE	White	ETHNICITY	Caucasian	MARITAL ST	
GENDER	Female	RELIGION	Other	DENOMINATION	

LEVEL OF CARE

Insurance

PAY SOURCE	INSURANCE	SHARE OF COST	POLICY / MBI #	GROUP#	BIN#	EFFECTIVE DATE	AUTH TYPE	R&B AUTH NO	R&B AUTH VALID TILL
Primary	Medicare	$0.00	[redacted]A			6/13/2018			

Dates of Service, Diagnosis & Allergies

REF DATE	6/12/2018	SOC	6/13/2018	RE-CERT	2/7/2019
		EOC	12/26/2018	DISC CODE	Transferred to Another Hospice
ADMIT TYPE	New Admission				
STARTING CERT#	1				
IMARY DX	Chronic obstructive pulmonary disease, unspecified (J44.9)			DISEASE	
SECOND DX	Shortness of breath (R06.02)			DISEASE	
COMORBIDITIES					

ALLERGIES — LAST UPDATED

Erythromycin — 10/9/18

Place of Service (POS)

TYPE	Home	FACILITY NAME			
EFFECTIVE DATE		ROOM NO		PCG	
ADDRESS	[redacted] Avenue	CITY	Las Vegas	STATE-ZIP	NV 89121 -
PHONE	(702) [redacted]	ALT-PHONE		FAX	

Authorized Rep (AR) / Emergency Contact (EC)

AR/EC , , Address: , , , Phone: , Alt Phone: , AR/EC is:

Referral Source & Attending MD

MEDICAL DIRECTOR	STEPHEN DUBIN, Phone:, Fax:(702) 362-9930, NPI:1023311040
REFERRING/ATTENDING/PATIENT CHOICE	STEPHEN DUBIN, Phone:(702) 362-9930, Fax:(702) 362-9930, NPI:1023311040

CONFIDENTIALITY NOTICE: The information contained in this facsimile is confidential and may contain privileged material or be otherwise protected by applicable law. It is intended only for the use of the individual (s) or entity named above. If the person receiving this facsimile, or any other reader of the facsimile, is not the intended recipient or the employee or agent responsible for delivering it to the intended recipient, then any use, dissemination, distribution, or copying of this communication is strictly prohibited and may be subject to civil and/or criminal liability. If you have received this communication in error, please destroy it and notify the sender immediately

Jireh Healthcare Ser\ es LLC

HospiceMD

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 Tel: Fax:

ndors

PHARMACY	MAIN:Trinity Pharmacy (Las Vegas)
DME	MAIN:Advantage Home Medical Services, Inc. (Las Vegas)

Mortuary Info

MORTUARY NAME		CONTACT NAME		EMAIL	
ADDRESS		CITY		STATE-ZIP	
PHONE		ALT-PHONE		FAX	

CONFIDENTIALITY NOTICE: The information contained in this facsimile is confidential and may contain privileged material or be otherwise protected by applicable law. It is intended only for the use of the individual (s) or entity named above. If the person receiving this facsimile, or any other reader of the facsimile, is not the intended recipient or the employee or agent responsible for delivering it to the intended recipient, then any use, dissemination, distribution, or copying of this communication is strictly prohibited and may be subject to civil and/or criminal liability. If you have received this communication in error, please destroy it and notify the sender immediately.

1	2	3a PAT. CNTL #	4 TYPE OF BILL
JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388		3644122 b. MED. REC. # M0456	0814

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7
251927052	120118	122618	

8 PATIENT NAME	9 PATIENT ADDRESS				
a [redacted], M[redacted]	a [redacted] ST.				
	b LAS VEGAS	c NV	d 89119	e USA	

10 BIRTHDATE	11 SEX	12 DATE	ADMISSION 13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	CONDITION CODES 18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30
[redacted]	F	061318	12	3	2		50													

31 OCCURRENCE CODE	DATE	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 OCCURRENCE SPAN CODE	FROM	THROUGH	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
27	121018													

38	39 VALUE CODES CODE	AMOUNT	40 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
	a 61	2982000				
	b					
	c					
	d					

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0651	651-Routine Home Care	Q5001	120118	26	4,63456	000	
0551	RN Clinical Visit	G0299	120318	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	120318	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	120418	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	120518	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	120618	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	120718	4	10000	10000	
0551	RN Clinical Visit	G0299	121018	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	121018	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	121118	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	121218	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	121318	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	121418	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	121718	4	10000	10000	
[redacted]	Hospice Aide Clinical Visi	G0156	121818	4	10000	10000	
[redacted]	RN Clinical Visit	G0299	121918	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	121918	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	122018	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	122118	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	122418	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	122518	4	10000	10000	
0551	RN Clinical Visit	G0299	122618	4	4803	4803	
	PAGE 1 OF 2	*CREATION DATE*	010419	TOTALS	6,62668		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO.	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	57 OTHER PRV ID
Medicare Part A		Y	Y	000	4,63456	1427366699	

58 INSURED'S NAME	59 P. REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
H[redacted], M[redacted]	18	[redacted]A		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66 ICD											67
	J449	R0602	R54	R1312	M6281	Z7401					
0											

68 ADMIT DX	69 PATIENT REASON DX				70 PPS CODE	71 PPS CODE	72 ECI				73

74 PRINCIPAL PROCEDURE CODE	DATE	b OTHER PROCEDURE CODE	DATE	c OTHER PROCEDURE CODE	DATE	75
d OTHER PROCEDURE CODE	DATE	e OTHER PROCEDURE CODE	DATE	f OTHER PROCEDURE CODE	DATE	

76 ATTENDING	NPI 1023311040	QUAL	
LAST Dubin		FIRST Stephen Paul	
77 OPERATING	NPI	QUAL	
LAST		FIRST	
78 OTHER	NPI	QUAL	
LAST		FIRST	
79 OTHER	NPI	QUAL	
LAST		FIRST	

80 REMARKS	81CC		
	a		
	b	B3 251G00000X	
	c		
	d		

UB-04 CMS-1450 NUCC V UB04-1 APPROVED OMB NO 0938 0997 DCI/Original NUBC 24334604

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

DUBIN0102

1 JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388	2	3a PAT CNTL # 3644122 b MED. REC. # M0456	4 TYPE OF BILL 0814
		5 FED. TAX NO 251927052	6 STATEMENT COVERS PERIOD FROM 120118 THROUGH 122618
8 PATIENT NAME a [redacted]A b [redacted], M[redacted]		9 PATIENT ADDRESS a [redacted] ST. b LAS VEGAS c NV d 89119 e USA	

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	CONDITION CODES 22	23	24	25	26	27	28	29 ACDT STATE	30
[redacted]	F	061318	12	3	2		50													

31 OCCURRENCE CODE	31 OCCURRENCE DATE	32 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE SPAN CODE	FROM	THROUGH	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
27	121018													

38	39 VALUE CODES CODE	AMOUNT	40 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
	a 61	2982000				
	b					
	c					
	d					

42 REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0571	Hospice Aide Clinical Visi	G0156	122618	4	10000	10000	
0001	PAGE 2 OF 2	CREATION DATE	010419	TOTALS	6,62668		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST AMOUNT DUE	56 NPI	1427366699
Medicare Part A		Y	Y	000	4,63456	57 OTHER PRV ID	

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
H[redacted], M[redacted]	18	[redacted]A		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66 DX												67
Q	J449	R0602	R54	R1312	M6281	Z7401						

69 ADMIT DX	70 PATIENT REASON DX			71 PPS CODE	72 ECI			

74 PRINCIPAL PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	c. OTHER PROCEDURE CODE	DATE	75
d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE	f. OTHER PROCEDURE CODE	DATE	

76 ATTENDING	NPI 1023311040	QUAL	
LAST Dubin	FIRST Stephen Paul		
77 OPERATING	NPI	QUAL	
LAST	FIRST		
78 OTHER	NPI	QUAL	
LAST	FIRST		
79 OTHER	NPI	QUAL	
LAST	FIRST		

80 REMARKS	81CC a	
	b	B3 251G00000X
	c	
	d	

UB-04 CMS-1450 NUCC APPROVED OMB NO 0938 0997 DCN/Original NUBC National Uniform Billing Committee 24304B04

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

DUBIN0103

1 JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388	2	3a PAT CNTL # 3588464 b MED REC # M0456			4 TYPE OF BILL 0813		
		5 FED. TAX NO. 251927052	6 STATEMENT COVERS PERIOD FROM 110118	THROUGH 113018	7		

8 PATIENT NAME	9 PATIENT ADDRESS				
a [redacted] A	a [redacted] ST.				
b [redacted], M[redacted]	b LAS VEGAS	c NV	d 89119	e USA	

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18-28 CONDITION CODES	29 ACCT STATE	30	31
[redacted]	F	061318	12	3	2		30				

31 OCCURRENCE CODE	DATE	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 OCCURRENCE SPAN CODE	FROM	THROUGH	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 27	091118													
b														

38

39 VALUE CODES CODE	AMOUNT	40 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a 61	2982000				
b					
c					
d					

42 REV. CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0651	651-Routine Home Care	Q5001	110118	30	5,34757	000	
0571	Hospice Aide Clinical Visi	G0156	110118	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	110218	4	10000	10000	
0551	RN Clinical Visit	G0299	110518	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	110618	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	110718	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	110918	4	10000	10000	
0551	RN Clinical Visit	G0299	111218	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	111218	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	111318	4	10000	10000	
0551	RN Clinical Visit	G0299	111418	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	111418	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	111518	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	111618	4	10000	10000	
0551	RN Clinical Visit	G0299	111918	4	4803	4803	
0571	Hospice Aide Clinical Visi	G0156	111918	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	112018	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	112118	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	112218	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	112318	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	112618	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	112718	4	10000	10000	
	PAGE 1 OF 2		CREATION DATE 120418	TOTALS →	7,63575		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	57
Medicare Part A		Y	Y	000	5,34757	1427366699	OTHER PRV ID

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
H[redacted] M[redacted]	18	[redacted] A		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66 DX											68
	J449	R0602	R54	R1312	M6281	Z7401					

69 ADMIT DX	70 PATIENT REASON DX			71 PPS CODE	72 ECI				73

74 PRINCIPAL PROCEDURE CODE	DATE	b OTHER PROCEDURE CODE	DATE	c OTHER PROCEDURE CODE	DATE	75
d OTHER PROCEDURE CODE	DATE	e OTHER PROCEDURE CODE	DATE	f OTHER PROCEDURE CODE	DATE	

76 ATTENDING	NPI 1023311040	QUAL	
LAST Dubin	FIRST Stephen Paul		
77 OPERATING	NPI	QUAL	
LAST	FIRST		
78 OTHER	NPI	QUAL	
LAST	FIRST		
79 OTHER	NPI	QUAL	
LAST	FIRST		

80 REMARKS	81CC	
	a	
	b B3 251G00000X	
	c	
	d	

UB-04 CMS-1450 NUCC UB04 T APPROVED OMB NO. 0938 0997 ORIG=Original

NUBC 2439404

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

DUBIN0104

1 JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388	2	3a PAT CNTL # 3588464 b MED REC # M0456	4 TYPE OF BILL 0813
		5 FED TAX NO. 251927052	6 STATEMENT COVERS PERIOD FROM 110118 THROUGH 113018

| | | |

1	2	3a PAT CNTL #	4 TYPE OF BILL
JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388		3535024 b. MED. REC. # M0456	0813

5 FED TAX NO	6 STATEMENT COVERS PERIOD FROM	THROUGH	7
251927052	100118	103118	

8 PATIENT NAME	9 PATIENT ADDRESS
a [redacted], M[redacted]	a [redacted] ST. b LAS VEGAS c NV d 89119 e USA

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18-28 CONDITION CODES	29 ACCT STATE	30
[redacted]	F	061318	12	3	2		30			

31 OCCURRENCE CODE / DATE	32 OCCURRENCE CODE / DATE	33 OCCURRENCE CODE / DATE	34 OCCURRENCE CODE / DATE	35 OCCURRENCE SPAN CODE / FROM / THROUGH	36 OCCURRENCE SPAN CODE / FROM / THROUGH	37
27 091118						

38	39 VALUE CODES CODE / AMOUNT	40 VALUE CODES CODE / AMOUNT	41 VALUE CODES CODE / AMOUNT
	a 61 2982000 b c d		

42 REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
0551	RN Clinical Visit	G0299	100118	4	4803	4803
0571	Hospice Aide Clinical Visi	G0156	100118	4	10000	10000
0651	651-Routine Home Care	Q5001	100118	31	5,52582	000
0571	Hospice Aide Clinical Visi	G0156	100218	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	100318	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	100418	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	100518	4	10000	10000
0551	RN Clinical Visit	G0299	100818	4	4803	4803
0571	Hospice Aide Clinical Visi	G0156	100818	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	100918	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	101018	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	101118	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	101218	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	101518	4	10000	10000
0551	RN Clinical Visit	G0299	101618	4	4803	4803
0571	Hospice Aide Clinical Visi	G0156	101618	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	101718	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	101818	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	101918	4	10000	10000
0551	RN Clinical Visit	G0299	102218	4	4803	4803
0571	Hospice Aide Clinical Visi	G0156	102218	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	102318	4	10000	10000
	PAGE 1 OF 2	CREATION DATE 110518		TOTALS	8,06597	

50 PAYER NAME	51 HEALTH PLAN ID	52 REL IND	53 ASG BEN	54 PRIOR PAYMENTS	55 EST AMOUNT DUE	56 NPI	57 OTHER PRV ID
Medicare Part A		Y	Y	000	5,52582	1427366699	

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO
H[redacted] M[redacted]	18	[redacted]A		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66 DX	J449	R0602	R54	R1312	M6281	Z7401					68
0											

69 ADMIT DX	70 PATIENT REASON DX	71 PPS CODE	72 ECI	73

74 PRINCIPAL PROCEDURE CODE / DATE	a. OTHER PROCEDURE CODE / DATE	b. OTHER PROCEDURE CODE / DATE	75

c. OTHER PROCEDURE CODE / DATE	d. OTHER PROCEDURE CODE / DATE	e. OTHER PROCEDURE CODE / DATE

76 ATTENDING NPI 1023311040 QUAL	LAST Dubin	FIRST Stephen Paul
77 OPERATING NPI	QUAL	LAST FIRST
78 OTHER NPI	QUAL	LAST FIRST
79 OTHER NPI	QUAL	LAST FIRST

80 REMARKS	81CC a	b B3 251G00000X	c	d

1 JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388	2	3a PAT CNTL # 3535024 b. MED REC # M0456	4 TYPE OF BILL 0813
		5 FED. TAX NO. 251927052	6 STATEMENT COVERS PERIOD FROM 100118 THROUGH 103118

| | | |

1 JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388	2	3a PAT CNTL # 3419775 b MED. REC. # M0456	4 TYPE OF BILL 0813
		5 FED TAX NO. 251927052	6 STATEMENT COVERS PERIOD FROM 080118 THROUGH 083118

| | | |

1 JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388	2	3a PAT CNTL # 3419775 b. MED REC # M0456	4 TYPE OF BILL 0813
		5 FED TAX NO. 251927052	6 STATEMENT COVERS PERIOD FROM 080118 THROUGH 083118

8 PATIENT NAME	9 PATIENT ADDRESS
a [redacted] M[redacted]	a [redacted] ST.
	b LAS VEGAS c NV d 89119 e USA

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18-28 CONDITION CODES	29 ACCT STATE	30
[redacted]	F	061318	12	3	2		30			

31 OCCURRENCE CODE	DATE	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 OCCURRENCE SPAN CODE	FROM	THROUGH	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a 27	061318													
b														

38	39 VALUE CODES CODE	AMOUNT	40 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	61	2982000				
b						
c						
d						

42 REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0551	RN Clinical Visit	G0299	082718	4	4654	4654	
0571	Hospice Aide Clinical Visi	G0156	082718	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	082818	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	082918	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	083018	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	083118	4	10000	10000	
0001	PAGE 2 OF 2	CREATION DATE	090418	TOTALS	8,27679		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	57 OTHER PRV ID
Medicare Part A		Y	Y	000	5,89063	1427366699	

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
H[redacted], M[redacted]	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

67	J449	R0602	R54	R1312	M6281	Z7401					68
0											

69 ADMIT DX	70 PATIENT REASON DX			71 PPS CODE	72 ECI			73

74 PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75

c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE	DATE	e. OTHER PROCEDURE CODE	DATE

76 ATTENDING	NPI 1023311040	QUAL	
LAST Dubin	FIRST Stephen Paul		
77 OPERATING	NPI	QUAL	
LAST	FIRST		
78 OTHER	NPI	QUAL	
LAST	FIRST		
79 OTHER	NPI	QUAL	
LAST	FIRST		

80 REMARKS	81CC	
	a	
	b	B3 251G00000X
	c	
	d	

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

CMS-1450 (UB-04) APPROVED OMB NO. 0938-0997 NUBC

DUBIN0109

1 JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388	2	3a PAT CNTL # 3476860 b MED REC # M0456	4 TYPE OF BILL 0813
		5 FED TAX NO. 251927052	6 STATEMENT COVERS PERIOD FROM 090118 THROUGH 093018

| | | |

1 JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388	2	3a PAT CNT # 3476860 3b MED REC # M0456	4 TYPE OF BILL 0813
		5 FED TAX NO. 251927052	6 STATEMENT COVERS PERIOD FROM 090118 THROUGH 093018

| | | |

1 JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388	3a PAT CNTL # 3379728 b MED REC # M0456		4 TYPE OF BILL 0813
	5 FED TAX NO 251927052	6 STATEMENT COVERS PERIOD FROM 070118	THROUGH 073118

| | | |

1 JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388	2	3a PAT CNTL # 3379728 b MED REC # M0456	4 TYPE OF BILL 0813
		5 FED TAX NO 251927052	6 STATEMENT COVERS PERIOD FROM 070118 THROUGH 073118
8 PATIENT NAME a [redacted] M[redacted]		9 PATIENT ADDRESS a [redacted] ST. b LAS VEGAS c NV d 89119 e USA	
10 BIRTHDATE [redacted]	11 SEX F	12 ADMISSION DATE 061318	13 HR 12	14 TYPE 3	15 SRC 2	16 DHR	17 STAT 30	18–28 CONDITION CODES	29 ACCT STATE	30

31 OCCURRENCE CODE	31 DATE	32 CODE	32 DATE	33 CODE	33 DATE	34 CODE	34 DATE	35 CODE	35 SPAN FROM	35 SPAN THROUGH	36 CODE	36 SPAN FROM	36 SPAN THROUGH	37
27	061318													

39	39 CODE	39 VALUE CODES AMOUNT	40 CODE	40 VALUE CODES AMOUNT	41 CODE	41 VALUE CODES AMOUNT
a	61	2982000				
b						
c						
d						

42 REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
0551	RN Clinical Visit	G0299	072618	4	4654	4654
0571	Hospice Aide Clinical Visi	G0156	072618	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	072718	4	10000	10000
0551	RN Clinical Visit	G0299	073018	4	4654	4654
0571	Hospice Aide Clinical Visi	G0156	073018	4	10000	10000
0571	Hospice Aide Clinical Visi	G0156	073118	4	10000	10000
0001	PAGE 2 OF 2	CREATION DATE 080318	TOTALS		9,21650	

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI 1427366699
Medicare Part A		Y	Y	000	6,83726	57 OTHER PRV ID

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO
H[redacted] M[redacted]	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

FRM										
67	J449	J449	R0602	R0602	R54	R54	R1312	R1312	M6281	68
0	M6281	Z7401	Z7401							

69 ADMIT DX | 70 PATIENT REASON DX | 71 PPS CODE | 72 ECI | 73

74 PRINCIPAL PROCEDURE CODE DATE	a. OTHER PROCEDURE CODE DATE	b. OTHER PROCEDURE CODE DATE	75
c. OTHER PROCEDURE CODE DATE	OTHER PROCEDURE CODE DATE	c. OTHER PROCEDURE CODE DATE	

76 ATTENDING	NPI 1023311040	QUAL	
LAST Dubin	FIRST Stephen Paul		
77 OPERATING	NPI	QUAL	
LAST	FIRST		
78 OTHER	NPI	QUAL	
LAST	FIRST		
79 OTHER	NPI	QUAL	
LAST	FIRST		

80 REMARKS | a | b B3 251G00000X | c | d

OP-04 OMB-1456 NUBC-0931-1 APPROVED OMB NO 0938-0997 OCR/Original NUBC 2434804

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

DUBIN0113

JIREH HEALTHCARE SERVICES
2320 PASEO DEL PRADO STE B101
LAS VEGAS NV 891020048
7023591388 7023592388

3a PAT CNTL # 3327573 | 4 TYPE OF BILL 0812
b MED REC # M0456
5 FED TAX NO 251927052 | 6 STATEMENT COVERS PERIOD FROM 061318 THROUGH 063018 | 7

8 PATIENT NAME [redacted] M[redacted]
9 PATIENT ADDRESS [redacted] ST.
b LAS VEGAS | c NV | d 89119 | e USA

10 BIRTHDATE [redacted] | 11 SEX F | ADMISSION 12 DATE 061318 | 13 HR 12 | 14 TYPE 3 | 15 SRC 2 | 16 DHR | 17 STAT 30 | CONDITION CODES 18 19 20 21 22 23 24 25 26 27 28 | 29 ACCT STATE | 30

31 OCCURRENCE CODE	31 OCCURRENCE DATE	32 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE SPAN CODE	35 OCCURRENCE SPAN FROM	35 OCCURRENCE SPAN THROUGH	36 OCCURRENCE SPAN CODE	36 OCCURRENCE SPAN FROM	36 OCCURRENCE SPAN THROUGH	37
27	061318													

38

	39 VALUE CODES CODE	39 VALUE CODES AMOUNT	40 VALUE CODES CODE	40 VALUE CODES AMOUNT	41 VALUE CODES CODE	41 VALUE CODES AMOUNT
a	61	2982000				
b						
c						
d						

42 REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0551	RN Clinical Visit	G0299	061318	8	9308	9308	
0571	Hospice Aide Clinical Visi	G0156	061318	4	10000	10000	
0651	651-Routine Home Care	Q5001	061318	18	3,97002	000	
0571	Hospice Aide Clinical Visi	G0156	061418	4	10000	10000	
0561	Social Services Clinical V	G0155	061518	4	4654	4654	
0571	Hospice Aide Clinical Visi	G0156	061518	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	061518	4	10000	10000	
0551	RN Clinical Visit	G0299	061818	4	4654	4654	
0571	Hospice Aide Clinical Visi	G0156	061918	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	062018	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	062018	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	062118	4	10000	10000	
0571	Hospice Aide Clinical Visi	G0156	062218	4	10000	10000	
0551	RN Clinical Visit	G0299	062518	4	4654	4654	
0	N400574041202UN255.000		062618	1	2400	2400	
0001	PAGE 1 OF 1		CREATION DATE 070318		TOTALS	5,12672	

50 PAYER NAME: Medicare Part A | 51 HEALTH PLAN ID | 52 REL INFO Y | 53 ASG BEN Y | 54 PRIOR PAYMENTS 000 | 55 EST. AMOUNT DUE 3,97002 | 56 NPI 1427366699 | 57 OTHER PRV ID

58 INSURED'S NAME H[redacted] M[redacted] | 59 P REL 18 | 60 INSURED'S UNIQUE ID [redacted] | 61 GROUP NAME | 62 INSURANCE GROUP NO.

63 TREATMENT AUTHORIZATION CODES | 64 DOCUMENT CONTROL NUMBER | 65 EMPLOYER NAME

66 DX: J449 | R0602 | R54 | R1312 | M6281 | Z7401 | 0

67 ADMIT DX | 70 PATIENT REASON DX | 71 PPS CODE | 72 ECI | 73

74 PRINCIPAL PROCEDURE CODE DATE | a OTHER PROCEDURE CODE DATE | b OTHER PROCEDURE CODE DATE | 75

c OTHER PROCEDURE CODE DATE | d OTHER PROCEDURE CODE DATE | e OTHER PROCEDURE CODE DATE

76 ATTENDING NPI 1023311040 QUAL | LAST Dubin | FIRST Stephen Paul
77 OPERATING NPI QUAL | LAST | FIRST
78 OTHER NPI QUAL | LAST | FIRST
79 OTHER NPI QUAL | LAST | FIRST

80 REMARKS

81 CC
a
b B3 251G00000X
c
d

UB-04 CMS-1450 | 1A-LCF-UB04 | APPROVED OMB NO. 0938-0997 | 0CH Original

NUBC

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

DUBIN0114

1 JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388	2	34 PAT CNTL # 3292944 35 MED REC # M0456	4 TYPE OF BILL 081A
		5 FED TAX NO 251927052	6 STATEMENT COVERS PERIOD FROM 061318 THROUGH

| | | |

MD ORDERS, TREATMENT, MEDICATION & CTI

Jireh Healthcare Services LLC

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel: Fax:

Discharge Summary

PATIENT: H[redacted] M[redacted] **MR#:** M0456

Reason For Discharge: Transferred to Another Hospice

EOC: 12/26/2018

Based on the type of Discharge provide a brief summary related to; Diagnosis, health history, symptom and pain management, extent to which goals were and/or were not met, and if applicable, summarize post-discharge continuity of care orders.

Ms. Halstead transferred to another hospice due to patient daughter decision to transfer her mom to another hospice.

Transfer forms checked below sent to Receiving Agency

- ☐ POC Summary w/ List of Medications
- ☐ Advanced Directive
- ☐ DNR

Electronically Signed: 12/26/2018, By Janyvill Ruiz, ADMN

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Jireh Healthcare Services LLC

PHYSICIANS ORDER

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel. Fax:

PATIENT: H[redacted] M[redacted] **DOB:** [redacted] **MR#:** M0456

ORDERED BY: STEPHEN DUBIN (MD) **ORDER DATE:** 11/16/18 **ORDER#:** 1600755

List of New/Refill Orders

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer
11/16/18		Medication	New	Lorazepam (Ativan)	0 5 mg		1 tab	Oral	3x daily as needed	Anxiety	
11/16/18		Medication	New	Furosemide (Furosemide)	20 mg		1 Tab	ORAL	once daily		
11/16/18		Medication	New	Klor-Con M (Potassium Chloride)	20 meq		Tab ER	ORAL	once daily		
11/16/18		Medication	New	Ipratropium Bromide and Albuterol Sulfate 0 5/ 3 mg/3mL (Ipratropium Bromide and Albuterol Sulfate)	vial		1 Sol	RESPIRATORY (INHALATION)	3x daily as needed	SOB	

List of 'ADMIT' Items - DO NOT FILL ITEMS BELOW (Patient has supply of item at admission)

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer

ADDITIONAL NOTE

Ms M[redacted] H[redacted] is an 85 year old, Caucasian female, with COPD on intermittent oxygen inhalation, hypertension, age related physical debility, polyneuropathy, has fracture on unspecified part of beck of left femur, chronic pain, dementia, muscle weakness. Daughter notified office of increasing anxiety, SOB and lower extremity edema.
- SN performed vital signs and all body system assessments.
- Patient alert, pleasant, anxious; sitting comfortably in wheelchair. Complains of anxiety especially during the night, "could not sleep because I am scared".
- VS wnl;
- heart: regular heart rate
- respiratory: decreased breath sounds, no wheezing, no rales
- extremities: edema of LE, bilateral +3
- notified MD with orders given

PHONE ORDER / READ BACK ORDER BY JULIA DUGAY (RN)

Electronically Signed: 11/16/2018, By STEPHEN DUBIN, MD

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Jireh Healthcare Services LLC

3085

PHYSICIANS ORDER

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel Fax

PATIENT: H[redacted] M[redacted] DOB: [redacted] MR#: M0456

ORDERED BY: STEPHEN DUBIN (MD) ORDER DATE: 09/18/18 ORDER#: 1598477

List of New/Refill Orders

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer
09/18/18		Medication	New	Vitamin D	2000 units		2 Tab	ORAL	Daily		
	==>	Note Take one tablet by mouth once daily									
09/18/18		Medication	New	Ensure			2 bottles	Oral	Daily - PRN	Supplement	

List of 'ADMIT' Items - DO NOT FILL ITEMS BELOW (Patient has supply of item at admission)

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer

ADDITIONAL NOTE

Merging information from Consolo Services.

PHONE ORDER / READ BACK ORDER BY MARY ROSE FRONDA (RN)

Electronically Signed: 9/18/2018, By STEPHEN DUBIN, MD

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Jireh Healthcare Services LLC

PHYSICIANS ORDER

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel. Fax:

PATIENT: H[redacted] M[redacted] DOB: [redacted] MR#: M0456

ORDERED BY: STEPHEN DUBIN (MD) ORDER DATE: 09/17/18 ORDER#: 1598417

List of New/Refill Orders

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer
09/17/18		Medication	New	Albuterol Sulfate (Albuterol Sulfate)	2.5 mg/3mL		1 Sol	RESPIRATORY (INHALATION)	2 times a day	SOB	
09/17/18		Medication	New	Sertraline Hydrochloride (Sertraline Hydrochloride)	50 mg		2 Tab	ORAL	Daily		
		==> Note: Take two tablets by mouth once daily									

List of 'ADMIT' Items - DO NOT FILL ITEMS BELOW (Patient has supply of item at admission)

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer

ADDITIONAL NOTE

Merging information from Consolo Services.

PHONE ORDER / READ BACK ORDER BY MARY ROSE FRONDA (RN)

Electronically Signed: 9/17/2018, By STEPHEN DUBIN, MD

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Jireh Healthcare Ser\ :es LLC

PHYSICIANS ORDER

320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel Fax

PATIENT: H[redacted] M[redacted] **DOB:** [redacted] **MR#:** M0456
ORDERED BY: STEPHEN DUBIN **ORDER DATE:** 11/16/18 **ORDER#:** 1600755

List of New/Refill Orders

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer
11/16/18		Medication	New	Lorazepam (Ativan)	0.5 mg		1 tab	Oral	3x daily as needed	Anxiety	
11/16/18		Medication	New	Furosemide (Furosemide)	20 mg		1 Tab	ORAL	once daily		
11/16/18		Medication	New	Klor-Con M (Potassium Chloride)	20 meq		Tab ER	ORAL	once daily		
11/16/18		Medication	New	Ipratropium Bromide and Albuterol Sulfate 0.5/ 3 mg/3mL (Ipratropium Bromide and Albuterol Sulfate)	vial		1 Sol	RESPIRATORY (INHALATION)	3x daily as needed	SOB	

List of 'ADMIT' Items - DO NOT FILL ITEMS BELOW (Patient has supply of item at admission)

Start Date	Stop Date	Type	Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer

ADDITIONAL NOTE

Ms Mary Halstead is an 85 year old, Caucasian female, with COPD on intermittent oxygen inhalation, hypertension, age related physical debility, polyneuropathy, has fracture on unspecified part of beck of left femur, chronic pain, dementia, muscle weakness. Daughter notified office of increasing anxiety, SOB and lower extremity edema.
- SN performed vital signs and all body system assessments.
- Patient alert, pleasant, anxious, sitting comfortably in wheelchair. Complains of anxiety especially during the night, "could not sleep because I am scared".
- VS wnl.
- heart: regular heart rate
- respiratory: decreased breath sounds, no wheezing, no rales
- extremities: edema of LE, bilateral +3
- notified MD with orders given

PHONE ORDER / READ BACK ORDER BY JULIA DUGAY (RN)

MD Signature: [redacted] Date: [redacted]

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Jireh Healthcare Services LLC

3088
PHYSICIANS ORDER

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel Fax

PATIENT: H[redacted] M[redacted] DOB: [redacted] MR#: M0456
ORDERED BY: STEPHEN DUBIN (MD) ORDER DATE: 08/21/18 ORDER#: 1598450

List of New/Refill Orders

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer
08/21/18		Medication	New	Calmoseptine 20.6/ .44 g00g (Zinc Oxide and menthol)			1 Oint	TOPICAL	Daily		
		==> Note: Apply to affected area every diaper change.									
08/21/18		Medication	New	VENTOLINHFA HFA (albuterol sulfate)	108 mcg		2 Aerosol	RESPIRATORY (INHALATION)	Every 6 hrs - PRN	SOB	
		==> Note: Take two puffs every 6 hours as needed for shortness of breath.									

List of 'ADMIT' Items - DO NOT FILL ITEMS BELOW (Patient has supply of item at admission)

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer

PHONE ORDER / READ BACK ORDER BY MARY ROSE FRONDA (RN)

Electronically Signed: 8/21/2018, By STEPHEN DUBIN, MD

CONFIDENTIALITY NOTICE: The information contained in this facsimile is confidential and may contain privileged material or be otherwise protected by applicable law. It is intended only for the use of the individual (s) or entity named above. If the person receiving this facsimile, or any other reader of the facsimile, is not the intended recipient or the employee or agent responsible for delivering it to the intended recipient, then any use, dissemination, distribution, or copying of this communication is strictly prohibited and may be subject to civil and/or criminal liability. If you have received this communication in error, please destroy it and notify the sender immediately.

Jireh Healthcare Services LLC

3089

PHYSICIANS ORDER

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel: Fax:

PATIENT: H[redacted] M[redacted] DOB: [redacted] MR#: M0456

ORDERED BY: STEPHEN DUBIN (MD) ORDER DATE: 07/03/18 ORDER#: 1598543

List of New/Refill Orders

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer
07/03/18		Medication	New	MiraLAX (Polyethylene Glycol 3350)	17 g7g		1 Powder	ORAL	Daily - PRN	Constipation	

==> Note: Mix 17 gram to 8 oz glass of water. Taken once daily by mouth as needed for constipation. To administer if no bowel movement for 3 days.

List of 'ADMIT' Items - DO NOT FILL ITEMS BELOW (Patient has supply of item at admission)

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer

ADDITIONAL NOTE

Merging of information from Consolo Services.

PHONE ORDER / READ BACK ORDER BY MARY ROSE FRONDA (RN)

Electronically Signed: 7/3/2018, By STEPHEN DUBIN, MD

CONFIDENTIALITY NOTICE. The information contained in this facsimile is confidential and may contain privileged material or be otherwise protected by applicable law. It is intended only for the use of the individual (s) or entity named above. If the person receiving this facsimile, or any other reader of the facsimile, is not the intended recipient or the employee or agent responsible for delivering it to the intended recipient, then any use, dissemination, distribution, or copying of this communication is strictly prohibited and may be subject to civil and/or criminal liability. If you have received this communication in error, please destroy it and notify the sender immediately

Trinity Pharmacy
2797 S. Maryland Pkwy 28 Las Vegas, NV 89109
Phone: 702-776-8210 Fax: 702-776-7195

Telephoned Prescription

STEPHEN DUBIN
5380 S RAINBOW STE 306
LAS VEGAS NV 89128
Phone : 702-359-1388
Fax : 702-362-9954
DEA # : FD2419706
Lic # : 13772
NPI # : 1023311040

Rx#: 170055
Rx Written : 12-19-2018

Patient : H[redacted] M[redacted]
Address : [redacted] AVE (JIREH)
LAS VEGAS NV 89121
Phone # : 702-[redacted]
D.O.B. : [redacted]
Gender : Female

LORAZEPAM 0.5MG TABLET
Generic for ATIVAN TAB 0.5MG 100
Quantity : 45

Sig Instructions :
TAKE ONE TABLET BY MOUTH THREE TIMES DAILY AS NEEDED

Refills Authorized : 0 RPh : MLJ / CC

NO 014 Speedy @ 1:00pm 12/19/18
Signature Date

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "DAW" IN THE BOX BELOW

M[redacted] H[redacted] [redacted] AVE (JIREH) LAS VEGAS NV 89121
RX017.0055

Trinity Pharmacy

2797 S. Maryland Pkwy 28 Las Vegas, NV 89109

Phone: 702-776-8210 Fax: 702-776-7195

Telephoned Prescription

RX0167999

STEPHEN DUBIN

5380 S RAINBOW STE 306
LAS VEGAS NV 89128

Phone : 702-359-1388
Fax : 702-362-9954

DEA # : FD2419706
Lic # : 13772
NPI # : 1023311040

Rx# : 167999

Rx Written : 11-16-2018

Patient : H[redacted], M[redacted]
Address : [redacted] (JIREH)
LAS VEGAS NV 89121
Phone # :
D.O.B. : [redacted]
Gender : Female

LORAZEPAM 0.5MG TABLET
Generic for ATIVAN TAB 0.5MG 100

Quantity : 45

Sig Instructions :
TAKE ONE TABLET BY MOUTH THREE TIMES DAILY

Refills Authorized : 0 **RPh : MLJ / CC**

MD OK / Julia @ 9:00am 11/16/18

Signature Date

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "DAW" IN THE BOX BELOW

M[redacted]H[redacted] [redacted]
[redacted] AVE (JIREH) LAS VEGAS NV 89121

RX0167999

Dispense As Written

PHYSICIAN FACE-TO-FACE ENCOUNTER/ RECERTIFICATION OF TERMINAL ILLNESS

60-DAY PERIODS

Page _____ of _____

Patient Name:	ID#	Admission Date
H[redacted], M[redacted]	M0456	6-13-18

☐ BENEFIT PERIOD

60-Day Period from 12-10-18 to 02-07-2019

Face to Face Encounter *(Note: Must be completed no more than 30 days prior to this benefit period)*

Hospice Nurse Practitioner Attestation: I confirm that I had a face-to-face encounter with _____ *(Patient's Name)* on ___/___/_____ *(Date)* and that the clinical findings of that encounter have been provided to the certifying physician for use in determining continued eligibility for hospice care.

NP Name *(Printed)*:	NP Signature:	Date:

Physician Attestation: I confirm that I had a face-to-face encounter with M[redacted] H[redacted] *(Patient's Name)* on ___/___/_____ *(Date)* and that I used the clinical findings of that encounter in determining continued eligibility for hospice care

Hospice Medical Director or Designee Name *(Printed)*:	Hospice Medical Director or Designee Signature	Date.
STEPHEN DUBIN, MD		

Recertification Statement: I recertify that I have reviewed the clinical record prior to recertification for the above noted patient and that patient is still considered to be terminally ill and has a life expectancy of six (6) months or less, if the terminal illness runs it's normal course.

Physician Brief Narrative Statement *(Note: Must be completed no more than 15 days prior to recertification)*

Review the patient's clinical circumstances and synthesize the medical information to provide clinical justification for continued Hospice services

MJ M[redacted] H[redacted] is an 86 yo white lady with PMH of COPD (hypoxemic on room air), HTN, age related debility, polyneuropathy, chronic pain, dementia, & anxiety disorder. pt is chairbound & is mostly in her wheelchair. She has very poor appetite & has generalized muscle weakness; needs max assist with her ADL's. If her condition continues to run its normal course, she has 6 mo or less to live.

Attestation: I confirm that I composed this narrative based on my review of the patient's medical record and/or examination of the patient

Hospice Medical Director or Designee Name *(Printed)*:	Hospice Medical Director or Designee Signature	Date:
STEPHEN DUBIN, MD		12-05-18

☐ BENEFIT PERIOD

60-Day Period from _____ to _____

Face to Face Encounter *(Note Must be completed no more than 30 days prior to this benefit period)*

Hospice Nurse Practitioner Attestation: I confirm that I had a face-to-face encounter with _____ *(Patient's Name)* on ___/___/_____ *(Date)* and that the clinical findings of that encounter have been provided to the certifying physician for use in determining continued eligibility for hospice care

NP Name *(Printed)*:	NP Signature	Date:

Physician Attestation: I confirm that I had a face-to-face encounter with _____ *(Patient's Name)* on ___/___/_____ *(Date)* and that I used the clinical findings of that encounter in determining continued eligibility for hospice care

Hospice Medical Director or Designee Name *(Printed)*	Hospice Medical Director or Designee Signature	Date

Recertification Statement: I recertify that I have reviewed the clinical record prior to recertification for the above noted patient and that patient is still considered to be terminally ill and has a life expectancy of six (6) months or less, if the terminal illness runs it's normal course

Physician Brief Narrative Statement *(Note Must be completed no more than 15 days prior to recertification)*

Review the patient's clinical circumstances and synthesize the medical information to provide clinical justification for continued Hospice services

Attestation: I confirm that I composed this narrative based on my review of the patient's medical record and/or examination of the patient

Hospice Medical Director or Designee Name *(Printed)*:	Hospice Medical Director or Designee Signature	Date

DUBIN0126

Use companion form HC8007-A for Initial Certification.

Form # HC8907-B (Rev. 11/13)

Reorder From: MED-PASS® 800-438-8884

IN11 050906R

WHITE - Clinical Record YELLOW - Other

JI EH HEALTHCARE SERVIC S
2320 Paseo Del Prado Suite B101 Las Vegas Nevada 89102
PHONE: 702.359.1388 FAX: 702.359.2388
EMAIL ADDRESS: jirehhealthcare @gmail.com

PHYSICIAN'S CERTIFICATION FOR MEDICARE/MEDICAID HOSPICE BENEFIT

Physician's Certification of Terminal Illness for Hospice Benefit (Part – 1)

MR# M0456

A. CERTIFICATION STATEMENT **First 90-Day Period from** 6/13/2018 **to** 9/10/2018

I (or WE) certify that M[redacted]H[redacted] is terminally ill and Has a life expectancy of six (6) months or less if the terminal illness runs its normal course. I (WE) Reviewed the patient's clinical information and considered the primary terminal condition, related diagnoses, current subjective and objective medical findings, current medication and treatment orders and information about management of unrelated conditions in making this determination.

RN Signature	6/13/2018 Verbal Order Date
Hospice Medical Director/Associate Hospice Doctor	6/13/2018 Date
Attending Physician Signature	6/13/2018 Date

B. RECERTIFICATION STATEMENT **Second 90-Day Period from** 9/11/2018 **to** 12/9/18

I certify that I have reviewed the clinical record prior to recertification for the above noted patient and That patient is still considered to be terminally ill and has life expectancy of six (six) months or less, if The terminal illness runs its normal course.

Hospice Medical Director/Associate Hospice Doctor	9-11-18 Date

C. RECERTIFICATION STATEMENT **60-Day Period from** 12-10-18 **to** 02-07-19

I certify that I have reviewed the clinical record prior to recertification for the above noted patient and That patient is still considered to be terminally ill and has life expectancy of six (6) months or less, if The terminal illness runs its normal course.

Hospice Medical Director/Associate Hospice Doctor	12-11-18 Date

JIREH HEATHCARE SERVICES

2320 Paseo Del Prado Suite B101 Las Vegas, Nevada 89102
Tel 702.359.1388 Fax 702.359.2388

Patient Instructions, Narrative, Initial IDT Record and Initial Plan of Care

(Write a history of illness, how patient appears today, and reaction to hospice program)

THE FOLLOWING INFORMATION WAS REPORTED TO THE IDT, AND WAS CONSIDERED WHEN DEVELOPING THE PLAN OF CARE.

Patient Name: H[redacted], M[redacted] MR#: M0456

NARRATIVE:

Pt. is an 85 year old,Caucasian female, with disabling dyspnea, hypoxemic on room air, COPD, hypertension, age related physical debility, polyneuropathy, has fracture on unspecified part of beck of left femur, chronic pain, dementia, GERD, muscle weakness, dysphagia, with other symbolic dysfunction. Pt. is currently bed bound, and has very poor appetite. Needs maximum to complete assistance on all her ADL's

Hospice Program was explained. Admissions forms reviewed & completed. Understanding of all hospice admission forms, & the Hospice Medicare Benefits, verbalized by Patient & Family. They are aware patient can choose not to continue Hospice at any time. They are also aware if patient chooses to revoke Hospice, a revocation statement must be signed & he/she will revert to his/her original coverage. Medications & Hospice 24 hour on call service, reviewed, understanding verbalized. Hospice admissions packet, which includes information on palliative medical care guidelines, planning for death, feeding concerns, State Hotline no., DNR, Advance Directives, and the "Medicare Hospice Benefits", reviewed & left with patient. They will call Hospice if they have any changes in condition, problems, or questions. Report given to Hospice Medical Director, admission approved by IDT, Telephone call to attending Physician, report given, order to admit to hospice care, implement palliative care protocols, & approval for hospice certification received. Initial plan of care developed.

Interdisciplinary Team Signatures		
Medical Director	Date:	Time:
Signature:	6/13/18	
Registered Nurse	Date:	Time:
Signature:	6/13/18	
Psychosocial Counselor	Date:	Time:
Signature:	MSW	6/13/18
Spiritual Counselor	Date:	Time:
Signature:	chaplain	6/10/18
CHHA	Date:	Time:
Signature:	6-13-18	
Other	Date:	Time:
Signature:		

✓	**MEDICATIONS REVIEWED**
✓	**TREATMENTS REVIEWED**

All IDT Members, Medical Director, Medical Social Worker, Skilled Nurse, Chaplain Director, Patient Care Service, Volunteer were informed about Patient Admission and concurs with Initial Plan of Care per telephone conversation.

SUGGESTED FREQUENCY FOR VISITS:

RN/LVN:	Eval, 1x/week and 2x/week as needed for respiratory issues within certification period
MSW:	1x/month as needed for psychosocial issues within certification period
PC:	Eval, */mo and */mo PRN for spiritual issues within certification period
CHHA:	5x/wk
Vol:	Refused
OTHER:	N/A
RN Signature:	
DATE:	6/13/18
TIME:	

Consolo Physician Order for HALxM at Office Jireh Healthcare Services LLC

Patient Details for H[redacted] M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Active

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Esteban, Randy (Reste)	H[redacted], M[redacted]	06/13/2018	

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Esteban, Randy (Reste)	No

Orders

Admit to Jireh Healthcare Services, LLC. for the 1st 90 day benefit period
* Pharmacist may use generic drug equivalents or compound medications as appropriate
* Interdisciplinary team to determine equipment and supply needs based on assessment for comfort and symptom control (may include but not limited to: hospital bed, special mattress, bedside commode, over-bed-table, shower chair, wheelchair, walker, suction machine, etc.)
* Assess and evaluate cardiac, respiratory, GI, GU, pain, mobility, skin, nutrition/dehydration, comfort level and symptom management, disease progression, safety and family/caregiver needs
* Instruction on care of terminally ill, medications, safety, nutritional needs, pain and symptom control based on assessment
* Assess and evaluate current medications
* Administer oxygen via nasal cannula at 2.5 lpm as needed for shortness of breath or until oxygen saturation is 95% and above
* May give nutritional supplements 1 can a day as tolerated for supplement
* May crush medications that are crush-able.
* Medications to be administered by licensed staff, patient and/or family member/caregiver per medication profile and current orders
* Hospice Medical Director may assist patient as needed to manage symptoms
* Hospice nurse may pronounce death
* Check oxygen saturation level every SN visit
* Bed-rails up 2x
* Skilled Nurse visits - (Eval, 1x/week and 2x/week as needed for respiratory issues within certification period) to promote comfort and symptom management.
* CHHA visits (5x/week within certification period) to assist with personal care, home making and to promote comfort per RN assignment.
* MSW visits (1x/month as needed for psychosocial issues within certification period) to provide psychosocial support to patient and family.
* Chaplain visits (1x/month as needed for spiritual issues within certification period) to provide spiritual

Read Back	Non Verbal Order
Yes	No

Signature _____

Date 6/13/18

Chinany Care Co

☒ Chinomso Ezenwata, APRN DEA #: _____ ☐ Chinyere Okeke, MD DEA #: _____

3110 S Durango Dr #200
Las Vegas, NV 89032
Tel: 702-415-9760 • Fax: 702-478-6211

Name. M[redacted] H[redacted] DOB

Address. Date 7/19/18

℞ Calmoseptine Cream topical
Apply to affected area each diaper
Change (#1)

☐ Label

Refill_____times PRN

Dispense Only as Written ☐ _____ MD, APRN

SCRIPT# 1137 Order # 2438194-1

RX 2 NV V FileRx.com 800-307-7717 RxPads.com

Chinany Care Corp

☒ Chinomso Ezenwata, APRN DEA #: _____ ☐ Chinyere Okeke, MD DEA #: _____

3110 S Durango Dr #200
Las Vegas, NV 89032
Tel: 702-415-9760 • Fax: 702-478-6211

Name. M[redacted] H[redacted] DOB

Address. Date 7/19/18

℞ Oxygen 2L via nasal Canula
as needed for sobs.

☐ Label

Refill_____times PRN

Dispense Only as Written ☐ _____ MD, APRN

SCRIPT# 1136 Order # 2438194-1

RX 2 NV V FileRx.com 800-307-7717 RxPads.com

Chinany Care Corp

☒ Chinomso Ezenwata, APRN DEA #: _____ ☐ Chinyere Okeke, MD DEA #: _____

3110 S Durango Dr #200
Las Vegas, NV 89032
Tel: 702-415-9760 • Fax: 702-478-6211

Name. M[redacted] H[redacted] DOB

Address. Date 7/19/18

℞ D/c Carvedilol 3.125 mg PO BID
D/c Lisperidone 0.5 mg PO QHS
Spiriva 18 Mcg c.p. handihaler inhale
1 Daily (4:30)
Ensure 2 Can PO Daily (at 6a)
Albuterol 2.5 mg/3ml neb inhale TID prn
Wheezing.

☐ Label for Sobs,

Refill_____times PRN

Dispense Only as Written ☐ _____ MD, APRN

SCRIPT# 1135 Order # 2438194-1

RX 2 NV V FileRx.com 800-307-7717 RxPads.com

Consolo Certification for HALxM at Office Jireh Healthcare Services LLC

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	**Status**	Active
Screened Allergies	Erythromycin	**Unscreened Allergies**	opiate/narcotics
Start Of Care	06/13/2018	**Gender**	Female
Patient Address	[redacted] Ave Las Vegas, NV 89121		

Hospice Certification of Terminal Illness

Benefit Period
1

Benefit Period Start Date
06/13/2018

Benefit Period End Date
09/10/2018

Certification Start Date
06/13/2018

Certification End Date
09/10/2018

Signed Date
06/13/2018

Medical Director or Certifying Physician
Dubin, Stephen Paul

Medical Director or Certifying Physician Address
5741 S. Fort Apache Rd. Suite 100 Las Vegas, NV 89148

Attending Physician
Dubin, Stephen Paul

Attending Physician Address
5741 S. Fort Apache Rd. Suite 100 Las Vegas, NV 89148

Patient HI Claim No
57144591?A

Disaster Acuity
Medical services required within 72 hours

Provider Information

Provider Name
Jireh Healthcare Services LLC

Provider Number
291533

Provider Address
2320 Paseo Del Prado Ste B101 Las Vegas, NV 89102-0048

Admission

New Admission 06/13/2018 (ROUTINE)

Verbal Certification

Verbal Certification received from Medical Director: Dubin, Stephen Paul by RN_Ruiz, Janyvill (jruiz) on 06/13/2018

I certify that Halstead, Mary is terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course.

Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on **06/13/2018**. Recorded by jruiz on 06/14/2018 10:04:57.

Verbal Certification received from Physician: Dubin, Stephen Paul by RN_Ruiz, Janyvill (jruiz) on 06/13/2018

I certify that H[redacted], M[redacted] is terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course.

Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on **06/13/2018**. Recorded by jruiz on 06/14/2018 10:05:12.

Consolo Certification for HALxM at Office Jireh Healthcare Services LLC

Brief Narrative Statement and Attestation

Review the patient's clinical circumstances and synthesize the medical information to provide clinical justification for admission and continuation to hospice services. If in third (3rd) or more benefit periods, clinical findings from the face to face encounter have been used to determine continued eligibility for hospice care.

Composing Physician
Dubin, Stephen Paul

Pt. is an 85 year old,Caucasian female, with disabling dyspnea, hypoxemic on room air, COPD, hypertension, age related physical debility, polyneuropathy, has fracture on unspecified part of beck of left femur, chronic pain, dementia, GERD, muscle weakness, dysphagia, with other symbolic dysfunction. Pt. is currently bed bound, and has very poor appetite. Needs maximum to complete assistance on all her ADL's

Recorded By
RN_Ruiz, Janyvill (jruiz)

Attestation: I confirm that I composed this narrative and that it is based on my review of the patient's medical record and/or examination of the patient.

Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **06/13/2018**. Recorded by jruiz on 06/14/2018 10:06:24.

Certification Statement

I certify that this patient is under my care, and to the best of my medical knowledge given the data available, has a life expectancy of six (6) months or less if the terminal illness runs its normal course.

Medical Director or Certifying Physician: Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **06/13/2018**. Recorded by jruiz on 06/14/2018 10:06:32.

I certify that this patient is under my care, and to the best of my medical knowledge given the data available, has a life expectancy of six (6) months or less if the terminal illness runs its normal course.

Attending Physician: Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **06/13/2018**. Recorded by jruiz on 06/14/2018 10:06:32.

Additional Signatures

1. Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on **06/14/2018**. Recorded by jruiz on 06/14/2018 10:06:40.

Record the signature for Dugay, Julia on Certification Dated: 12/10/2018

Unscreened Allergies oplate/narcotics **Screened Allergies** Erythromycin

H[redacted], M[redacted] (470362) **MRN** M0456 **Start Of Care** 06/13/2018 **Level Of Care** ROUTINE More

Hospice Certification of Terminal Illness

Benefit Period
3

Benefit Period Start Date
12/10/2018

Benefit Period End Date
02/07/2019

Certification Start Date
12/10/2018

Certification End Date
02/07/2019

Signed Date
12/03/2018

Medical Director or Certifying Physician
Dubin, Stephen Paul

Medical Director or Certifying Physician Address
5741 S. Fort Apache Rd. Suite 100 Las Vegas, NV 89148

Patient Hi Claim No
[redacted]A

Disaster Acuity
Medical services required within 72 hours

Provider Information

Provider Name
Jireh Healthcare Services LLC

Provider Number
291533

Provider Address
2320 Paseo Del Prado Ste B101
Las Vegas, NV 89102-0048

Admission

New Admission 06/13/2018 (ROUTINE)

Exceptional Face to Face Circumstances

Exceptional Face to Face Circumstances

Verbal Certification

Verbal Certification received from Medical Director: Dubin, Stephen Paul by Dugay, Julia (jduga) on 12/03/2018

I certify that H[redacted], M[redacted] is terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course.

Skilled Nurse **Dugay, Julia** (User) signed on **12/03/2018**. Recorded by jduga on 12/18/2018 14:29:49.

Brief Narrative Statement and Attestation

Review the patient's clinical circumstances and synthesize the medical information to provide clinical justification for admission and continuation to hospice services. If in third (3rd) or more benefit periods, clinical findings from the face to face encounter have been used to determine continued eligibility for hospice care.

Composing Physician
Dubin, Stephen Paul

Ms Mary Halstead is an 85 year old, white female with PMH of COPD (hypoxemic on room air), hypertension, age related physical debility, polyneuropathy, chronic pain, dementia, GERD, and anxiety disorder. Pt. is chair bound and is mostly in the wheelchair. She has very poor appetite and has generalized muscle weakness. She needs maximum to complete assistance on all her ADL's.

Recorded By
Dugay, Julia (jduga)

Attestation: I confirm that I composed this narrative and that it is based on my review of the patient's medical record and/or examination of the patient.

Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **12/03/2018**. Recorded by jduga on 12/18/2018 14:29:12.

Certification Statement

I recertify that this patient is under my care, and to the best of my medical knowledge given the data available, has a life expectancy of six (6) months or less if the terminal illness runs its normal course.

Medical Director or Certifying Physician: Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **12/03/2018**. Recorded by jduga on 12/18/2018 14:28:30.

Consolo Physician for HALxM at Office Jireh Healthcare Services LLC

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	**Status**	Active
Screened Allergies	Erythromycin	**Unscreened Allergies**	opiate/narcotics

Physician's Order Details

User	Patient	Order Date	Time of Event
Dugay, Julia (jduga)	H[redacted] M[redacted]	12/03/2018	1447

Physician	Nurse	Oversight
Dubin, Stephen Paul	Dugay, Julia (jduga)	No

Orders

Admit to Jireh Healthcare Services for the 1st 60 day benefit period * Pharmacist may use generic drug equivalents or compound medications as appropriate. * Interdisciplinary team to determine equipment and supply needs based on assessment for comfort and symptom control (may include but not limited to: hospital bed, special mattress, bedside commode, over-bed-table, shower chair, wheelchair, walker, suction machine, etc.) * Assess and evaluate cardiac, respiratory, GI,GU, pain, mobility, skin, nutrition/dehydration, comfort level and symptom management, disease progression, safety and family/caregiver needs * Instruction on care of terminally ill, medications, safety, nutritional needs, pain and symptom control based on assessment * Assess and evaluate current medications * May give nutritional supplements 1 can a day as tolerated for supplement * May crush medications that are crush-able. * Medications to be administered by licensed staff, patient and/or family member/caregiver per medication profile and current orders * Hospice Medical Director may assist patient as needed to manage symptoms * Hospice nurse may pronounce death * Oxygen 2.5 lpm via NC continuously or as needed for SOB * Check oxygen saturation level prn every SN visit * Bed-ralls up 2x * Skilled Nurse visits 1x/week and 2x/week as needed for fall, agitation, SOB, leg edema & change in level of consciousness issues to promote comfort and symptom management within certification period. * CHHA visits 5x/week to assist with personal care, home making and to promote comfort per RN assignment within certification period. * Chaplain visits - evaluation, 1x/mo, 1x/mo as needed for spiritual issues. * Social worker visits - evaluation, 1x/mo as needed for psychosocial issues. * Volunteer Services continue to be offered every week per Skilled Nurse/Staff. * Admit patient to Jireh Healthcare Services with the following orders verified with M.D: Patient: DNR Diet: As Tolerated * Admit with the following medications: Please see related medications.

Read Back	Non Verbal Order
Yes	No

Medications

Medication	Instructions	Quantity	Refills
Furosemide 1 Tablet 1 times a day PO (20 MG Tablet)			
LORazepam 1 Tablet 3 times a day PO As Needed Agitation (0.5 MG Tablet)			
PoTASsium ChLORide 1 Tablet 1 times a day PO (20 mEq Tablet)			

Related Assignees

Social Services - MSW_Minnick, Joseph 1 PRN visit(s) every 30 day(s) effective 09/03/2018
Skilled Nurse - RN_Cacanindin, Speedy 1 visit(s) Weekly 2 PRN visit(s) every 7 day(s) effective 09/03/2018
Physician - Dubin, Stephen Paul 1 PRN visit(s) every 30 day(s) effective 09/03/2018
MD Director - Dubin, Stephen Paul 1 PRN visit(s) every 30 day(s) effective 09/03/2018
Hospice Aide - Young, Grace Marie 5 visit(s) Weekly effective 09/03/2018
Chaplain - CHAPLAIN_Murphy, Kathryn 1 visit(s) Monthly 3 PRN visit(s) every 30 day(s) effective 09/03/2018

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **12/03/2018**. Recorded by jduga on 12/18/2018 14:57:45.

Consolo Physician for HALxM at Office Jireh Healthcare Services LLC

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	**Status**	Active
Screened Allergies	Erythromycin	**Unscreened Allergies**	opiate/narcotics

Physician's Order Details

User	Patient	Order Date	Time of Event
Fronda, MaryRose (mary1)	H[redacted] M[redacted]	09/03/2018	1000

Physician	Nurse	Related	Oversight
Dubin, Stephen Paul	Fronda, MaryRose (mary1)	Yes	No

Orders

Re-certify to Jireh Healthcare Services, LLC. for the 2nd 90 day benefit period
* Pharmacist may use generic drug equivalents or compound medications as appropriate.
* Interdisciplinary team to determine equipment and supply needs based on assessment for comfort and symptom control (may include but not limited to: hospital bed, special mattress, bedside commode, over-bed-table, shower chair, wheelchair, walker, suction machine, etc.)
* Assess and evaluate cardiac, respiratory, GI, GU, pain, mobility, skin, nutrition/dehydration, comfort level and symptom management, disease progression, safety and family/caregiver needs
* Instruction on care of terminally ill, medications, safety, nutritional needs, pain and symptom control based on assessment
* Assess and evaluate current medications
* Administer oxygen via nasal cannula at 2.5 lpm as needed for shortness of breath or until oxygen saturation is 95% and above
* May give nutritional supplements 1 can a day as tolerated for supplement
* May crush medications that are crush-able.
* Medications to be administered by licensed staff, patient and/or family member/caregiver per medication profile and current orders
* Hospice Medical Director may assist patient as needed to manage symptoms
* Hospice nurse may pronounce death
* Check oxygen saturation level every SN visit
* Bed rails up 2x
* Skilled Nurse visits - (Eval, 1x/week and 2x/week as needed for respiratory issues within certification period) to promote comfort and symptom management.
* CHHA visits (5x/week within certification period) to assist with personal care, home making and to promote comfort per RN assignment.
* MSW visits (1x/month as needed for psychosocial issues within certification period) to provide psychosocial support to patient and family.
* Chaplain visits (1x/month as needed for spiritual issues within certification period) to provide spiritual

Read Back	Non Verbal Order
Yes	No

Related Assignees

Hospice Aide - Young, Grace Marie 5 visit(s) Weekly effective 06/20/2018
MD Director - Dubin, Stephen Paul effective 06/20/2018
Physician - Dubin, Stephen Paul effective 06/20/2018
Skilled Nurse - RN_Ruiz, Janyvill effective 06/20/2018
Skilled Nurse - RN_Cacanindin, Speedy effective 06/20/2018
Social Services - MSW_Minnick, Joseph effective 06/20/2018
Chaplain - CHAPLAIN_Murphy, Kathryn effective 06/20/2018

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **09/03/2018**. Recorded by mary1 on 09/16/2018 22:58:18.

Consolo Physician for HALxM at Office Jireh Healthcare Services LLC

Signature: _____

Date: _____

Consolo Physician for HALxM at Office Jireh Healthcare Services LLC

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN)

Date Of Birth	[redacted]	Status	Active

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	H[redacted], M[redacted]	06/12/2018	1629

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	No

Orders

Read Back	Non Verbal Order
Yes	No

Medications

Medication	Instructions	Quantity	Refills
Spiriva HandiHaler 2 cap(s) 1 times a day IN (18 MCG Capsule)			
Folic Acid 1 tab 1 times a day PO (1 MG Tablet)			
Levothyroxine 1 tab 1 times a day PO (25 mcg Tablet)	to be taken every morning		
Vitamin D 1 tab 1 times a day PO (2000 UNIT Capsule)			
Vitamin C 1 tab 1 times a day PO (500 MG Tablet)			
vitamin B12 1 tab 1 times a day PO (1000 mcg Tablet)			
Sertraline HCl 1 tab 1 times a day PO (50 MG Tablet)			
Ferrous Sulfate 1 tab 2 times a day PO (325 (65 Fe) MG Tablet)			
Carvedilol 1 tab 2 times a day PO (3.125 MG Tablet)			
RisperiDONE 1 tab 1 times a day PO (0.5 MG Tablet)	take one tab orally daily at bedtime		
Oxygen Concentrator 2.5 L/M of 1 each Device continuously XX			

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **06/16/2018**. Recorded by jruiz on 06/16/2018 16:30:11.
2. Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on **06/16/2018**. Recorded by jruiz on 06/16/2018 16:30:05.

Consolo Physician for HALxM at Office Jireh Healthcare Services LLC

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN)

Date Of Birth	[redacted]	Status	Active

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	H[redacted], M[redacted]	06/12/2018	1629

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	No

Orders

Read Back	Non Verbal Order
Yes	No

Medications

Medication	Instructions	Quantity	Refills
Spiriva HandiHaler 2 cap(s) 1 times a day IN (18 MCG Capsule)			
Folic Acid 1 tab 1 times a day PO (1 MG Tablet)			
Levothyroxine 1 tab 1 times a day PO (25 mcg Tablet)	to be taken every morning		
Vitamin D 1 tab 1 times a day PO (2000 UNIT Capsule)			
Vitamin C 1 tab 1 times a day PO (500 MG Tablet)			
vitamin B12 1 tab 1 times a day PO (1000 mcg Tablet)			
Sertraline HCl 1 tab 1 times a day PO (50 MG Tablet)			
Ferrous Sulfate 1 tab 2 times a day PO (325 (65 Fe) MG Tablet)			
Carvedilol 1 tab 2 times a day PO (3.125 MG Tablet)			
RisperiDONE 1 tab 1 times a day PO (0.5 MG Tablet)	take one tab orally daily at bedtime		
Oxygen Concentrator 2.5 L/M of 1 each Device continuously XX			

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **06/16/2018**. Recorded by jruiz on 06/16/2018 16:30:11.
2. Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on **06/16/2018**. Recorded by jruiz on 06/16/2018 16:30:05.

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Indicator Dated 09/03/2018 for M[redacted] H[redacted], Medical Record No M0456

Effective Date
09/03/2018

Diagnoses

ICD10s

Primary ICD10 - J44.9 Chronic obstructive pulmonary disease, unspecified
Secondary ICD10 - R06.02 Shortness of breath
Tertiary ICD10 - R54 Age-related physical debility
4th ICD10 - R13.12 Dysphagia, oropharyngeal phase
5th ICD10 - M62.81 Muscle weakness (generalized)
6th ICD10 - Z74.01 Bed confinement status

Consolo Physician Order (2426087) Dated: 12/03/2018 for Dubin, Stephen Paul for H[redacted], M[redacted]

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
Dugay, Julia (jduga)	H[redacted], M[redacted]	12/03/2018	1447

Physician	Nurse	Oversight
Dubin, Stephen Paul	Dugay, Julia (jduga)	No

Orders

Admit to Jireh Healthcare Services for the 1st 60 day benefit period * Pharmacist may use generic drug equivalents or compound medications as appropriate. * Interdisciplinary team to determine equipment and supply needs based on assessment for comfort and symptom control (may include but not limited to: hospital bed, special mattress, bedside commode, over-bed-table, shower chair, wheelchair, walker, suction machine, etc.) * Assess and evaluate cardiac, respiratory, GI,GU, pain, mobility, skin, nutrition/dehydration, comfort level and symptom management, disease progression, safety and family/caregiver needs * Instruction on care of terminally ill, medications, safety, nutritional needs, pain and symptom control based on assessment * Assess and evaluate current medications * May give nutritional supplements 1 can a day as tolerated for supplement * May crush medications that are crush-able. * Medications to be administered by licensed staff, patient and/or family member/caregiver per medication profile and current orders * Hospice Medical Director may assist patient as needed to manage symptoms * Hospice nurse may pronounce death * Oxygen 2.5 lpm via NC continuously or as needed for SOB * Check oxygen saturation level prn every SN visit * Bed-rails up 2x * Skilled Nurse visits 1x/week and 2x/week as needed for fall, agitation, SOB, leg edema & change in level of consciousness issues to promote comfort and symptom management within certification period. * CHHA visits 5x/week to assist with personal care, home making and to promote comfort per RN assignment within certification period. * Chaplain visits - evaluation, 1x/mo, 1x/mo as needed for spiritual issues. * Social worker visits - evaluation, 1x/mo as needed for psychosocial issues. * Volunteer Services continue to be offered every week per Skilled Nurse/Staff. * Admit patient to Jireh Healthcare Services with the following orders verified with M.D: Patient: DNR Diet: As Tolerated * Admit with the following medications: Please see related medications.

Read Back	Non Verbal Order
Yes	No

Medications

Medication	Instructions	Quantity	Refills
Furosemide 1 Tablet 1 times a day PO (20 MG Tablet)			
LORazepam 1 Tablet 3 times a day PO As Needed Agitation (0.5 MG Tablet)			
PoTASsium ChLORide 1 Tablet 1 times a day PO (20 mEq Tablet)			

Related Assignees

Social Services - MSW_Minnick, Joseph 1 PRN visit(s) every 30 day(s) effective 09/03/2018
Skilled Nurse - RN_Cacanindin, Speedy 1 visit(s) Weekly 2 PRN visit(s) every 7 day(s) effective 09/03/2018
Physician - Dubin, Stephen Paul 1 PRN visit(s) every 30 day(s) effective 09/03/2018
MD Director - Dubin, Stephen Paul 1 PRN visit(s) every 30 day(s) effective 09/03/2018
Hospice Aide - Young, Grace Marie 5 visit(s) Weekly effective 09/03/2018
Chaplain - CHAPLAIN_Murphy, Kathryn 1 visit(s) Monthly 3 PRN visit(s) every 30 day(s) effective 09/03/2018

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **12/03/2018**. Recorded by jduga on 12/18/2018 14:57:45.

Consolo Physician Order (2253456) Dated: 09/17/2018 for Dubin, Stephen Paul for H[redacted] M[redacted]

Patient Details for H[redacted] M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User
RN_Ruiz, Janyvill (jruiz)

Patient
H[redacted], M[redacted]

Order Date
09/17/2018

Time of Event
1946

Physician
Dubin, Stephen Paul

Nurse
RN_Ruiz, Janyvill (jruiz)

Oversight
No

Orders
Ensure 2 Bottle 1 times a day PO As Needed Supplement (Liquid)

Read Back
Yes

Non Verbal Order
No

Medications

Medication	Instructions	Quantity	Refills
Ensure 2 Bottle 1 times a day PO As Needed Supplement (Liquid)			

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **09/17/2018**. Recorded by jruiz on 09/18/2018 19:49:21.
2. Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on **09/18/2018**. Recorded by jruiz on 09/18/2018 19:49:04.

Consolo Physician Order (2253447) Dated: 09/18/2018 for Okeke, Chinyere for H[redacted] M[redacted]

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	H[redacted] M[redacted]	09/18/2018	1944

Physician	Nurse	Oversight
Okeke, Chinyere	RN_Ruiz, Janyvill (jruiz)	No

Orders

Discontinue Medication Ensure 2 Bottle 1 times a day PO (Liquid) on 09/17/2018

Read Back	Non Verbal Order
Yes	No

Consolo Physician Order (2253444) Dated: 09/17/2018 for Dubin, Stephen Paul for H[redacted], M[redacted]

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	H[redacted], M[redacted]	09/17/2018	1942

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	No

Orders

Albuterol Sulfate 1 vial 2 times a day IN ((2.5 MG/3ML) 0.083% Nebu Soln

Read Back	Non Verbal Order
Yes	No

Medications

Medication	Instructions	Quantity	Refills
Albuterol Sulfate 1 vial 2 times a day IN ((2.5 MG/3ML) 0.083% Nebu Soln)			

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **09/17/2018**. Recorded by jruiz on 09/18/2018 19:43:41.
2. Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on **09/18/2018**. Recorded by jruiz on 09/18/2018 19:43:32.

Consolo Physician Order (2253392) Dated: 09/17/2018 for Dubin, Stephen Paul for H[redacted], M[redacted]

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	H[redacted], M[redacted]	09/17/2018	1915

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	No

Orders

Sertraline HCl 2 tab 1 times a day PO (50 MG Tablet

Read Back	Non Verbal Order
Yes	No

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **09/17/2018**. Recorded by jruiz on 09/18/2018 19:15:54.
2. Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on **09/18/2018**. Recorded by jruiz on 09/18/2018 19:15:47.

Consolo Physician Order (2253401) Dated: 08/21/2018 for Dubin, Stephen Paul for H[redacted], M[redacted]

Patient Details for H[redacted] M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	H[redacted], M[redacted]	08/21/2018	1924

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	No

Orders

Ventolin HFA 2 puff(s) every 6 hours IN As Needed SOB (108 (90 Base) MCG/ACT Aerosol Soln

Read Back	Non Verbal Order
Yes	No

Medications

Medication	Instructions	Quantity	Refills
Ventolin HFA 2 puff(s) every 6 hours IN As Needed SOB (108 (90 Base) MCG/ACT Aerosol Soln)			

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **08/21/2018**. Recorded by jruiz on 09/18/2018 19:25:23.
2. Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on **09/18/2018**. Recorded by jruiz on 09/18/2018 19:25:11.

Consolo Physician Order (2253414) Dated: 09/17/2018 for Dubin, Stephen Paul for H[redacted] M[redacted]

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	H[redacted] M[redacted]	09/17/2018	1930

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	No

Orders

Sertraline HCl 2 tab 1 times a day PO (50 MG Tablet)

Read Back	Non Verbal Order
Yes	No

Medications

Medication	Instructions	Quantity	Refills
Sertraline HCl 2 tab 1 times a day PO (50 MG Tablet)			

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **09/17/2018**. Recorded by jruiz on 09/18/2018 19:31:58.
2. Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on **09/18/2018**. Recorded by jruiz on 09/18/2018 19:31:45.

Consolo Physician Order (2253386) Dated: 09/18/2018 for Dubin, Stephen Paul for H[redacted] M[redacted]

Patient Details for H[redacted] M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	H[redacted] M[redacted]	09/18/2018	1910

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	No

Orders

Discontinue Medication Sertraline HCl 1 tab 1 times a day PO (50 MG Tablet) on 09/10/2018

Read Back	Non Verbal Order
Yes	No

Consolo Physician Order (2253358) Dated: 09/18/2018 for Dubin, Stephen Paul for H[redacted] M[redacted]

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	H[redacted] M[redacted]	09/18/2018	1845

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	No

Orders

Discontinue Medication Vitamin D 1 tab 1 times a day PO (2000 UNIT Capsule) on 09/16/2018

Read Back	Non Verbal Order
Yes	No

Medications

Medication	Instructions	Quantity	Refills
Vitamin D 2 tab 1 times a day PO (2000 UNIT Tablet)	Take one tablet by mouth once daily.		

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on 09/19/2018. Recorded by jruiz on 09/18/2018 18:49:29.
2. Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on 09/18/2018. Recorded by jruiz on 09/18/2018 18:49:21.

Consolo Physician Order (2253357) Dated: 09/18/2018 for Dubin, Stephen Paul for H[redacted], M[redacted]

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	H[redacted] M[redacted]	09/18/2018	1845

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	No

Orders

Discontinue Medication Vitamin D 1 tab 1 times a day PO (2000 UNIT Capsule) on 09/16/2018

Read Back	Non Verbal Order
Yes	No

Medications

Medication	Instructions	Quantity	Refills
Vitamin D 1 tab 1 times a day PO (2000 UNIT Capsule)	Take one tablet by mouth once daily.		

Consolo Physician Order (2249033) Dated: 09/03/2018 for Dubin, Stephen Paul for H[redacted] M[redacted]

Patient Details for H[redacted] M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
Fronda, MaryRose (mary1)	H[redacted] M[redacted]	09/03/2018	1000

Physician	Nurse	Related	Oversight
Dubin, Stephen Paul	Fronda, MaryRose (mary1)	Yes	No

Orders

Re-certify to Jireh Healthcare Services, LLC. for the 2nd 90 day benefit period
* Pharmacist may use generic drug equivalents or compound medications as appropriate.
* Interdisciplinary team to determine equipment and supply needs based on assessment for comfort and symptom control (may include but not limited to: hospital bed, special mattress, bedside commode, over-bed-table, shower chair, wheelchair, walker, suction machine, etc.)
* Assess and evaluate cardiac, respiratory, GI, GU, pain, mobility, skin, nutrition/dehydration, comfort level and symptom management, disease progression, safety and family/caregiver needs
* Instruction on care of terminally ill, medications, safety, nutritional needs, pain and symptom control based on assessment
* Assess and evaluate current medications
* Administer oxygen via nasal cannula at 2.5 lpm as needed for shortness of breath or until oxygen saturation is 95% and above
* May give nutritional supplements 1 can a day as tolerated for supplement
* May crush medications that are crush-able.
* Medications to be administered by licensed staff, patient and/or family member/caregiver per medication profile and current orders
* Hospice Medical Director may assist patient as needed to manage symptoms
* Hospice nurse may pronounce death
* Check oxygen saturation level every SN visit
* Bed-rails up 2x
* Skilled Nurse visits - (Eval, 1x/week and 2x/week as needed for respiratory issues within certification period) to promote comfort and symptom management.
* CHHA visits (5x/week within certification period) to assist with personal care, home making and to promote comfort per RN assignment.
* MSW visits (1x/month as needed for psychosocial issues within certification period) to provide psychosocial support to patient and family.
* Chaplain visits (1x/month as needed for spiritual issues within certification period) to provide spiritual

Read Back	Non Verbal Order
Yes	No

Related Assignees

Hospice Aide - Young, Grace Marie 5 visit(s) Weekly effective 06/20/2018
MD Director - Dubin, Stephen Paul 1 PRN visit(s) every 30 day(s) effective 06/20/2018
Physician - Dubin, Stephen Paul 1 PRN visit(s) every 30 day(s) effective 06/20/2018
Skilled Nurse - RN_Ruiz, Janyvill 2 PRN visit(s) every 7 day(s) effective 06/20/2018
Skilled Nurse - RN_Cacanindin, Speedy 1 visit(s) Weekly 2 PRN visit(s) every 7 day(s) effective 06/20/2018
Social Services - MSW_Minnick, Joseph 1 PRN visit(s) every 30 day(s) effective 06/20/2018
Chaplain - CHAPLAIN_Murphy, Kathryn 1 visit(s) Monthly 3 PRN visit(s) every 30 day(s) effective 06/20/2018

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **09/03/2018**. Recorded by mary1 on 09/16/2018 22:58:18

Consolo Physician Order (2247289) Dated: 06/18/2018 for Dubin, Stephen Paul for H[redacted] M[redacted]

Patient Details for H[redacted] M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User
RN_Esteban, Randy (Reste)

Patient
H[redacted], M[redacted]

Order Date
06/18/2018

Time of Event
1639

Physician
Dubin, Stephen Paul

Nurse
RN_Esteban, Randy (Reste)

Oversight
No

Orders
Discontinue previous frequency order for chaplain. Start new chaplain frequency 1/x mo and 3x/mo as needed for spiritual issues within certification period.

Read Back
Yes

Non Verbal Order
No

Consolo Physician Order (2211649) Dated: 08/24/2018 for Dubin, Stephen Paul for H[redacted], M[redacted]

Patient Details for H[redacted] M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	4[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	H[redacted], M[redacted]	08/24/2018	1109

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	No

Orders

Discontinue Medication Oxygen Concentrator 2.5 L/M of 1 each Device continuously XX on 07/19/2018

Read Back	Non Verbal Order
Yes	No

Medications

Medication	Instructions	Quantity	Refills
Oxygen Concentrator 2.5 L/M of 1 each Device continuously XX			

Consolo Physician Order (2204657) Dated: 07/19/2018 for Okeke, Chinyere for H[redacted], M[redacted]

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Esteban, Randy (Reste)	H[redacted] M[redacted]	07/19/2018	

Physician	Nurse	Oversight
Okeke, Chinyere	RN_Esteban, Randy (Reste)	No

Orders

1. Discontinue Carvedilol 3.125 MG Tablet, 1 tablet by mouth twice daily
2. Discontinue RisperiDONE 0.5 MG Tablet, 1 tablet by mouth once daily
3. Start Spiriva 18 mcg cp handihaler, inhale once daily
4. Start Ensure, 2 can by mouth daily
5. Start Albuterol 2.5 mg/3 ml via nebulizer, inhale three times daily as needed for shortness of breath, weezing

Read Back	Non Verbal Order
No	Yes

Medications

Medication	Instructions	Quantity	Refills
Spiriva HandiHaler 1 cap(s) 1 times a day IN (18 MCG Capsule)	Take one capsule once daily.		
Ensure 2 Bottle 1 times a day PO (Liquid)	Administer 2 bottles by mouth once daily.		
Albuterol Sulfate 1 vial 3 times a day IN As Needed SOB and Wheezing ((2.5 MG/3ML) 0.083% Nebu Soln)	Administer three times a day intranasally via nebulizer as needed for shortness of breath and wheezing.		

Signatures

1. Physician **Okeke, Chinyere** (Physician) signed on 07/19/2018. Recorded by Reste on 08/21/2018 04:04:36.
2. Skilled Nurse **RN_Esteban, Randy** (User) signed on 08/21/2018. Recorded by Reste on 08/21/2018 04:00:50.

Consolo Physician Order (2204655) Dated: 07/19/2018 for Okeke, Chinyere for H[redacted] M[redacted]

Patient Details for Halstead, Mary (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Esteban, Randy (Reste)	H[redacted] M[redacted]	07/19/2018	

Physician	Nurse	Oversight
Okeke, Chinyere	RN_Esteban, Randy (Reste)	No

Orders

1. Discontinue Carvedilol 3.125 MG Tablet, 1 tablet by mouth twice daily
2. Discontinue RisperiDONE 0.5 MG Tablet, 1 tablet by mouth once daily
3. Start Spiriva 18 mcg cp handihaler, inhale once daily
4. Start Ensure, 2 can by mouth daily
5. Start Albuterol 2.5 mg/3 ml via nebulizer, inhale three times daily as needed for shortness of breath, weezing

Read Back	Non Verbal Order
No	Yes

Signatures

1. Skilled Nurse **RN_Esteban, Randy** (User) signed on **08/21/2018**. Recorded by Reste on 08/21/2018 04:01:27.
2. Physician **Okeke, Chinyere** (Physician) signed on **07/19/2018**. Recorded by Reste on 08/21/2018 04:00:39.

Consolo Physician Order (2204638) Dated: 07/19/2018 for Okeke, Chinyere for H[redacted] M[redacted]

Patient Details for H[redacted] M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User
RN_Esteban, Randy (Reste)

Patient
H[redacted], M[redacted]

Order Date
07/19/2018

Time of Event

Physician
Okeke, Chinyere

Nurse
RN_Esteban, Randy (Reste)

Oversight
No

Orders
Calmoseptine Cream topical
Apply to affected area each diaper change

Read Back
No

Non Verbal Order
Yes

Medications

Medication	Instructions	Quantity	Refills
Calmoseptine 1 application TP (0.44;20.625 %;% Lotion)	Apply to affected area every diaper change		

Signatures

1. Physician **Okeke, Chinyere** (Physician) signed on **07/19/2018**. Recorded by Reste on 08/21/2018 03:36:38
2. Skilled Nurse **RN_Esteban, Randy** (User) signed on **08/21/2018**. Recorded by Reste on 08/21/2018 03:36:42

Consolo Physician Order (2204641) Dated: 07/19/2018 for Okeke, Chinyere for H[redacted], M[redacted]

Patient Details for H[redacted] M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth [redacted]	Status	Pending - Discharged

Physician's Order Details

User
RN_Esteban, Randy (Reste)

Patient
H[redacted], M[redacted]

Order Date
07/19/2018

Time of Event

Physician
Okeke, Chinyere

Nurse
RN_Esteban, Randy (Reste)

Oversight
No

Orders
Oxygen 2 lpm via nasal cannula as needed for shortness of breath

Read Back
No

Non Verbal Order
Yes

Medications

Medication	Instructions	Quantity	Refills
Oxygen Concentrator 2 LiterPerMin INS As Needed SOB (1 each Device)	Administer oxygen via nasal canula intranasally at two liters/minute as needed for shortness of breath.		

Signatures

1. Skilled Nurse **RN_Esteban, Randy** (User) signed on **08/21/2018**. Recorded by Reste on 08/21/2018 03:42:09.
2. Physician **Okeke, Chinyere** (Physician) signed on **07/19/2018**. Recorded by Reste on 08/21/2018 03:41:47.

Consolo Physician Order (2182304) Dated: 06/13/2018 for Dubin, Stephen Paul for H[redacted] M[redacted]

Patient Details for H[redacted] M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Esteban, Randy (Reste)	H[redacted] M[redacted]	06/13/2018	

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Esteban, Randy (Reste)	No

Orders

Admit to Jireh Healthcare Services, LLC. for the 1st 90 day benefit period
* Pharmacist may use generic drug equivalents or compound medications as appropriate.
* Interdisciplinary team to determine equipment and supply needs based on assessment for comfort and symptom control (may include but not limited to: hospital bed, special mattress, bedside commode, over-bed-table, shower chair, wheelchair, walker, suction machine, etc.)
* Assess and evaluate cardiac, respiratory, GI, GU, pain, mobility, skin, nutrition/dehydration, comfort level and symptom management, disease progression, safety and family/caregiver needs
* Instruction on care of terminally ill, medications, safety, nutritional needs, pain and symptom control based on assessment
* Assess and evaluate current medications
* Administer oxygen via nasal cannula at 2.5 lpm as needed for shortness of breath or until oxygen saturation is 95% and above
* May give nutritional supplements 1 can a day as tolerated for supplement
* May crush medications that are crush-able.
* Medications to be administered by licensed staff, patient and/or family member/caregiver per medication profile and current orders
* Hospice Medical Director may assist patient as needed to manage symptoms
* Hospice nurse may pronounce death
* Check oxygen saturation level every SN visit
* Bed-rails up 2x
* Skilled Nurse visits - (Eval, 1x/week and 2x/week as needed for respiratory issues within certification period) to promote comfort and symptom management.
* CHHA visits (5x/week within certification period) to assist with personal care, home making and to promote comfort per RN assignment.
* MSW visits (1x/month as needed for psychosocial issues within certification period) to provide psychosocial support to patient and family.
* Chaplain visits (1x/month as needed for spiritual issues within certification period) to provide spiritual

Read Back	Non Verbal Order
Yes	No

Signatures

1. Medical Director Dubin, Stephen Paul (Medical Director) signed on 06/13/2018. Recorded by mary1 on 09/16/2018 22:57:00.
2. Skilled Nurse RN_Esteban, Randy (User) signed on 08/07/2018. Recorded by Reste on 08/07/2018 13:08:37.

Consolo Physician Order (2126173) Dated: 06/26/2018 for Dubin, Stephen Paul for H[redacted], M[redacted]

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User
RN_Ruiz, Janyvill (jruiz)

Patient
H[redacted] M[redacted]

Order Date
06/26/2018

Time of Event
1703

Physician
Dubin, Stephen Paul

Nurse
RN_Ruiz, Janyvill (jruiz)

Oversight
No

Orders

Read Back
Yes

Non Verbal Order
No

Medications

Medication	Instructions	Quantity	Refills
Miralax 17 gm 1 times a day PO As Needed Constipation (17 gm Powder)	Mix 17 gm to 8oz glass of water. Take once daily by mouth as needed for constipation. To administer if no bowel movement for three days.		

Signatures

1. Medical Director Dubin, Stephen Paul (Medical Director) signed on 07/04/2018. Recorded by jruiz on 07/03/2018 17:03:30.
2. Skilled Nurse RN_Ruiz, Janyvill (User) signed on 07/03/2018. Recorded by jruiz on 07/03/2018 17:03:24.

Consolo Physician Order (2098431) Dated: 06/12/2018 for Dubin, Stephen Paul for H[redacted] M[redacted]

Patient Details for H[redacted], M[redacted] (Patient ID 470362, MRN)

Date Of Birth	[redacted]	Status	Pending - Discharged

Physician's Order Details

User	Patient	Order Date	Time of Event
RN_Ruiz, Janyvill (jruiz)	H[redacted], M[redacted]	06/12/2018	1629

Physician	Nurse	Oversight
Dubin, Stephen Paul	RN_Ruiz, Janyvill (jruiz)	No

Orders

Read Back	Non Verbal Order
Yes	No

Medications

Medication	Instructions	Quantity	Refills
Vitamin C 1 tab 1 times a day PO (500 MG Tablet)	Take one tablet by mouth once daily.		
Levothyroxine 1 tab 1 times a day PO (25 mcg Tablet)	Take one tablet by mouth once daily in the morning.		
Vitamin D 1 tab 1 times a day PO (2000 UNIT Capsule)	Take one tablet by mouth once daily.		
RisperiDONE 1 tab 1 times a day PO (0.5 MG Tablet)	take one tab orally daily at bedtime		
Carvedilol 1 tab 2 times a day PO (3.125 MG Tablet)			
Spiriva HandiHaler 2 cap(s) 1 times a day IN (18 MCG Capsule)	Take two capsules once daily.		
Folic Acid 1 tab 1 times a day PO (1 MG Tablet)	Take one tablet by mouth once daily.		
vitamin B12 1 tab 1 times a day PO (1000 mcg Tablet)	Take one tablet by mouth once daily.		
Sertraline HCl 1 tab 1 times a day PO (50 MG Tablet)	Take one tablet by mouth once daily.		
Ferrous Sulfate 1 tab 2 times a day PO (325 (65 Fe) MG Tablet)	Take one tablet by mouth twice daily.		
Oxygen Concentrator 2.5 L/M of 1 each Device continuously XX			

Signatures

1. Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **06/16/2018**. Recorded by jruiz on 06/16/2018 16:30:11.
2. Skilled Nurse **RN_Ruiz, Janyvill** (User) signed on **06/16/2018**. Recorded by jruiz on 06/16/2018 16:30:05.

Consolo Indicator Dated: 06/13/2018 for H[redacted], M[redacted]

Patient Details for H[redacted], M[redacted] Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Indicator Dated 06/13/2018 for M[redacted] H[redacted] Medical Record No M0456

Effective Date
06/13/2018

Diagnoses

ICD10s

Primary ICD10 - J44.9 Chronic obstructive pulmonary disease, unspecified
Secondary ICD10 - R06.02 Shortness of breath
Tertiary ICD10 - R54 Age-related physical debility
4th ICD10 - R13.12 Dysphagia, oropharyngeal phase
5th ICD10 - M62.81 Muscle weakness (generalized)
6th ICD10 - Z74.01 Bed confinement status

Consolo Payer Group Details [Effective 06/13/2018 (506493)] for H[redacted], M[redacted]

Patient Details for H[redacted] M[redacted] (Patient ID 470362, MRN M0456)

Date Of Birth	[redacted]	Status	Pending - Discharged

Payer Group Details

Effective Date
06/13/2018

Hospice Item Sets
Medicare (traditional fee-for-service)

Payer 1: Medicare Part A

Payer Type
Medicare

Will Pay
Primary Hospice, Notice of Election, Pre Election

Payer Number
571445912A

Suspend Claims?
No

EXHIBIT 9

Jireh Healthcare Services LLC

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 Tel Fax

HospiceMD™

PHYSICIAN'S CERTIFICATION FOR HOSPICE BENEFIT

In order to determine if a patient is eligible for Hospice benefit we are required to have physician's authorization with a brief narrative supporting terminal illness.

Patient Name: H[redacted] M[redacted] M0456

(Last) (First) (MI) MR#

Certification #3: Re-Certification Statement for Next 60-day period

• I certify that H[redacted], M[redacted] has a life expectancy of six months or less, if the terminal illness runs its normal course.

☑ Verbal Authorization (if needed) Date: 12/3/2018 Obtained by: Julia Dugay/ RN Name / Title

Effective Date of Certification: **12/10/2018 To 2/7/2019**

Primary DX: Chronic obstructive pulmonary disease, unspecified (J44.9)

Secondary DX:
Shortness of breath (R06.02)

Comorbidities:

Certification is based on: ☑ Medical history, record and patient status ☑ Team Assessment ☑ Face to Face Encounter

Visit Date: 12/3/2018 (see MD F2F visit note)

RN Assessment Narrative: Patient is alert and oriented to person, place, and time. With +3 bilateral lower extremity edema, pedal pulses faint. Patient exhibits fatigue on exertion, fair coordination, and poor balance. Diet is as tolerated with significant worsening of appetite and nutritional intake. Patient with oxygen and breathing treatment at night for comfort. Patient requires complete assistance with activities of daily living (ADL's).

Physician Narrative: Ms. Halstead is an 85-year-old Caucasian female with diagnosis of COPD, hypoxemic on room air, hypertension, age-related physical debility, polyneuropathy, chronic pain, dementia, GERD, and anxiety disorder. Patient is chair-bound and mostly on wheelchair. Patient with very poor appetite and has generalized muscle weakness. Patient requires maximum to complete assistance with ADL's. I recertify that this patient is under my care, and to the best of my medical knowledge given the data available, has a life expectancy of six months or less if the terminal illness runs its normal course.

Medical Director Attestation/Certification

• I attest/confirm that I composed this narrative based on my review of patient's medical records, team assessment and/or examination of the patient.

STEPHEN DUBIN (MD) / 1023311040

Signature on File/Verified by MARY ROSE FRONDA.

Date: **12/3/2018**

Medical Director / Physician Designee / Referring MD (if attending)

PHYSICIAN FACE-TO-FACE ENCOUNTER/ RECERTIFICATION OF TERMINAL ILLNESS

60-DAY PERIODS

Page _____ of _____

Patient Name:	ID#	Admission Date
H[redacted], M[redacted]	M0456	6-13-18

☐ **BENEFIT PERIOD** 60-Day Period from 12-10-18 to 02-07-2019

Face to Face Encounter *(Note: Must be completed no more than 30 days prior to this benefit period)*

Hospice Nurse Practitioner Attestation: I confirm that I had a face-to-face encounter with _____ *(Patient's Name)* on ____/____/_____ *(Date)* and that the clinical findings of that encounter have been provided to the certifying physician for use in determining continued eligibility for hospice care.

NP Name *(Printed)*:	NP Signature	Date

Physician Attestation: I confirm that I had a face-to-face encounter with M[redacted] H[redacted] *(Patient's Name)* on ____/____/_____ *(Date)* and that I used the clinical findings of that encounter in determining continued eligibility for hospice care.

Hospice Medical Director or Designee Name *(Printed)*:	Hospice Medical Director or Designee Signature	Date
STEPHEN DUBIN, MD		

Recertification Statement: I recertify that I have reviewed the clinical record prior to recertification for the above noted patient and that patient is still considered to be terminally ill and has a life expectancy of six (6) months or less, if the terminal illness runs it's normal course.

Physician Brief Narrative Statement *(Note: Must be completed no more than 15 days prior to recertification)*

Review the patient's clinical circumstances and synthesize the medical information to provide clinical justification for continued Hospice services.

MS Mary Halstead is an 86 yo white lady with PMH of COPD (hypoxemic on room air), HTN, age related debility, polyneuropathy, chronic pain, dementia, & anxiety disorder. Pt is chair bound & is mostly in her wheelchair. She had very poor appetite & has generalized muscle weakness; needs max+ mod assistance with her ADL's. If her condition continues to run its normal course, she has 6 mos or less to live.

Attestation: I confirm that I composed this narrative based on my review of the patient's medical record and/or examination of the patient.

Hospice Medical Director or Designee Name *(Printed)*:	Hospice Medical Director or Designee Signature	Date
STEPHEN DUBIN, MD		

☐ **BENEFIT PERIOD** 60-Day Period from _____ to _____

Face to Face Encounter *(Note: Must be completed no more than 30 days prior to this benefit period)*

Hospice Nurse Practitioner Attestation: I confirm that I had a face-to-face encounter with _____ *(Patient's Name)* on ____/____/_____ *(Date)* and that the clinical findings of that encounter have been provided to the certifying physician for use in determining continued eligibility for hospice care.

NP Name *(Printed)*:	NP Signature:	Date:

Physician Attestation: I confirm that I had a face-to-face encounter with _____ *(Patient's Name)* on ____/____/_____ *(Date)* and that I used the clinical findings of that encounter in determining continued eligibility for hospice care.

Hospice Medical Director or Designee Name *(Printed)*:	Hospice Medical Director or Designee Signature:	Date

Recertification Statement: I recertify that I have reviewed the clinical record prior to recertification for the above noted patient and that patient is still considered to be terminally ill and has a life expectancy of six (6) months or less if the terminal illness runs it's normal course.

Physician Brief Narrative Statement *(Note: Must be completed no more than 15 days prior to recertification)*

Review the patient's clinical circumstances and synthesize the medical information to provide clinical justification for continued Hospice services.

Attestation: I confirm that I composed this narrative based on my review of the patient's medical record and/or examination of the patient.

Hospice Medical Director or Designee Name *(Printed)*:	Hospice Medical Director or Designee Signature:	Date

DUBIN0165

Form # HC8007-B (Rev 11/13)
Use companion form HC8007-A for Initial Certification.
Reorder From: MED-PASS® 800-436-8884
INH 050906R

JIREH HEALTHCARE SERVICES
23. Paseo Del Prado Suite B101 Las Vegas Nevada 8. .02
PHONE: 702.359.1388 FAX: 702.359.2388
EMAIL ADDRESS: jirehhealthcare @gmail.com

PHYSICIAN'S CERTIFICATION FOR MEDICARE/MEDICAID HOSPICE BENEFIT

Physician's Certification of Terminal Illness for Hospice Benefit (Part – 1)

MR# M0456

A. CERTIFICATION STATEMENT First 90-Day Period from 6/13/2018 to 9/10/2018

I (or WE) certify that M [redacted] H [redacted] is terminally ill and Has a life expectancy of six (6) months or less if the terminal illness runs its normal course. I (WE) Reviewed the patient's clinical information and considered the primary terminal condition, related diagnoses, current subjective and objective medical findings, current medication and treatment orders and information about management of unrelated conditions in making this determination

J. Ruth
RN Signature — 6/13/2018 Verbal Order Date

Hospice Medical Director/Associate Hospice Doctor — 6/13/2018 Date

Attending Physician Signature — 6/13/2018 Date

B. RECERTIFICATION STATEMENT Second 90-Day Period from 9/11/2018 to 12/9/18

I certify that I have reviewed the clinical record prior to recertification for the above noted patient and That patient is still considered to be terminally ill and has life expectancy of six (six) months or less, if The terminal illness runs its normal course.

Hospice Medical Director/Associate Hospice Doctor — 9-11-18 Date

C. RECERTIFICATION STATEMENT 60-Day Period from 12-10-17 to 02-07-19

I certify that I have reviewed the clinical record prior to recertification for the above noted patient and That patient is still considered to be terminally ill and has life expectancy of six (6) months or less, if The terminal illness runs its normal course.

Hospice Medical Director/Associate Hospice Doctor — [redacted] Date

1

JIREH HEALTHCARE SERVICES LLC
(HOSPICE AGENCY)

PATIENT NAME: D[redacted] B[redacted]

DOB: [redacted]

START OF CARE:

12/20/2018 TO 12/22/2018

EXHIBIT 10

Claim Number	From Service Date	To Service Date	Beneficiary Nam	Claim Status	Total Charge	Type Of Bill	Admit Date
21900700422207NVR	12/1/2018	12/31/2018	[redacted]	P - Paid	$7,790.97	813 - Hospice (...	9/7/2018
21833900538807NVR	11/1/2018	11/30/2018		P - Paid	$8,724.43	813 - Hospice (...	9/7/2018
21830901126607NVR	10/1/2018	10/31/2018		P - Paid	$9,083.84	813 - Hospice (...	9/7/2018
21827601222707NVR	9/7/2018	9/30/2018		P - Paid	$6,942.12	812 - Hospice (...	9/7/2018

Claim Number	From Service Date	To Service Date	Claim Status	Total Charge	Type Of Bill	Admit Date
21900700421907NVR	12/1/2018	12/31/2018	P - Paid	$6,986.61	813 - Hospice (...	10/10/2018
21833900542507NVR	11/1/2018	11/30/2018	P - Paid	$8,197.48	813 - Hospice (...	10/10/2018
21833900230804NVR	10/10/2018	10/31/2018	P - Paid	$6,230.74	817 - Hospice (...	10/10/2018
21830901121107NVR	10/10/2018	10/31/2018	P - Paid	$5,630.74	812 - Hospice (...	10/10/2018

Claim Number	From Service Date	To Service Date	Claim Status	Total Charge	Type Of Bill	Admit Date
21900901108507NVR	12/1/2018	12/26/2018	P - Paid	$6,626.68	814 - Hospice (...	6/13/2018
21833900542007NVR	11/1/2018	11/30/2018	P - Paid	$7,635.75	813 - Hospice (...	6/13/2018
21830901128607NVR	10/1/2018	10/31/2018	P - Paid	$8,065.97	813 - Hospice (...	6/13/2018
21827601223807NVR	9/1/2018	9/30/2018	P - Paid	$7,382.91	813 - Hospice (...	6/13/2018
21824701185107NVR	8/1/2018	8/31/2018	P - Paid	$8,276.79	813 - Hospice (...	6/13/2018
21821800581907NVR	7/1/2018	7/31/2018	P - Paid	$9,216.50	813 - Hospice (...	6/13/2018
21818600817807NVR	6/13/2018	6/30/2018	P - Paid	$5,126.72	812 - Hospice (...	6/13/2018

Claim Number	From Service Date	To Service Date	Claim Status	Total Charge	Type Of Bill	Admit Date
21900700421507NVR	12/20/2018	12/22/2018	P - Paid	$680.54	811 - Hospice (...	12/20/2018

PLEASE PRINT

3135

Clark County Coroner/Medical Examiner Office
1704 Pinto Lane, Las Vegas, Nevada 89106
Phone number (702) 455-3210
Fax # (702) 455-3101

HOSPICE REPORT

*****All lines must be completed*****

1) Date: 12/22/2018 Time: 1430 Reported By: Roberto Alfajora, RN

2) Agency: Jireh Healthcare Services Phone # you are at: [redacted] Medical Record #: M0486

3) **Last Name:** B[redacted] **First Name:** D[redacted]

4) Time pronounced: 1406 Date of Birth: [redacted] Social Security #: [redacted]

5) Race: Asian/Black/Caucasian/Hispanic/Indian/Multi-Cultured/Other (Circle One) Sex: Male/Female (Circle One)

6) Home address: [redacted] Circle

City: Las Vegas Zip: 89123 Phone: 702 [redacted]

7) Death occurred at home/group home/facility (Circle one)

8) Name of Group home or facility: Olive Grove Grouphome

9) Location of Death address: [redacted] Circle City: Las Vegas Zip: 89123

10) Local Mortuary Used: Simple Cremation Martial status: Married/Single/Widowed/Divorced (circle one)

11) Name of Next of Kin Notified: S[redacted] U[redacted] Relation: POA

12) NOK address: [redacted] Lane

City: Las Vegas Zip: 89134 Phone: 702 [redacted]

13) Who notified next of kin: Roberto Alfajora, RN Method: Telephone / At Bedside (Circle One)

14) Death Certificate will be Signed By: Dr. Stephen Dubin Phone: 702-359-1387

15) Cause of Death: End Stage Heart failure

16) Additional Information:

If the cause of death includes any traumatic injury, contact our office at 455-3210 immediately. If the cause of death is of natural causes, please fax this completed form to our office and the information will be entered into our database. Our FAX number is 455-3101

08/28/2013

1 JIREH HEALTHCARE SERVICES
2320 PASEO DEL PRADO STE B101
LAS VEGAS NV 891020048
7023591388 7023592388

2

3a PAT CNTL # 3612023
b. MED REC # M0487
4 TYPE OF BILL 081A
5 FED TAX NO. 251927052
6 STATEMENT COVERS PERIOD FROM 122018 THROUGH
7

8 PATIENT NAME a [redacted]
b [redacted] D[redacted]
9 PATIENT ADDRESS a [redacted] CIRCLE
b LAS VEGAS c NV d 89123 e USA
10 BIRTHDATE [redacted]
11 SEX M
12 ADMISSION DATE 122018
13 HR 12
14 TYPE 3
15 SRC 2
16 DHR
17 STAT 30
18 CONDITION CODES
19 20 21 22 23 24 25 26 27 28
29 ACDT STATE
30

31 OCCURRENCE CODE 27 DATE 122018
32 OCCURRENCE CODE DATE
33 OCCURRENCE CODE DATE
34 OCCURRENCE CODE DATE
35 OCCURRENCE SPAN CODE FROM THROUGH
36 OCCURRENCE SPAN CODE FROM THROUGH
37

38

39 VALUE CODES CODE AMOUNT
40 VALUE CODES CODE AMOUNT
41 VALUE CODES CODE AMOUNT
a
b
c
d

42 REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0650		Q5001	122018	1	000	000	
0001	PAGE 1 OF 1		CREATION DATE 122118	TOTALS	000		

50 PAYER NAME: Medicare Part A
51 HEALTH PLAN ID:
52 REL INFO: Y
53 ASG BEN: Y
54 PRIOR PAYMENTS: 000
55 EST. AMOUNT DUE: 000
56 NPI: 1427366699
57 OTHER PRV ID:

58 INSURED'S NAME: B[redacted] D[redacted]
59 P REL: 18
60 INSURED'S UNIQUE ID: [redacted]
61 GROUP NAME:
62 INSURANCE GROUP NO.

63 TREATMENT AUTHORIZATION CODES:
64 DOCUMENT CONTROL NUMBER:
65 EMPLOYER NAME:

67 I5084 | I4891 | R627 | R0602 | R5381 | R531 | Z7401
67A 0
68
69 ADMIT DX:
70 PATIENT REASON DX:
71 PPS CODE:
72 ECI:
73

74 PRINCIPAL PROCEDURE CODE DATE
a OTHER PROCEDURE CODE DATE
b. OTHER PROCEDURE CODE DATE
75
c OTHER PROCEDURE CODE DATE
d. OTHER PROCEDURE CODE DATE
e OTHER PROCEDURE CODE DATE

76 ATTENDING NPI 1023311040 QUAL
LAST Dubin FIRST Stephen Paul
77 OPERATING NPI QUAL
LAST FIRST
78 OTHER NPI QUAL
LAST FIRST
79 OTHER NPI QUAL
LAST FIRST

80 REMARKS
ECD a
b B3 251G00000X
c
d

UB-04 CMS-1450 NUBC F-UB04 I APPROVED OMB NO. 0938-0997 DCTC Original
NUBC National Uniform Billing Committee 2439804
THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

DUBIN0170

1	2	3a PAT CNTL #	3644202	4 TYPE OF BILL
JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388		b MED REC #	M0487	0817
		5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH
		251927052	122018	122218

8 PATIENT NAME	9 PATIENT ADDRESS				
a [redacted] A	a [redacted] CIRCLE				
b [redacted] D	b LAS VEGAS	c NV	d 89123	e USA	

10 BIRTHDATE	11 SEX	12 DATE	ADMISSION 13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	CONDITION CODES 18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30
[redacted]	M	122018	12	3	2		40													

31 OCCURRENCE CODE	DATE	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	35 OCCURRENCE SPAN CODE	FROM	THROUGH	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37

38	39 VALUE CODES CODE	AMOUNT	40 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
	a 61	2982000				
	b					
	c					
	d					

42 REV. CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0651	651-Routine Home Care	Q5001	122018	3	68054	000	
0001	PAGE 1 OF 1	CREATION DATE	010419	TOTALS	68054		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1427366699
Medicare Part A		Y	Y	000	68054	57 OTHER PRV ID	

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
B [redacted] D	18	[redacted] A		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66 DX															GA

67 ADMIT DX	70 PATIENT REASON DX			71 PPS CODE	72 ECI			73

74 PRINCIPAL PROCEDURE CODE	DATE	a OTHER PROCEDURE CODE	DATE	b OTHER PROCEDURE CODE	DATE	75
c OTHER PROCEDURE CODE	DATE	d OTHER PROCEDURE CODE	DATE	e OTHER PROCEDURE CODE	DATE	

76 ATTENDING	NPI 1023311040	QUAL	
LAST Dubin	FIRST Stephen Paul		
77 OPERATING	NPI	QUAL	
LAST	FIRST		
78 OTHER	NPI	QUAL	
LAST	FIRST		
79 OTHER	NPI	QUAL	
LAST	FIRST		

80 REMARKS

81CC
a
b B3 251G00000X
c
d

UB-04 CMS-1450 NUCC 0904-1 APPROVED OMB NO. 0938-0997 OCR/Original

NUBC 24394634

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

DUBIN0171

1 JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388	2	3a PAT CNTL # 3644201 b MED REC # M0487	4 TYPE OF BILL 0817
		5 FED TAX NO 251927052	6 STATEMENT COVERS PERIOD FROM 122018 THROUGH 122218

8 PATIENT NAME	9 PATIENT ADDRESS
a [redacted] A	a [redacted] CIRCLE
b [redacted], D	b LAS VEGAS c NV d 89123 e USA

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	CONDITION CODES 18 19 20 21 22 23 24 25 26 27 28	29 ACDT STATE	30
[redacted]	M	122018	12	3	2		40			

31 CODE	31 OCCURRENCE DATE	32 CODE	32 OCCURRENCE DATE	33 CODE	33 OCCURRENCE DATE	34 CODE	34 OCCURRENCE DATE	35 CODE	35 OCCURRENCE SPAN FROM	THROUGH	36 CODE	36 OCCURRENCE SPAN FROM	THROUGH	37
27	122018	55	122218											

38		39 CODE	39 VALUE CODES AMOUNT	40 CODE	40 VALUE CODES AMOUNT	41 CODE	41 VALUE CODES AMOUNT
	a	61	2982000				
	b						
	c						
	d						

42 REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0651	651-Routine Home Care	Q5001	122018	3	68054	000	
0551	RN Clinical Visit	G0299	122018	8	9606	000	
0001	PAGE 1 OF 1	CREATION DATE	010419	TOTALS	77660		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	57 OTHER PRV ID
Medicare Part A		Y	Y	000	77660	1427366699	

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
B[redacted], D[redacted]	18	[redacted]		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

									66
I5084	I4891	R627	R0602	R5381	R531	Z7401			
0									

67 ADMIT DX	70 PATIENT REASON DX	71 PPS CODE	72 ECI	73

74 PRINCIPAL PROCEDURE CODE	DATE	a OTHER PROCEDURE CODE	DATE	b OTHER PROCEDURE CODE	DATE	75
c OTHER PROCEDURE CODE	DATE	d OTHER PROCEDURE CODE	DATE	e OTHER PROCEDURE CODE	DATE	

76 ATTENDING	NPI 1023311040	QUAL	
LAST Dubin		FIRST Stephen Paul	
77 OPERATING	NPI	QUAL	
LAST		FIRST	
78 OTHER	NPI	QUAL	
LAST		FIRST	
79 OTHER	NPI	QUAL	
LAST		FIRST	

80 REMARKS

a		
b	B3 251G00000X	
c		
d		

DF-04 CMS-1450 NUCC 010404 APPROVED OMB NO. 0938-0997 DFR/Original NUBC 1394804

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

DUBIN0172

1 JIREH HEALTHCARE SERVICES 2320 PASEO DEL PRADO STE B101 LAS VEGAS NV 891020048 7023591388 7023592388	2	3a PAT CNTL # 3644104 b MED REC # M0487	4 TYPE OF BILL 0811
		5 FED TAX NO. 251927052	6 STATEMENT COVERS PERIOD FROM 122018 THROUGH 122218

| | | |

MD ORDERS, TREATMENT, MEDICATION & CTI

Trinity Pharmacy
2797 S. Maryland Pkwy 28 Las Vegas, NV 89109
Phone: 702-776-8210 Fax: 702-776-7195

Telephoned Prescription

STEPHEN DUBIN
5380 S RAINBOW STE 306
LAS VEGAS NV 89128

Phone : 702-369-1388
Fax : 702-362-9984

DEA # : FD2419706
Lic # : 13772
NPI # : 1023311040

Rx# : 170144

Rx Written : 12-20-2018

Patient : B[redacted] D[redacted]
Address : [redacted] CIRCLE
LAS VEGAS NV 89123
Phone # : 702-[redacted]
D.O.B. : [redacted]
Gender : Male

4 PN
Hmely

LORAZEPAM O/C 2MG/ML
Generic for LORAZEPAM O/S 2MG/ML
Quantity : 30 (thirty)
Rx Instructions :
TAKE 0.25 ML EVERY 4 HOURS AS NEEDED FOR MILD ANXIETY, GIVE 0.5ML EVERY 4 HOURS FOR MODERATE ANXIETY, GIVE 1.0 ML EVERY 4 HOURS FOR SEVERE ANXIETY
Refills Authorized : 0 RPh : MLJ / CC

MD called in new Rx 12/20/18

Signature Date

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "DAW" IN THE BOX BELOW

Dispense As Written

JIREH HEALTHCARE

2320 PASEO DEL PRADO SUITE B101 LAS VEGAS, NV 89102
TEL: 702-359-1388

12/20/18
4 PM
Honey

PATIENT NAME: D[redacted] B[redacted] DATE OF BIRTH: [redacted]

Rx NUMBER: _____

MORPHINE SULFATE OS 20MG/ML #30

GIVE 5MG (0.25 ML) SL EVERY 4 HOURS PRN FOR MILD PAIN/SOB, 10 MG (0.5 ML) SL Q4H PRN FOR MOD PAIN/SOB, 20 MG (1 ML) SL Q4H PRN FOR SEVERE PAIN/SOB

"HOSPICE PATIENT"

PHYSICIAN SIGNATURE: _____ DEA #: FD2419706

PHYSICIAN NAME: STEPHEN DUBIN DATE: _____

PHYSICIAN ADDRESS: 5380 S RAINBOW STE 306 Las Vegas, Nevada 89128

PLEASE FAX BACK TO 702-776-7195

[redacted] CIRCLE LAS VEGAS NV 89123
RX0170143

TRINITY PHARMACY
2810 W CHARLESTON BLVD STE E44 LAS VEGAS, NV 89102 T: 702-776-8210 F: 702-776-7195

Jireh Healthcare Se[illegible]ces LLC

PHYSICIANS ORDER

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel: Fax:

PATIENT: B[illegible], D[illegible] DOB: [illegible] MR#: M0487

ORDERED BY: STEPHEN DUBIN (MD) ORDER DATE: 12/20/18 ORDER#: 3310180

List of New/Refill Orders

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer
12/20/18		Medication	New	Digoxin 0.125mg Tab	0.125 mg		Tab	Oral	1 tablet Daily	Afib	I
12/20/18		Medication	New	Diltiazem Hydrochloride 90mg Extended-Release Capsule	90 mg		Capsule	Oral	1 capsule two times daily	Hypertension/ Afib	I
12/20/18		Medication	New	Primidone 50mg Tab	50 mg		Tab	Oral	1 tablet by mouth daily	zeisure	I
12/20/18		Medication	New	Morphine Sulfate 20mg/1mL Solution	20 mg		Solution	Oral	Every 4 hours as needed for pain	Pain - Severe	H
		==> Note: Give 5mg (0.25ml) sublingual every 4 hours as needed for mild pain Give 10mg (0.5ml) sublingual every 4 hours as needed for moderate pain Give 20mg (1ml) sublingual every 4 hours as needed for severe pain									
12/20/18		Medication	New	Lorazepam 2mg/ml Conc Soln	2 mg		Soln	Oral	every 4 hours as needed for anxiety/agitation	Agitation/restlessness	H
		==> Note: Give 0.25ml every 4 hours as needed for mild anxiety/agitation Give 0.5ml every 4 hours as needed for moderate anxiety/agitation Give 1ml every 4 hours as needed for moderate anxiety/agitation									

List of 'ADMIT' Items - DO NOT FILL ITEMS BELOW (Patient has supply of item at admission)

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer

PHONE ORDER / READ BACK ORDER BY MARY ALYN DOMONDON (RN)

Electronically Signed: 12/20/2018, By STEPHEN DUBIN, MD

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Jireh Healthcare Services LLC

HospiceMD™

2320 Paseo Del Prado, Suite B101, Las Vegas, NV 89102 . Tel: Fax:

Patient Name: B[redacted], D[redacted] **MR#:** M0487

CURRENT TREATMENT / MEDICATION / DME LIST

All medications have been reviewed for effectiveness of drug therapy, drug side effects, actual or potential drug / food interactions, duplicate drug therapy and drug currently associated with laboratory monitoring.

Order Date	Start Date	Stop Date	Type	MEDS/DME	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer	Administered By
12/20/18	12/20/18		Medication	Digoxin 0.125mg Tab	0.125 mg		Tab	Oral	1 tablet Daily	Afib	I	3&4
12/20/18	12/20/18		Medication	Diltiazem Hydrochloride 90mg Extended-Release Capsule	90 mg		Capsule	Oral	1 capsule two times daily	Hypertension/ Afib	I	3&4
12/20/18	12/20/18		Medication	Lorazepam 2mg/ml Conc Soln	2 mg		Soln	Oral	every 4 hours as needed for anxiety/agitation	Agitation/restlessness	H	3&4
		==>	Note: Give 0.25ml every 4 hours as needed for mild anxiety/agitation Give 0.5ml every 4 hours as needed for moderate anxiety/agitation Give 1ml every 4 hours as needed for moderate anxiety/agitation									
12/20/18	12/20/18		Medication	Morphine Sulfate 20mg/1mL Solution	20 mg		Solution	Oral	Every 4 hours as needed for pain	Pain - Severe	H	3&4
		==>	Note: Give 5mg (0.25ml) sublingual every 4 hours as needed for mild pain Give 10mg (0.5ml) sublingual every 4 hours as needed for moderate pain Give 20mg (1ml) sublingual every 4 hours as needed for severe pain									
12/20/18	12/20/18		Medication	Primidone 50mg Tab	50 mg		Tab	Oral	1 tablet by mouth daily	zeisure	I	3&4
12/20/18	12/20/18		Treatment									
			oxygen at 3L/min via nasal canula for comfort									

ADMINISTERED BY:(1) - SNF Nurse, (2) - Self, (3) - Fam/PCG, (4) - Hospice Nurse, (1&4) - SNF & Hospice Nurse, (2&3) - Self & Fam/PCG, (2&4) - Self & Hospice Nurse, (3&4) - Fam/PCG & Hospice Nurse , (2,3&4) - Self & Fam/PCG & Hospice Nurse

DUPLICATE

CONFIDENTIALITY NOTICE: The information contained in this facsimile is confidential and may contain privileged material or be otherwise protected by applicable law. It is intended only for the use of the individual(s) or entity named above. If the person receiving this facsimile, or any other reader of the facsimile, is not the intended recipient or the employee or agent responsible for delivering it to the intended recipient, then any use, dissemination, distribution, or copying of this communication is strictly prohibited and may be subject to civil and/or criminal liability. If you have received this communication in error, please destroy it and notify the sender immediately.

3144

Consolo Certification Dated: 12/20/2018 for B[redacted], D[redacted]

Patient Details for B[redacted], D[redacted] (Patient ID 518499, MRN M0487)

Date Of Birth	[redacted]	Status	Deceased

Hospice Certification of Terminal Illness

Benefit Period
1

Benefit Period Start Date
12/20/2018

Benefit Period End Date
03/19/2019

Certification Start Date
12/20/2018

Certification End Date
03/19/2019

Signed Date
12/20/2018

Medical Director or Certifying Physician
Dubin, Stephen Paul

Medical Director or Certifying Physician Address
5741 S. Fort Apache Rd. Suite 100 Las Vegas, NV 89148

Attending Physician
Dubin, Stephen Paul

Attending Physician Address
5741 S. Fort Apache Rd. Suite 100 Las Vegas, NV 89148

Patient HI Claim No
546421189A

Disaster Acuity
Medical services required today

Provider Information

Provider Name
Jireh Healthcare Services LLC

Provider Number
291533

Provider Address
2320 Paseo Del Prado Ste B101 Las Vegas, NV 89102-0048

Admission

New Admission 12/20/2018 (ROUTINE)

Verbal Certification

Verbal Certification received from Medical Director Dubin, Stephen Paul by Fronda, MaryRose (mary1) on 12/20/2018

I certify that B[redacted] D[redacted] is terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course

Admin **Fronda, MaryRose** (User) signed on **12/20/2018.** Recorded by mary1 on 12/21/2018 17:06:18.

Verbal Certification received from Physician Dubin, Stephen Paul by Fronda, MaryRose (mary1) on 12/20/2018

I certify that B[redacted] D[redacted] is terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course

Admin **Fronda, MaryRose** (User) signed on **12/20/2018.** Recorded by mary1 on 12/21/2018 17:06:33.

Brief Narrative Statement and Attestation

Review the patient's clinical circumstances and synthesize the medical information to provide clinical justification for admission and continuation to hospice services. If in third (3rd) or more benefit periods, clinical findings from the face to face encounter have been used to determine continued eligibility for hospice care.

Composing Physician
Dubin, Stephen Paul

Mr. B[redacted] is an 83 yr old Caucasian male, lives in a group home with 24/7 assistance, POA present at time of assessment. Patient's POA Stella Urbin signed consent as the Power of Attorney. Patient admitted to Jireh hospice under routine level of care, with terminal diagnosis of end stage Heart Failure. somnolence, sleeps most of the visit, confused and anxious. Co-morbidities include atrial fibrillation/flutter, hypertension, BPH, severe weakness, fatigue, severe SOB on non re-breather oxygen 15 l/min continuously. Patient has a worsening generalized and worsening adult failure to thrive with consequent loss of weight, MAC 20.7cm, POA claimed that patient to be over 180 lbs prior to this decline, dependent on ADLs, bed confined with complete assist, PPS 30 |KPS 30. Patient is incontinent of bladder and bowel, Patient is DNR, no agressive treatment nor hospitalization per POA request. Medications reviewed and POC discussed with POA, verbally agreed on plan. IDG notified.

Recorded By
Fronda, MaryRose (mary1)

Attestation: I confirm that I composed this narrative and that it is based on my review of the patient's medical record and/or examination of the patient.

Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **12/20/2018.** Recorded by mary1 on 12/21/2018 17:11:45.

Consolo Certification Dated: 12/20/2018 for B[redacted], D[redacted]

Certification Statement

I certify that this patient is under my care, and to the best of my medical knowledge given the data available, has a life expectancy of six (6) months or less if the terminal illness runs its normal course.

Medical Director or Certifying Physician: Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **12/20/2018**. Recorded by mary1 on 12/21/2018 17:11:53.

I certify that this patient is under my care, and to the best of my medical knowledge given the data available, has a life expectancy of six (6) months or less if the terminal illness runs its normal course.

Attending Physician: Medical Director **Dubin, Stephen Paul** (Medical Director) signed on **12/20/2018**. Recorded by mary1 on 12/21/2018 17:11:53.

Additional Signatures

1. Admin **Fronda, MaryRose** (User) signed on **12/21/2018**. Recorded by mary1 on 12/21/2018 17:12:03.

JIREH HEALTHCARE SERVICES

2320 Paseo Del Prado Suite B101 Las Vegas Nevada 89102
PHONE: 702.359.1388 FAX: 702.359.2388
EMAIL ADDRESS: jirehhealthcare @gmail.com

PHYSICIAN'S CERTIFICATION FOR MEDICARE/MEDICAID HOSPICE BENEFIT

Physician's Certification of Terminal Illness for Hospice Benefit (Part – 1)

MR# F0486

A. CERTIFICATION STATEMENT First 90-Day Period from 12/20/2018 **to** 03/19/2019

I (or WE) certify that Da[redacted] B[redacted] is terminally ill and Has a life expectancy of six (6) months or less if the terminal illness runs its normal course. I (WE) Reviewed the patient's clinical information and considered the primary terminal condition, related diagnoses, current subjective and objective medical findings, current medication and treatment orders and information about management of unrelated conditions in making this determination.

G. R.N. — 12/20/2018
RN Signature — Verbal Order Date

[signature] — 12/20/18
Hospice Medical Director/Associate Hospice Doctor — Date

[signature] — 12/20/18
Attending Physician Signature — Date

B. RECERTIFICATION STATEMENT Second 90-Day Period from _____ **to** _____

I certify that I have reviewed the clinical record prior to recertification for the above noted patient and That patient is still considered to be terminally ill and has life expectancy of six (six) months or less, if The terminal illness runs its normal course.

Hospice Medical Director/Associate Hospice Doctor — Date

C. RECERTIFICATION STATEMENT 60-Day Period from _____ **to** _____

I certify that I have reviewed the clinical record prior to recertification for the above noted patient and That patient is still considered to be terminally ill and has life expectancy of six (6) months or less, if The terminal illness runs its normal course.

Hospice Medical Director/Associate Hospice Doctor — Date

DUBIN0181

Jireh Healthcare Services LLC

PHYSICIANS ORDER

88 South Rainbow Blvd Suite A, Las Vegas, NV 89146 . Tel: Fax:

PATIENT: B[redacted], D[redacted] **DOB:** [redacted] **MR#:** M0487
ORDERED BY: STEPHEN DUBIN (MD) **ORDER DATE:** 12/19/18 **ORDER#:** 4672846
ALLERGIES:

List of New/Refill Orders

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer
12/19/18		Other	New								
		Please do hospice evaluation and treat									

List of 'ADMIT' Items - DO NOT FILL ITEMS BELOW (Patient has supply of item at admission)

Start Date	Stop Date	Type		Order	Strength	Quantity	Dosage	Route	Frequency	Indication	Payer

PHONE ORDER / READ BACK ORDER BY MARY ALYN DOMONDON (RN)

Electronically Signed: 12/19/2018, By STEPHEN DUBIN, MD

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5M

FILED
APR - 7 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SHERMAN WASHINGTON, MD,** **Certificate of Registration No. CS24310,** **Respondent.**	**Case No. 21-104-CS-N** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Sherman Washington, MD, held a controlled substance registration, Certificate of Registration No. CS24310, issued by the Board.

FACTUAL ALLEGATIONS

2. While Respondent was the medical director of Revenge MD, located at 10605 Double R Blvd. in Reno, Script #1287 from Respondent's prescription pad for Revenge MD was pre-signed by Respondent, photocopied and used repeatedly by Respondent and/or Revenge MD staff not licensed as practitioners in Nevada to fraudulently issue the following controlled substance prescriptions for patients with whom Respondent had not established a bona fide therapeutic relationship, and for whom Respondent had neither diagnosed nor determined that a controlled substance was medically necessary:

A. Patient D.S. - DOB 10/13/1977
Rx#171143 37.5 MG Phentermine
Rx#171144 500 MG Metformin
Issued and dispensed on 6/25/2021

B. Patient J.A.B. - DOB 5/24/1981
Rx#171806 37.5 MG Phentermine
Rx#171807 500 MG Metformin
Issued and dispensed on 7/02/2021

C. Patient M.G. - DOB 9/02/1992
Rx#171460 37.5 MG Phentermine
Issued on 6/29/2021 - not dispensed

D. Patient J.W. - DOB 3/9/1989
Rx#170879 37.5 MG Phentermine
Rx#170880 500 MG Metformin
Issued and dispensed on 6/21/2021

E. Patient J.H. - DOB 11/23/1996
Rx#170482 37.5 MG Phentermine
Rx#170483 500 MG Metformin
Issued and dispensed on 6/18/2021

F. Patient T.S. - DOB 11/19/1978
Rx#171145 37.5 MG Phentermine
Rx#171146 500 MG Metformin
Issued and dispensed on 6/25/2021

G. Patient L.B. - DOB 4/17/1967
Rx#170711 37.5 MG Phentermine
Rx#170712 500 MG Metformin
Issued and dispensed on 6/21/2021

H. Patient M.Z. - DOB 1/27/1980
Rx#171101 37.5 MG Phentermine
Rx#171102 500 MG Metformin
Issued and dispensed on 6/25/2021

I. Patient S.M. - DOB 3/29/1988
Rx#170480 37.5 MG Phentermine
Rx#170481 500 MG Metformin
Issued and dispensed on 6/18/2021

J. Patient E.L. - DOB 6/1/1976 or 6/7/1976
Rx#172773 37.5 MG Phentermine
Rx#172774 500 MG Metformin
Issued and dispensed on 07/16/2021

K. Patient J.C. - DOB 6/23/1982
Rx#172318 37.5 MG Phentermine
Rx#172323 500 MG Metformin
Issued and dispensed on 7/09/2021

L. Patient L.Y. - DOB 1/04/1967
Rx#172283 37.5 MG Phentermine
Rx#172284 500 MG Metformin
Issued and dispensed on 7/9/2021

M. Patient N.K. - DOB 12/13/1973
Rx#171068 37.5 MG Phentermine
Rx#171070 500 MG Metformin
Issued and dispensed on 6/25/2021

N. Patient M.M. - DOB 6/21/1988
37.5 MG Phentermine
500 MG Metformin
Pharmacy declined to fill

3. Respondent failed to query the Prescription Monitoring Program (PMP) database between November 16, 2020, and January 19, 2022.

4. On his 2020 biennial renewal application for Certificate of Registration No. CS24310, Respondent failed to disclose to the Board recent administrative actions against him, including, without limitation:

- Arizona Medical Board – Case No. MD-19-1137-A (reprimand/probation)
- State Medical Board of Ohio – Case No. 35.123613 (license revocation)
- Colorado Medical Board – Case No. 2019-8449-B (letter of admonition)
- Georgia Composite Medical Board – Case No. 20220043 (fine)
- Virginia Board of Medicine – Case No. 187506 (license suspension)
- Pennsylvania State Board of Medicine – Case No. 19-49-017073 (reprimand)
- Washington Medical Commission – Case No. W2019-234 (license suspension)
- North Dakota Board of Medicine – Case No. 11222019 (conditions placed on license)

5. On or about December 3, 2021, the Nevada State Board of Medical Examiners (NSBME) entered an order in Case No. 21-41427-1, and placed Respondent's License No. 15168 to practice medicine on probation for engaging in conduct in violation of the standards of practice established by the NSBME, specifically for violation of NRS 630.306(1)((b)(3)) related to engaging in conduct that violates Board regulations, and violation of NRS 630.3062(1)(h), related to the fraudulent, illegal, unauthorized or otherwise inappropriate prescribing, administering or dispensing of a controlled substance listed in schedule II, III or IV, while Respondent was the medical director of Vida Spa, located at 3225 S Rainbow Blvd. #107 and or #206 in Las Vegas.

6. As detailed in the NSBME's order in Case No. 21-41427-1, Respondent permitted persons not licensed as practitioners in Nevada to act under his authority to operate Vida Spa, to provide on-site medical treatment to patients, and to purchase, access, store, possess, administer, furnish and/or dispense controlled substances, dangerous drugs and hypodermic devices to patients with whom Respondent had not established a bona fide therapeutic relationship, before Respondent had examined the patients and without his direct supervision, and for whom Respondent had neither diagnosed or determined that a prescription drug was medically necessary.

APPLICABLE LAW

7. No person may possess, administer, furnish, prescribe or dispense a controlled substance except as authorized by law. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.226(1); NRS 453.232; NRS 453.321(1)(a); NRS 453.377; NRS 453.381(1); NRS 639.100(1); NRS 639.235(1); NRS 639.23505; NAC 639.742.

8. No person may possess, administer furnish, prescribe or dispense a dangerous drug except as authorized by law. NRS 454.213(1); NRS 454.221; NRS 454.311; NRS 454.316; NRS 454.321; NRS 454.356; NRS 639.100(1); NRS 639.235(1); NRS 639.23505; NAC 639.742.

9. No person may possess, administer furnish, prescribe or dispense a hypodermic device except as authorized by law. NRS 454.480; NRS 454.510; NRS 454.530.

10. It is unlawful for a practitioner to prescribe a controlled substance except as authorized by law. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.226(1); NRS 453.321(1)(a); NRS 453.381(1); NRS 639.100(1); NRS 639.235(1).

11. A prescription for a controlled substance may be issued only for a legitimate medical purpose and after review of a patient's utilization report in the Prescription Monitoring Program (PMP) database in conformance with NRS 639.23507. 21 CFR § 1306.04(a); NRS 453.381(1).

12. It is a felony offense to falsify a prescription for a controlled substance, falsely representing oneself as a practitioner entitled to write prescriptions, or otherwise purchase or possess a controlled substance except as authorized by law. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.321(1)(a); NRS 453.331(1)(c), (d), (f), (h) and (i); NRS 639.281(1); NRS 639.2813(1).

13. Conspiring to violate the Controlled Substances Act is a felony offense. 21 U.S.C. § 846; NRS 453.401(l)(a).

14. A licensed practitioner who wishes to dispense controlled substances or dangerous drugs must register with the Board. NRS 453.226(1); NRS 454.215(3); NRS 454.356; NRS 639.100(1); NRS 639.23505; NAC 639.742.

15. All controlled substances and dangerous drugs in the possession of a practitioner must be kept in a locked storage area with access restricted to authorized persons. 21 CFR § 1301.71; NAC 453.400; NAC 453.410(1)(d).

16. It is unlawful for a person knowingly or intentionally to furnish false or fraudulent material information in, or omit any material information from, any application for registration under NRS Chapter 453. NRS 453.331(1)(e); NRS 639.281(1).

17. NRS 453.164(7) requires each practitioner to review his or her prescriber activity in the Prescription Monitoring Program (PMP) database at least once every 6 months.

18. Supplying or diverting drugs or devices which are legally sold in pharmacies so that unqualified persons can circumvent any law pertaining to the legal sale of such articles constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(g) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

19. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

20. Performing any duties as the holder of a controlled substance registration or a dispensing practitioner registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

21. Aiding or abetting a person not licensed to practice in the State of Nevada constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(j) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

22. Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration constitutes unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

23. Prescribing or dispensing a drug to any patient with whom the prescribing or dispensing practitioner does not have a bona fide therapeutic relationship constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(n) and (o) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

24. Willfully making to the Board any false statement which is material to the administration or enforcement of Nevada law is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(9).

25. Obtaining any registration by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(10).

26. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

27. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

28. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(d) and NRS 453.241(1).

COUNT ONE

Violation of Federal Controlled Substances Act – Issuing Fraudulent Controlled Substance Prescriptions

29. By fraudulently issuing controlled substance prescriptions as alleged in Paragraph 2 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846, 21 CFR § 1306.03(a)(1) and/or 21 CFR § 1306.04(a), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(11).

COUNT TWO

Violations of State Law – Issuing Fraudulent Controlled Substance Prescriptions

30. By fraudulently issuing controlled substance prescriptions as alleged in Paragraph 2 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.226(1), NRS 453.321(1)(a), NRS 453.331(1) (f) and (i), NRS 453.381(1), NRS 453.401(l)(a), NRS 639.100(1) and/or NRS 639.235(1), and is subject to discipline pursuant to NRS 453.236(1), NRS 453.241(1) and/or NRS 639.210(12).

COUNT THREE

Violations of State Law - Prescription Monitoring Program

31. By failing to query the Prescription Monitoring Program (PMP) database between November 16, 2020, and January 19, 2022, to review a patient's utilization report prior to issuing a prescription for a controlled substance and to review his prescriber activity, as

alleged in Paragraph 3 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.164(7) and NRS 639.23507, and is subject to discipline pursuant to NRS 453.236(1)(d) and (e), NRS 453.241(1), NRS 639.210(12) and/or NRS 639.23916(3)(b).

COUNT FOUR

Furnishing False Material Information to Board

32. By failing to disclose the administrative actions to the Board on his 2020 biennial renewal application as alleged in Paragraph 4 herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.331(1)(e), and is subject to discipline pursuant to NRS 453.236(1)(a) and (e), NRS 453.241(1), NRS 639.210(9) and/or NRS 639.210(12).

COUNT FIVE

Obtaining Registration by False or Fraudulent Application

33. By failing to disclose the administrative actions to the Board on his 2020 biennial renewal application as alleged in Paragraph 4 herein, Respondent is subject to discipline pursuant to NRS 453.236(1)(a) and (e), NRS 453.241(1), and/or NRS 639.210(10).

COUNT SIX

Violation of Federal Controlled Substances Act – Unlawful Operation of Vida Spa

34. By violating NRS Chapter 630 as detailed in the NSBME's order in Case No. 21-41427-1, and permitting persons not licensed as practitioners in Nevada to act under Respondent's authority to operate Vida Spa, to provide on-site medical treatment to patients, and to purchase, access, store, possess, administer, furnish and/or dispense controlled substances to patients with whom Respondent had not established a *bona fide* therapeutic relationship, before Respondent had examined the patients and without his direct supervision, and for whom Respondent had neither diagnosed or determined that a controlled substance was medically necessary, Respondent violated, attempted to violate, assisted or abetted in the violation of or

conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846, 21 CFR § 1306.03(a)(1) and/or 21 CFR § 1306.04(a), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(11).

COUNT SEVEN

Violation of State Law – Unlawful Operation of Vida Spa

35. By violating NRS Chapter 630 as detailed in the NSBME's order in Case No. 21-41427-1, and permitting persons not licensed as practitioners in Nevada to act under Respondent's authority to operate Vida Spa, to provide on-site medical treatment to patients, and to purchase, access, store, possess, administer, furnish and/or dispense controlled substances, dangerous drugs and hypodermic devices to patients with whom Respondent had not established a *bona fide* therapeutic relationship, before Respondent had examined the patients and without his direct supervision, and for whom Respondent had neither diagnosed or determined that a prescription drug was medically necessary, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.226(1), NRS 453.232, NRS 453.321(1)(a), NRS 453.377, NRS 453.381(1), NRS 454.213(1), NRS 454.215(3); NRS 454.221, NRS 454.316, NRS 454.321, NRS 454.356, NRS 454.480, NRS 454.510, NRS 454.530, NRS 639.100(1), NRS 639.235(1), NRS 639.23505 and/or NAC 639.742, and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(12).

COUNT EIGHT

Violation of State Law – Dispensing Without a Valid Registration

36. By dispensing controlled substances and dangerous drugs in the course of operating Vida Spa without a valid dispensing practitioner registration as detailed in the NSBME's order in Case No. 21-41427-1, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.266(1); NRS 453.321(1)(a); NRS 454.215(3), NRS 454.221, NRS 454.356, NRS 639.100(1), NRS 639.23505 and/or NAC

639.742, and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(12).

COUNT NINE

Permitting Unrestricted Access to Drug Inventory

37. By permitting persons not licensed as practitioners in Nevada to have unrestricted access to the inventory of controlled substances and dangerous drugs in the course of operating Vida Spa, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 CFR § 1301.71, NAC 453.400 and/or NAC 453.410(1)(d), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(11) and/or (12).

COUNT TEN

Unprofessional Conduct – Diversion

38. By permitting Revenge MD staff not licensed as practitioners in Nevada to fraudulently issue controlled substance prescriptions as alleged in paragraph 2 herein, and by permitting persons not licensed as practitioners in Nevada to act under Respondent's authority to operate Vida Spa as detailed in the NSBME's order in Case No. 21-41427-1, Respondent supplied and/or diverted drugs or devices which are legally sold in pharmacies so that unqualified persons can circumvent any law pertaining to the legal sale of such articles and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(g), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(4).

COUNT ELEVEN

Unprofessional Conduct - Fraudulent/Deceitful Practice/Transaction

39. By fraudulently issuing controlled substance prescriptions as alleged in paragraph 2 herein, by failing to disclose the administrative actions to the Board on his 2020 biennial renewal application as alleged in Paragraph 4 herein, and by permitting persons not licensed as

practitioners in Nevada to act under Respondent's authority to operate Vida Spa as detailed in the NSBME's order in Case No. 21-41427-1, Respondent was party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(4).

COUNT TWELVE

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

40. By his acts as alleged herein, Respondent has performed his duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1), and/or NRS 639.210(4).

COUNT THIRTEEN

Unprofessional Conduct – Aiding and Abetting Unlicensed Practice

41. By permitting Revenge MD staff not licensed as practitioners in Nevada to fraudulently issue controlled substance prescriptions as alleged in paragraph 2 herein, and by permitting persons not licensed as practitioners in Nevada to act under Respondent's authority to operate Vida Spa as detailed in the NSBME's order in Case No. 21-41427-1, Respondent aided and abetted unlicensed practice and engaged in unprofessional conduct as defined in NAC 639.945(1)(j), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(4).

COUNT FOURTEEN

Unprofessional Conduct – Dispensing without a Valid Registration

42. By dispensing controlled substances and dangerous drugs in the course of operating Vida Spa without a valid dispensing practitioner registration as detailed in the NSBME's order in Case No. 21-41427-1, Respondent engaged in unprofessional conduct and

conduct contrary to the public interest as defined in NAC 639.945(1)(k), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(4).

COUNT FIFTEEN

Unprofessional Conduct – Prescribing/Dispensing Without Bona Fide Therapeutic Relationship

43. By unlawfully prescribing and dispensing controlled substances and dangerous drugs to patients with whom he did not have a bona fide therapeutic relationship as alleged in paragraph 2 herein and as detailed in the NSBME's order in Case No. 21-41427-1, Respondent engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(n) and (o), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(4).

COUNT SIXTEEN

Commission of Acts that Render Registration Inconsistent with the Public Interest

44. By his acts as alleged herein, Respondent has committed acts that render his registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this Respondent.

Signed this 7th day of April 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SHERMAN WASHINGTON, MD,** **Certificate of Registration No. CS24310,** **Respondent.**	**CASE NO. 21-104-CS-N** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, June 1, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 7th day of APRIL, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SHERMAN WASHINGTON, MD,** **Certificate of Registration No. CS24310,** **Respondent.**	**CASE NO. 21-104-CS-N** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

SHERMAN WASHINGTON, MD,

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 8th day of April, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Sherman Washington, MD
4966 S. Rainbow Blvd. Suite 100
Las Vegas, NV 89118

Sherman Washington, MD
Transforming Arts
2906 N. Green Valley Pkwy., Suite 114
Henderson, NV 89014

Sherman Washington, MD
1820 E Lake Mead Blvd Ste M
North Las Vegas, NV 89030

SHIRLEY HUNTING

Back To Dashboard

Renewal Application
Controlled Substance

Application Fee : $200.00
Convenience Fee : $10 00
License Number : CS24310
License Type : Controlled Substance
New Expiration Date : 10/31/2022

Personal Information

First Name : SHERMAN
Middle (initial only) :
Last Name : WASHINGTON
License # : CS24310

If you make an unnecessary change to your address, it will delay the processing of your renewal. Only make the change if it is a true address change. Example: Do not add punctuation or change St to Street.

Practice Address :

Name/Practice Name/DBA : Transformation Medispa
Military Address :
Street : 2900 N. Green Valley Parkway #114
Country : United States
City : Henderson
State : Nevada
Zip : 89014
Practice Phone : (818) 424-9276
Practice Fax : (XXX) XXX-XXXX
Email Address : [redacted]
Sex : Male
Practice License Number: 15168
Specialty: Emergency Medicine

Child Support Information – Check appropriate answer

- (•) I am **NOT SUBJECT** to a court order for the support of a child.
- ( ) I am **SUBJECT** to a court order for the support of one or more children and am in compliance with the order or am in compliance wi h a plan approved by the district attorney or other public agency enforcing the order for the repayment of he amount owed pursuant to the order.
- ( ) I am **SUBJECT** to a court order for the support of one or more children and am NOT in compliance with the order or am NOT in compliance with a plan approved by the district attorney or other public agency enforcing the order for he repayment of he amount pursuant to he order.

Military Service Information

Have you ever served on active duty in the Armed Forces of the United States and separated from such service under condition o her han dishonorable — ( ) Yes (•) No

Have you ever been assigned to duty for minimum of 6 continuous years in National Guard or a reserve component of the Armed Forces of he United States and separated from such service under conditions other than dishonorable — ( ) Yes (•) No

Have you ever served the Commissioned Corp of the United States Public Service or the Commissioned Corp of the National Oceanic and Atmospheric Administra ion of the United States in the capacity of the commissioned officer while on active duty in defense of he United States and separated from such service under conditions other than dishonorable? — ( ) Yes (•) No

Legal Information

1. Since your last renewal or recent licensure have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition hat would impair your ability to perform the essential func ions of your license? — ( ) Yes (•) No

2. Since your last renewal or recent licensure have you been charged, arrested or convicted of a felony or misdemeanor in any state? — ( ) Yes (•) No

3. Since your last renewal or recent licensure have you been he subject of a board cita ion or an administrative action whether completed or pending in any state? — ( ) Yes (•) No

4. Since your last renewal or recent licensure have you had your license subjected to any discipline for violation of pharmacy or drug laws in any state? — ( ) Yes (•) No

Acknowledgement and Declaration

By signing and submitting this renewal applica ion, I cer ify that: 1. My DEA certificate is CURRENT and reflects my current NV prac icing address, and 2. I hold an active and current Nevada license with my professional licensing board

It is a violation of Nevada Statute to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

Signature : Sherman Washington

Date Of Application : 10/13/2020

Please type only he First and Last Name that are listed at he top of the page.

Fee Detail(s)

The fees for license renewal are NON REFUNDABLE. Please ensure the accuracy of your information.

Description	Fee Type	Fee
Renewal Period from 11/1/2020 to 10/31/2022	License Renewal Fee	$200.00
	Convenience Fee	$10.00
	Late Fee	$0.00
	Total :	**$210.00**

Fee and Payment

Payment Method : Credit / Debit Card

Application Fees : 200

Reinstatement Fee : 0

Transaction Fee : 10

Late Fees : 0

Reference Number : 62610233682

InvoiceDate : 10/13/2020

Paid

Pay & Submit

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * *

In the Matter of Charges and Complaint Against: SHERMAN WASHINGTON, M.D., Respondent.	**Case No. 21-41427-1**

FILED
AUG 30 2021
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

COMPLAINT

The Investigative Committee[1] (IC) of the Nevada State Board of Medical Examiners (Board), by and through Aaron Bart Fricke, J.D., General Counsel and attorney for the IC, having a reasonable basis to believe that Sherman Washington, M.D., (Respondent) violated the provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act), hereby issues its Complaint, stating the IC's charges and allegations as follows:

1. Respondent was at all times relevant to this Complaint a medical doctor holding an active license to practice medicine in the State of Nevada (License No. 15168). Respondent was originally licensed by the Board on February 7, 2014.

I. STATEMENT OF LAW

A. "Medical Directors," Medical Assistants, and the Unlicensed Practice of Medicine

2. NRS 630.305(1)(e) provides that aiding, assisting, employing or advising, directly or indirectly, any unlicensed person to engage in the practice of medicine, contrary to the provisions of NRS Chapter 630 or the regulations of the Board, is grounds for disciplinary action or denying licensure.

[1] The Investigative Committee of the Nevada State Board of Medical Examiners, at the time this formal Complaint was authorized for filing, was composed of Board Members Victor M. Muro, M.D., Chair, Weldon Havins, M.D., J.D., and Ms. Maggie Arias-Petrel.

3. Pursuant to NRS 630.020(1)-(4), the "Practice of medicine" means:

> 1. To diagnose, treat, correct, prevent or prescribe for any human disease, ailment, injury, infirmity, deformity or other condition, physical or mental, by any means or instrumentality, including, but not limited to, the performance of an autopsy.
>
> 2. To apply principles or techniques of medical science in the diagnosis or the prevention of any such conditions.
>
> 3. To perform any of the acts described in subsections 1 and 2 by using equipment that transfers information concerning the medical condition of the patient electronically, telephonically or by fiber optics, including, without limitation, through telehealth, from within or outside this State or the United States.
>
> 4. To offer, undertake, attempt to do or hold oneself out as able to do any of the acts described in subsections 1 and 2.

4. NRS 630.400(1)(d) provides that it is unlawful to practice medicine without being licensed under NRS Chapter 630.

5. Pursuant to NRS 630.400(2) and NRS 193.130(c) and (d), the unlawful practice of medicine is a felony, punishable by imprisonment in the state prison for a minimum term of not less than one (1) year and a maximum term of not more than five (5) years.

6. Pursuant to the Medical Practice Act, the only means by which a practitioner may lawfully aid, assist, employ or advise, directly or indirectly, an unlicensed person to engage in the practice of medicine, is by delegating specific tasks to an adequately supervised and trained "medical assistant."

7. Pursuant to NRS 630.0129, a "medical assistant" means a person who:

> (a) performs clinical tasks under the supervision of a practitioner, and
>
> (b) does not hold a license, certificate or registration issued by a professional licensing or regulatory board in this State to perform such clinical tasks; the term does not include a person who performs only administrative, clerical, executive or other nonclinical tasks.

8. Pursuant to NRS 630.306(1)(r), a practitioner must adequately supervise his or her medical assistants, and failing to do so is grounds for initiating disciplinary action or denying licensure.

9. Pursuant to NAC 630.830, a delegating practitioner is professionally responsible for the safety and performance of each task which is delegated to a medical assistant. Pursuant to NAC 630.810, a delegating practitioner may not delegate tasks to a medical assistant unless: (a) the

delegating practitioner knows that the medical assistant possesses the knowledge, skill and training to perform the task safely and properly; (b) the medical assistant is not required to be certified or licensed to perform that task; and (c) the medical assistant is employed by the delegating practitioner or the medical assistant and the delegating practitioner are employed by the same employer.

10. Pursuant to NAC 630.830(4), a delegating practitioner shall not delegate or otherwise allow a medical assistant to administer an anesthetic agent which renders a patient unconscious or semiconscious.

11. Pursuant to NAC 630.820, a delegating practitioner may not remotely supervise a medical assistant, except in a specific case of emergency in a rural area.[2]

12. Except as otherwise provided in NAC 630.820, pursuant to NAC 630.810, if a medical assistant is delegated a task which involves an "invasive procedure," [3] the delegating practitioner must be immediately available to exercise oversight in-person while the medical assistant performs the task.

13. The term "medical director" is not recognized or defined under the Medical Practice Act, and no law authorizes a licensee of the Board to, by calling himself or herself a "medical director," violate or circumvent the aforementioned statutes and regulations of the Medical Practice Act.

14. Accordingly, pursuant to NRS 630.400(1)(d), 630.305(1)(e), and 630.0129, and NAC 630.800-830:

a. A practitioner who, whether by serving as a so-called "medical director" or by some other relationship or circumstance, aids, assists, employs or advises, directly or indirectly, any unlicensed person to engage in the practice of medicine, may lawfully do so only by delegating tasks

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[2] Remote supervision of a medical assistant is prohibited unless: (a) the patient is located in a rural area; (b) the delegating practitioner is physically located a significant distance from the location where the task is to be performed; (c) the delegating practitioner determines that the exigent needs of the patient require immediate attention; (d) the patient and the delegating practitioner previously established a practitioner-patient relationship; and (e) the delegating practitioner is immediately available by telephone or other means of instant communication during the performance of the task by the medical assistant. As used in NAC 630.820, "rural area" means any area in this State other than Carson City or the City of Elko, Henderson, Reno, Sparks, Las Vegas or North Las Vegas.

[3] The Medical Practice Act does not define "invasive procedure," however, NAC 449.9733 pertaining to Medical Facilities defines "invasive procedure" as "a medical procedure involving entry into the human body by puncture or incision or by insertion of an instrument."

to an adequately supervised and properly trained medical assistant, who the delegating practitioner knows possesses the knowledge, skill and training to perform the task safely and properly, and the delegating practitioner is professionally responsible for the safety and performance of each task which is delegated to that medical assistant.

b. A practitioner who, whether by serving as a so-called "medical director" or by some other relationship or circumstance, aids, assists, employs or advises, directly or indirectly, any unlicensed person to engage in the practice of medicine, but who has not done so by delegating specific tasks to an adequately supervised and properly trained medical assistant, has violated NRS 630.305(1)(e), and is subject to discipline for aiding and abetting the unlicensed practice of medicine. In addition, the unlicensed person engaged in the practice of medicine has violated NRS 630.400(1)(d), by practicing medicine without a license.

c. A practitioner who delegates a medical task to a medical assistant, whether by serving as a so-called "medical director" or by some other relationship or circumstance, remains professionally responsible for, among other requirements, ensuring the following:

i. The safety and performance of each task delegated;

ii. The proper employment relationships between themselves and the medical assistant or their common employer;

iii. The medical assistant is sufficiently knowledgeable, trained and skilled to perform the tasks delegated to them;

iv. The medical assistant is adequately supervised, and the practitioner must be nearby to supervise the specific medical tasks delegated, and, if it is an invasive medical task, then the delegating practitioner must be immediately available to exercise oversight in-person while the medical assistant performs the task; and

v. The medical assistant does not administer an anesthetic agent which renders a patient unconscious or semiconscious.

d. A practitioner who delegates a medical task to a medical assistant, whether by serving as a so-called "medical director" or by some other relationship or circumstance, and who violates the aforementioned provisions of the NRS or NAC pertaining to medical assistants, and

who fails to adequately supervise that medical assistant as required under the circumstances, has violated NRS 630.306(1)(r), and is subject to discipline for failing to adequately supervise a medical assistant.

B. Cosmetologists, "Medical Spas" and "Medical Aestheticians," and the Unlicensed Practice of Medicine

15. Pursuant to NRS 644A.030 a licensed "cosmetologist" is not authorized by such license to practice medicine in any way. Rather, a licensed cosmetologist is authorized to perform only non-medical, cosmetology services, such as cleansing, stimulating or massaging the scalp or cleansing or beautifying the hair by the use of cosmetic preparations, antiseptics, tonics, lotions or creams, cutting, trimming or shaping the hair, removing hair by the use of depilatories, waxing, tweezing or sugaring, except for the permanent removal of hair with needles, manicuring nails, massaging the skin, giving facials, and other miscellaneous non-medical, cosmetological services.

16. Pursuant to NAC 644A.790 a cosmetologist is further explicitly prohibited from performing "invasive procedures," which mean, for the purposes of professional licensing of cosmetologists, "an act that affects the structure or function of the skin other than the uppermost layers of the skin," and which, for the sake of regulating the practice of cosmetologists, includes, without limitation, (a) the application of electricity for the sole purpose of contracting a muscle, (b) the application of a topical lotion, cream or other substance which affects anything other than the uppermost layers of the skin, (c) the penetration of the skin by needles, and (d) the abrasion of the skin below the uppermost layers of the skin.

17. Further, there is no such license as "medical aesthetician" or "medical cosmetologist" authorized by any Nevada law or issued by any Nevada sanctioned professional licensing body. On the contrary, NAC 644A.870 specifically prohibits cosmetologists and aestheticians from using the terms "expert," "advanced" or "medical" in connection with any description of their practice in any branch of cosmetology or otherwise holding the licensee out to the public as an expert, advanced or medical practitioner of any branch of cosmetology.

18. Accordingly, a Nevada licensed cosmetologist or aesthetician may not refer to himself or herself as a "medical cosmetologist" or "medical aesthetician" in connection with any

description of their practice, and may not, in fact, practice medicine in any way or perform invasive medical procedures or medical services of any kind, unless they do so as a "medical assistant" to a Nevada licensed medical professional, i.e., either as medical assistant to a Nevada licensed physician or physician assistant pursuant to NRS 630.0129, et. seq., and NAC 630.800-830, as described above, or similarly as another type of professional "assistant," "hygienist," "technician," or other such designation, who is delegated tasks by and under the direct supervision of a medical professional who is duly licensed pursuant to chapters 631 to 637, inclusive, 639 or 640 of NRS, and who remains professionally responsible for their conduct.

19. If a cosmetologist or aesthetician practices medicine in any way, unless he or she acts as a medical assistant and is delegated tasks and is properly supervised by a professional medical practitioner, then he or she is violating NRS 630.400(1)(d) by practicing medicine without a license.

C. Nevada Pharmacy Laws Regarding Controlled Substances, Dangerous Drugs and Hypodermic Devices

20. NRS 630.306(1)(b)(3) provides that engaging in conduct that violates a regulation adopted by the Nevada State Board of Pharmacy (Pharmacy Board) is grounds for initiating disciplinary action against a licensee.

21. Pursuant to NRS 630.3062(1)(h), fraudulent, illegal, unauthorized or otherwise inappropriate prescribing, administering or dispensing of a controlled substance listed in schedule II, III or IV is grounds for initiating disciplinary action or denying licensure.

22. Pursuant to 21 Code of Federal Regulations (CFR) §1306.04(a)-(b) and NRS 453.381, a physician or physician assistant may prescribe or administer controlled substances only for a legitimate medical purpose and in the usual course of his or her professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, and a prescription may not be issued in order for an individual practitioner to obtain controlled substances for supplying the individual practitioner for the purpose of general dispensing to patients. *See* 21 CFR §1306.04(a)-(b).

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23. Pursuant to NRS 454.201, a "dangerous drug" is any drug, other than a controlled substance, unsafe for self-medication or unsupervised use, and includes, among other things, (1) any drug which has been approved by the Food and Drug Administration for general distribution and bears the legend: "Caution: Federal law prohibits dispensing without prescription," and (2) any drug which, pursuant to the Board's regulations, may be sold only by prescription because the Board has found those drugs to be dangerous to public health or safety.

24. Pursuant to NRS 454.316 and NRS 454.321, it is unlawful to possess, dispense or furnish a dangerous drug except when furnished to the person by a pharmacist pursuant to a legal prescription from a practitioner.

25. Pursuant to NRS 454.009, a "hypodermic" device is any syringe, needle, instrument, device or implement intended or capable of being adapted for the purpose of administering drugs by subcutaneous, intramuscular or intravenous injection.

26. Pursuant to NRS 454.510, it is unlawful for any person to have in his or her possession or under his or her control any hypodermic device that is restricted by federal law to sale by or on the order of a physician, unless the person has acquired possession of such device in accordance with the provisions of NRS 454.480 to 454.530, inclusive, that is, by sale from a licensed pharmacist, on the prescription of a physician or other practitioner, which prescription is filled as required by NRS 639.236, and may be refilled as authorized by the prescriber.

27. Accordingly, pursuant to NRS 454.009, 454.201, 454.316, 454.321 and 454.510, any person who is not a practitioner as defined in NRS 639.0125 is not permitted by Nevada law to possess, control, access, prescribe, administer, and/or dispense dangerous drugs or hypodermic devices, except as a medical assistant under the direct supervision of a Nevada licensed physician, physician assistant, or other licensed medical professional, and then, only if otherwise permitted and in compliance with laws of regulating pharmacies and pharmaceuticals.

28. NAC 639.742(1) provides that a practitioner who wishes to dispense controlled substances or dangerous drugs must apply to the Pharmacy Board for a certificate of registration to dispense controlled substances or dangerous drugs. A practitioner must submit a separate application for each site of practice, including, without limitation, any remote site or satellite

consultation site, from which the practitioner wishes to dispense controlled substances or dangerous drugs.

29. NAC 639.742(2) provides that if a facility from which the practitioner intends to dispense dangerous drugs or controlled substances is not wholly owned and operated by the practitioner, the owner or owners of the facility must also submit an application to the Pharmacy Board for a license to do so.

30. NAC 639.742(3) provides in pertinent part that a dispensing practitioner and, if applicable, the owner or owners of the facility, shall ensure that:

> . . . (b) All drugs are received and accounted for by the dispensing practitioner;
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> (c) All drugs are stored in a secure, locked room or cabinet to which the dispensing practitioner has the only key or lock combination;
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> (d) All drugs are dispensed in accordance with NAC 639.745[4];

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[4] NAC 639.745 Duties of certain practitioners concerning dispensing of controlled substances and dangerous drugs. (NRS 639.070, 639.0727)

1. Each practitioner who is registered with the Board to dispense controlled substances and dangerous drugs, including, without limitation, a dispensing practitioner, and who dispenses such products for use by the practitioner's patients outside his or her presence shall:

(a) Keep complete, accurate and readily retrievable records of each controlled substance and dangerous drug purchased and dispensed. The record for each such product dispensed to a patient must include:

(1) The name of the patient and, if not readily available from the practitioner's records, the patient's address;

(2) The name, strength and quantity of the prescribed controlled substance or dangerous drug;

(3) The directions for use;

(4) The date the prescription was issued; and

(5) A unique identifying number.

(b) Maintain a separate file for the records concerning the purchase of each controlled substance listed in schedule II and a separate file for the records concerning the dispensing of each controlled substance listed in schedule II. Each prescription for a controlled substance or dangerous drug must be maintained in a separate file pursuant to the requirements set forth in NAC 453.480.

(c) Keep all controlled substances and dangerous drugs in a locked storage area. Access to the storage area must be restricted to the persons described in NRS 453.375.

(d) Ensure that each package or container in which a controlled substance is dispensed, except samples in the manufacturer's packages, is clearly labeled pursuant to the requirements set forth in NRS 639.2801.

(e) Ensure that the package or container in which a controlled substance or dangerous drug is dispensed complies with all state and federal packaging requirements.

(f) Be deemed to be a pharmacy as that term is used in NAC 639.926 and shall comply with that section.

2. A practitioner may dispense dangerous drugs or controlled substances only after the patient has been informed by the practitioner that the patient may request a written prescription and have it filled at another location of the patient's choosing.

3. A record regarding the dispensing of a controlled substance or dangerous drug made and kept pursuant to this section must be maintained on paper or in a computer. If the record is:

(a) Maintained on paper, the record must:

(1) Include all the information required to be on the prescription pursuant to NRS 639.2353 and NAC 453.440;

> (e) No prescription is dispensed to a patient unless the dispensing practitioner is on-site at the facility;
>
> (f) All drugs are dispensed only to the patient personally at the facility;
>
> . . . (h) All drugs are dispensed only for medically necessary purposes and according to prevailing standards of care for practitioners practicing in the specialty claimed or practiced by the dispensing practitioner; and
>
> (i) The certificate for each dispensing technician employed at the facility is displayed in the room or cabinet in which drugs are stored.

31. NAC 639.742(4)(a)-(b) provide, in-part, with regard to the filling and dispensing of prescriptions at a facility, only the dispensing practitioner or a dispensing technician may enter the locked room or cabinet in which drugs are stored and/or remove drugs from stock.

32. NAC 639.945(1) provides in pertinent part that the following acts or practices by a holder of any license, certificate or registration issued by the Pharmacy Board or any employee of any business holding any such license, certificate or registration are declared to be, specifically but not by way of limitation, unprofessional conduct and conduct contrary to the public interest:

> ...(g) Supplying or diverting drugs, biologicals, medicines, substances or devices which are legally sold in pharmacies or by wholesalers, so that unqualified persons can circumvent any law pertaining to the legal sale of such articles.
>
> . . . (i) Performing any of his or her duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner.
>
> . . . (n) Dispensing a drug as a dispensing practitioner to a patient with whom the dispensing practitioner does not have a bona fide therapeutic relationship.
>
> (o) Prescribing a drug as a prescribing practitioner to a patient with whom the prescribing practitioner does not have a bona fide therapeutic relationship.

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(2) Set forth on the front of the prescription a certification initialed and dated by the patient that the patient has been informed by the practitioner in accordance with subsection 2 and that the patient has agreed to have the practitioner dispense the controlled substance or dangerous drug; and

(3) Be serially numbered and kept in numerical order in a single file for all dispensing practitioners, including, without limitation, physician assistants and advanced practice registered nurses, practicing at the same location.

(b) Maintained in a computer, the record must:

(1) Include all the information required to be on the prescription pursuant to NRS 639.2353 and NAC 453.440;

(2) Contain a certification, either in the computer or a separate paper document, initialed and dated by the patient that the patient has been informed by the practitioner in accordance with subsection 2 and that the patient has agreed to have the practitioner dispense the controlled substance or dangerous drug; and

(3) Be searchable for any item required by paragraph (a) of subsection 1 to be included in the record.

33. NAC 639.945(2) provides that the owner of any business or facility licensed, certified or registered by the Pharmacy Board is responsible for the acts of all personnel in his or her employ.

34. NAC 639.945(3) provides that, for purposes of applying Pharmacy Board regulations:

> [A] bona fide therapeutic relationship between the patient and practitioner shall be deemed to exist if the patient was examined in person, electronically or telephonically by the practitioner within the 6 months immediately preceding the date the practitioner dispenses or prescribes a drug to the patient and, as a result of the examination, the practitioner diagnosed a condition for which a given drug therapy is prescribed.

35. Accordingly, any physician or physician assistant who—whether by serving as a so-called "medical director" of, or by furnishing dangerous drugs or hypodermic devices to, or by some other relationship or circumstance with any "medical spa" wherein dangerous drugs or hypodermic devices are possessed, controlled, accessed, prescribed, administered, and/or dispensed—engages in conduct that violates any regulation adopted by the Pharmacy Board, including but not limited to NAC 639.742(1)-(3), (4)(a)-(b), or 639.945(1)-(3), has violated the Nevada Medical Practice Act and is subject to discipline by the Board.

II. THE PERTINENT HISTORY OF CRIMINAL AND UNPROFESSIONAL CONDUCT OF TAMMY LYNN HANKINS, PA-C

36. On or about March 1, 2012, in the Superior Court of the State of Arizona, in and for the County of Mohave (Arizona Court), in Case No. CR-2012-00287, a Grand Jury indicted Tammy Lynn Hankins (Hankins), a physician assistant who at that time held a license to practice medicine in the State of Arizona, on five (5) criminal counts of violations of Arizona law, including COUNT 1: FRAUDULENT SCHEMES AND ARTIFICES, CLASS 2 FELONY; COUNT 2: OBTAIN OR PROCURE THE ADMINISTRATION OF A NARCOTIC DRUG BY FRAUD, CLASS 3 FELONY; COUNT 3: OBTAINING A DANGEROUS DRUG BY FRAUD, CLASS 3 FELONY; COUNT 4: ATTEMPTED OBTAINING A DANGEROUS DRUG BY FRAUD, CLASS 4 FELONY; COUNT 5: ATTEMPTED OBTAINING A DANGEROUS DRUG BY FRAUD, CLASS 4 FELONY.

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Hankins' Arizona Case History

37. On or about November 28, 2012, the Arizona Regulatory Board of Physician Assistants ("Arizona Board"), in Case No. PA-11-0127A, found Hankins, who had been the holder of a license to practice medicine as a physician assistant in the State of Arizona (License No. 2228), guilty of unprofessional conduct. Specifically, the Arizona Board found Hankins guilty with respect to two (2) patients, Patient JC and Patient MW, determining that Hankins deviated from the standard of care by inappropriately and excessively prescribing controlled substances to patients, risking addiction or overdose with a possible fatal outcome.

38. For the foregoing misconduct, the Arizona Board found Hankins guilty of unprofessional conduct pursuant to Arizona Revised Statute (ARS) §32-2501(18)(i) ("prescribing or dispensing controlled substances or prescription-only drugs for which the physician assistant is not approved or in excess of the amount authorized pursuant to this chapter"); ARS §32-2501(18)(j) ("any conduct or practice that is or might be harmful or dangerous to the health of a patient or the public"); ARS § 32-2501 (18)(p) ("failing or refusing to maintain adequate records on a patient"), and ARS § 32-2501(18)(z) ("failing to furnish legally requested information to the [Arizona Board] or its Investigator in a timely manner."). The Arizona Board also found that a practice restriction was needed in order to protect the public, and ordered that Hankins be issued a Letter of Reprimand, placed on probation for one (1) year with additional conditions and restrictions.

Expiration of Hankins's Arizona License

39. Hankins's license to practice medicine as a physician assistant in the State of Arizona (License No. 2228) was due for renewal by June 1, 2013; Hankins did not renew, and her Arizona license expired by operation of law on May 20, 2014.

Arizona Criminal Conduct by Hankins

40. On or about September 14, 2013, the Arizona Court found that Hankins had knowingly, intelligently and voluntarily pled guilty to the offense of: COUNT 3: OBTAINING A DANGEROUS DRUG BY FRAUD, CLASS 3 FELONY. On or about October 2, 2013, the Arizona Court entered its judgment finding Hankins guilty of the foregoing charge, and sentenced Hankins to a suspended

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imposition of sentence and placing the Defendant on probation for a period of four years commencing October 2, 2013, among other conditions of probation.

41. On or about January 17, 2014, pursuant to a Petition to Revoke Probation, the Arizona Court ordered that Hankins be held without bond pending hearing on said petition.

42. On or about August 11, 2014, the Arizona Court found Hankins guilty of violating her probation for the following crimes: OBTAINING A DANGEROUS DRUG BY FRAUD, CLASS 3 FELONY, and SEXUAL CONDUCT WITH A MINOR, CLASS 6 FELONY. For the first crime, Hankins was sentenced to two and one-half (2.5) years with the Arizona Department of Corrections, as a minimum sentence, to date from August 11, 2014, and was given credit for two hundred eight (208) days served prior to sentencing. For the second crime, Hankins was sentenced to one (1) additional year of incarceration, that sentence to run consecutive to the other.

43. Hankins was not licensed to practice medicine as a physician assistant in the State of Nevada before March 6, 2020.

44. Hankins does not hold an active Drug Enforcement Agency (DEA) registration, and has not held a valid registration since 2016. Hankins also does not hold and has never held an active license or registration with the Pharmacy Board.

III. RESPONDENT'S AIDING AND ABETTING THE UNLICENSED PRACTICE OF MEDICINE AT VIDA SPA, AND RELATED VIOLATIONS OF NEVADA PHARMACY LAWS

45. Vida Spa LLC, a Nevada Limited Liability Company, formed July 22, 2016, managed by Gisselle Platfoot ("Vida Spa"), and also doing business as "Vida Spa" and "Vita Medical Spa Las Vegas," is a self-described "medical spa" located at 3225 S Rainbow Blvd #107 and/or #206, Las Vegas, NV 89146.

46. At all times relevant to this Complaint, Vida Spa was licensed in Clark County, Nevada, under Clark County Business License No. 2003447.081-172, under the business category of "Cosmetology Establishment - Other Services." The owners listed under this license are Art Matrix, Inc. and Gisselle Platfoot.

47. At all times relevant to this Complaint, Vida Spa had no other business licenses except for the Clark County Business License No. 2003447.081-172.

48. Gisselle Platfoot, manager of Vida Spa, at all times relevant to this Complaint, did not hold a license to practice medicine or any healing art as a "provider of health care," as defined in NRS 629.031, from any occupational licensing board in the State of Nevada, and was not otherwise a practitioner as defined in NRS 639.0125.

49. Vida Spa is "a facility that provides health care, other than a medical facility". *See* NRS 449.442. At all times relevant to this Complaint, neither Respondent, Hankins, Vida Spa, nor Gisselle Platfoot held a permit pursuant to NRS 449.442 to perform general anesthesia, conscious sedation or deep sedation. Additionally, neither Respondent, Hankins, Vida Spa, nor Gisselle Platfoot held a current accreditation by a nationally recognized organization approved by the State Board of Nevada Bureau of Healthcare Quality and Compliance.

50. At all times relevant to this Complaint, Vida Spa was not a "medical facility," as defined in NRS 449.0151, and not "the office" of a physician or physician assistant licensed pursuant to NRS chapter 630 or 633, qualified dentist, advanced practice registered nurse or podiatric physician, as provided in NRS 454.217.

51. On March 24, 2021, the Pharmacy Board issued a Citation and Order to Cease and Desist (Platfoot Citation) to Vida Spa and Gisselle Platfoot, whereby the Pharmacy Board determined that Vida Spa and Gisselle Platfoot were possessing, administering, prescribing and/or dispensing controlled substances and/or dangerous drugs for Nevada patients from Vida Spa in violation of federal and state law. Specifically, the Platfoot Citation states that Vida Spa and Gisselle Platfoot did not have a dispensing registration and are therefore prohibited from possessing, dispensing and/or administering controlled substances and/or dangerous drugs. The Platfoot Citation finds that Vida Spa and Gisselle Platfoot violated, attempted to violate, assisted or abetted in the violation of or conspired to violate, without limitation, NRS 453.226, NRS 453.316, NRS 453.321(1)(a), NRS 453.331 (l)(c)(d)(t)&(i), NRS 453.381(1), NRS 453.40l(l)(a), NRS 639.0727, NRS 639.100(1), NRS 639.23505, NRS 639.281, NRS 639.2813, NRS 639.310, NAC 639.742, 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 84l(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846 and 21 CFR §§ 1306.03-1306.05. The Platfoot Citation orders Vida Spa and Gisselle Platfoot, pursuant to NRS 639.2895(1), to immediately cease and desist possessing, administering,

prescribing and/or dispensing controlled substances for Nevada patients, and also assessed an administrative fine of five thousand dollars ($5,000.00) pursuant to NRS 639.2895(3).

52. Respondent was the so-called "medical director" of Vida Spa, from on or about September 9, 2019, through on or about November 1, 2019.

53. During Respondent's service as "medical director" of Vida Spa, which was licensed only as a "cosmetology establishment," Hankins, Gisselle Platfoot, and Vida Spa's employees and agents provided medical treatment and/or prescriptions and/or administered dangerous drugs and hypodermic devices and/or dispensed dangerous drugs and hypodermic devices to at least seven (7) patients, as set forth below, which conduct by Hankins, Gisselle Platfoot and Vida Spa's employees and agents constitutes the practice of medicine in Nevada:

PATIENT A

54. Patient A[5] was a fifty-seven (57) year-old female at the time of the events at issue.

55. At all times relevant to Hankins's treatment of Patient A, Respondent was the so-called "medical director" of Vida Spa.[6]

56. On October 9, 2019, Hankins, who did not have her own DEA registration and controlled substance license issued by the Pharmacy Board, utilized the prescribing credentials of Respondent, to issue fraudulent prescriptions to Patient A for Tramadol (a Schedule IV Controlled Substance) 50 mg tablets, 24 ct. for 3 days, and Diazepam (a Schedule IV Controlled Substance) 10 mg tablets, 8 ct. for 3 days; these prescriptions were called-in to the pharmacy by Hankins, or by a Vida Spa employee or agent acting at Hankins's direction, and the prescriptions were filled the same day.

57. Hankins instructed Patient A to take Schedule IV controlled substances in a manner that materially deviated from the issued prescriptions; Hankins instructed Patient A to take Tramadol 50mg, 2 tablets, and Diazepam 10 mg, 1 tablet, at 2:00 p.m., on October 10, 2019, for the

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[5] Patients A's true identity is not disclosed herein to protect her privacy, but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint, along with identifying information for all other patients B through G referred to herein.

[6] It is inferred that Respondent was Hankins' "Supervising Physician." However, there is no evidence clinically, practically nor by credentials that this relationship with Hankins existed.

purpose of conscious sedation for an invasive, surgical, liposuction procedure Hankins planned to perform on Patient A at Vida Spa at 3:00 p.m. that day.

58. Hankins wrote the prescriptions for these controlled substances and instructed Patient A to deviate from the issued prescription in order to conceal the purpose of the medications, which was conscious sedation, and thereby to conceal a violation by Vida Spa of NRS 449.442(1)-(2).

59. Respondent did not see or treat Patient A, did not direct or supervise Hankins in her treatment of Patient A, and did not specifically direct Hankins to issue prescriptions to Patient A.

60. On October 10, 2019, at Vida Spa, at approximately 3:00 p.m., Hankins performed a liposuction procedure on the arms of Patient A. Hankins administered tumescent anesthesia with Lidocaine and Epinephrine to Patient A, which Hankins obtained, without a patient-specific prescription or an order from a licensed practitioner for Patient A, from a general store of controlled substances and dangerous drugs obtained and maintained by Vida Spa in violation of federal and state law.

61. Hankins was not supervised by any licensed physician while performing this invasive surgical procedure on Patient A at Vida Spa.

PATIENT B

62. Patient B was a thirty-one (31) year-old female at the time of the events at issue.

63. At all times relevant to Hankins's treatment of Patient B, Respondent was the so-called "medical director" of Vida Spa.

64. On October 7, 2019, Hankins, who did not have her own DEA registration and controlled substance license issued by the Pharmacy Board, utilized the prescribing credentials of Respondent, to issue fraudulent prescriptions to Patient B for Tramadol 50 mg tablets (a Schedule IV Controlled Substance), 20 ct. for 3 days, Promethazine 25 mg tablets, 12 ct. for 2 days, Sulfameth/Trimethprim 800/160 mg tablets, 20 ct. for 10 days; these prescriptions were called-in to the pharmacy by Hankins, or by a Vida Spa employee or agent acting at Hankins's direction, and the prescriptions were filled the same day.

65. Respondent did not see or treat Patient B, did not direct or supervise Hankins in her treatment of Patient B, and did not specifically direct Hankins to issue prescriptions to Patient B.

66. On October 8, 2019, at Vida Spa, Hankins performed a liposuction procedure on the arms of Patient B. Hankins administered tumescent anesthesia with Lidocaine and Epinephrine to Patient B, which Hankins obtained, without a patient-specific prescription or an order from a licensed practitioner for Patient B, from a general store of controlled substances and dangerous drugs obtained and maintained by Vida Spa in violation of federal and state law.

67. Hankins was not supervised by any licensed physician while performing this invasive surgical procedure on Patient B at Vida Spa.

PATIENT C

68. Patient C was a forty-three (43) year-old female at the time of the events at issue.

69. At all times relevant to Hankins's treatment of Patient C, Respondent was the so-called "medical director" of Vida Spa.

70. On October 9, 2019, Hankins, who did not have her own DEA registration and controlled substance license issued by the Pharmacy Board, utilized the prescribing credentials of Respondent, to issue fraudulent prescriptions to Patient C for Tramadol (a Schedule IV Controlled Substance) 50 mg tablets, 24 ct. for 3 days, Diazepam (a Schedule IV Controlled Substance) 10 mg tablets, 12 ct. for 4 days, Promethazine 25 mg tablets, 20 ct. for 5 days, and Sulfameth/Trimethprim 800/160 mg tablets, 20 ct. for 10 days; these prescriptions were called-in to the pharmacy by Hankins, or by a Vida Spa employee or agent acting at Hankins's direction, and the prescriptions were filled the same day.

71. Hankins instructed Patient C to take the Schedule IV controlled substances in a manner that materially deviated from the issued prescriptions; Hankins instructed Patient C to take Tramadol 50mg, 2 tablets, and Diazepam 10 mg, 1 tablet, one hour in advance of an invasive, surgical liposuction procedure Hankins planned to perform on Patient C at Vida Spa on October 9, 2019, for the purpose of conscious sedation.

72. Hankins wrote the prescriptions for these controlled substances and instructed Patient C to deviate from the issued prescription in order to conceal the purpose of the medications, which was conscious sedation, and thereby to conceal an apparent violation by Vida Spa of NRS 449.442(1)-(2).

73. Respondent did not see or treat Patient C, did not direct or supervise Hankins in her treatment of Patient C, and did not specifically direct Hankins to issue prescriptions to Patient C.

74. On October 9, 2019, at Vida Spa, Hankins performed a liposuction procedure on the arms of Patient C. Hankins administered tumescent anesthesia with Lidocaine and Epinephrine to Patient C, which Hankins obtained, without a patient-specific prescriptions or an order from a licensed practitioner for Patient C, from a general store of controlled substances and dangerous drugs obtained and maintained by Vida Spa in violation of federal and state law.

75. Hankins was not supervised by any licensed physician while performing this invasive surgical procedure on Patient C at Vida Spa.

PATIENT D

76. Patient D was a twenty-two (22) year-old female at the time of the events at issue.

77. At all times relevant to Hankins's treatment of Patient D, Respondent was the so-called "medical director" of Vida Spa.

78. On October 12, 2019, Hankins, who did not have her own DEA registration and controlled substance license issued by the Pharmacy Board, utilized the prescribing credentials of Respondent, to issue fraudulent prescriptions to Patient D for Tramadol (a Schedule IV Controlled Substance) 50 mg tablets, 24 ct. for 3 days and Diazepam (a Schedule IV Controlled Substance) 10 mg tablets, 8 ct. for 3 days; on information and belief, these prescriptions were called-in to the pharmacy by Hankins, or by a Vida Spa employee or agent acting at Hankins's direction, and the prescriptions were filled the same day.

79. On information and belief, Hankins instructed Patient D to take the Schedule IV controlled substances in a manner that materially deviated from the issued prescriptions; Hankins instructed Patient D to take Tramadol 50mg, 2 tablets, and Diazepam 10 mg, 1 tablet, one hour in advance an invasive, surgical liposuction procedure Hankins planned to perform on Patient D at Vida Spa on October 13, 2019, for the purpose of conscious sedation.

80. On information and belief, Hankins wrote the prescriptions for these controlled substances and instructed Patient D to deviate from the issued prescription in order to conceal the

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purpose of the medications, which was conscious sedation, and thereby to conceal an apparent violation by Vida Spa of NRS 449.442(1)-(2).

81. Respondent did not see or treat Patient D, did not direct or supervise Hankins in her treatment of Patient D, and did not specifically direct Hankins to issue prescriptions to Patient D.

82. On October 13, 2019, at Vida Spa, Hankins performed a liposuction procedure on the abdomen and medial inferior upper arms of Patient D. Hankins administered tumescent anesthesia with Lidocaine and Epinephrine to Patient D, which Hankins obtained, without a patient-specific prescription or an order from a licensed practitioner for Patient D, from a general store of controlled substances and dangerous drugs obtained and maintained by Vida Spa in violation of federal and state law.

83. Hankins was not supervised by any licensed physician while performing this invasive surgical procedure on Patient D at Vida Spa.

PATIENT E

84. Patient E was a thirty-three (33) year-old female at the time of the events at issue.

85. At all times relevant to Hankins's treatment of Patient E, Respondent was the so-called "medical director" of Vida Spa.

86. On October 8, 2019, Hankins, who did not have her own DEA registration and controlled substance license issued by the Pharmacy Board, utilized the prescribing credentials of Respondent, to issue a fraudulent prescription to Patient E for Tramadol (a Schedule IV Controlled Substance) 50 mg tablets, 20 ct. for 4 days, which prescription was filled the same day.

87. Respondent did not see or treat Patient E, did not direct or supervise Hankins in her treatment of Patient E, and did not specifically direct Hankins to issue a prescription to Patient E.

88. On October 8, 2019, at Vida Spa, Hankins performed a liposuction procedure on the arms of Patient E. Hankins administered tumescent anesthesia with Lidocaine and Epinephrine to Patient E, which Hankins obtained, without a patient-specific prescriptions or an order from a licensed practitioner for Patient E, from a general store of controlled substances and dangerous drugs obtained and maintained by Vida Spa in violation of federal and state law.

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89. Hankins was not supervised by any licensed physician while performing this invasive surgical procedure on Patient E at Vida Spa.

PATIENT F

90. Patient F was a male of unknown age at the time of the events at issue.

91. At all times relevant to Hankins's treatment of Patient F, Respondent was the so-called "medical director" of Vida Spa.

92. On October 24, 2019, Hankins obtained, without a patient-specific prescription or an order from a licensed practitioner for Patient F, "Botox," a neuromodulator that is derived from Clostridium botulinum or is biosimilar to or the bioequivalent of such a neuromodulator, and "Versa," a hyaluronic acid dermal filler, both of which are dangerous drugs as defined by NRS 454.201, from Vida Spa's general store of controlled substances and dangerous drugs used for general administration and dispensing to patients.

93. Respondent did not see or treat Patient F, and did not direct or supervise Hankins in her treatment of Patient F.

94. On October 24, 2019, at Vida Spa, Hankins injected, and thereby administered pursuant to NRS 454.191, the aforementioned Botox and Versa into various locations on the face of Patient F.

95. Hankins was not supervised by any licensed physician while performing this injection procedure on Patient F at Vida Spa.

PATIENT G

96. Patient G was a sixty-six (66) year-old female at the time of the events at issue.

97. At all times relevant to Hankins's treatment of Patient G, Respondent was the so-called "medical director" of Vida Spa.

98. On October 29, 2019, Hankins obtained, without a patient-specific prescription or an order from a licensed practitioner for Patient G, "Xeomin," a neuromodulator that is derived from Clostridium botulinum or is biosimilar to or the bioequivalent of such a neuromodulator, and "Versa," a hyaluronic acid dermal filler, both of which are dangerous drugs as defined by

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NRS 454.201, from Vida Spa's general store of controlled substances and dangerous drugs used for general administration and dispensing to patients.

99. Respondent did not see or treat Patient G, did not direct or supervise Hankins in her treatment of Patient G.

100. On October 24, 2019, at Vida Spa, Hankins injected, and thereby administered pursuant to NRS 454.191, the aforementioned Xeomin and Versa into various locations on the face of Patient G.

101. Hankins was not supervised by any licensed physician while performing this injection procedure on Patient G at Vida Spa.

IV. RESPONDENT'S MEDICAL DIRECTORSHIP OF VIDA SPA

102. At all times relevant to this Complaint, Hankins did not consult with Respondent regarding any procedures she performed or participated in while "medical director" of Vida Spa.

103. At all times relevant to this Complaint, Respondent did not review or sign any charts for Hankins and was not present during any procedures she performed.

104. At all times relevant to this Complaint, Respondent provided his prescribing credentials and permitted Hankins, Gisselle Platfoot or Vida Spa's employees and agents to prescribe controlled substances to patients under his DEA registration and controlled substance license issued by the Pharmacy Board.

105. At all times relevant to this Complaint, Respondent was not present at Vida Spa during its regular business hours, nor during any times relevant to this Complaint.

106. Despite Hankins's public history of criminal and unprofessional conduct, and incarceration, Respondent, as "medical director" of Vida Spa, did not investigate or exercise ordinary and reasonable diligence to determine whether Hankins was authorized to practice medicine at Vida Spa, and took no action to prohibit the unlicensed practice of medicine at Vida Spa by Hankins, Gisselle Platfoot, and Vida Spa's employees and agents.

107. Respondent did not inform the Board that Hankins was practicing medicine at Vida Spa without a license.

108. Respondent was an independent contractor of Vida Spa.

109. Respondent was not a manager, officer or employee of Vida Spa.

110. Respondent had no ownership or member interest in Vida Spa, nor did he have authority, by contract or otherwise, to manage the affairs of Vida Spa.

111. Neither Gisselle Platfoot nor any of Vida Spa's employees, agents or other independent contractors were employed by Respondent during the time Respondent served as "medical director" of Vida Spa.

112. Respondent has held a valid controlled substance registration issued by the Pharmacy Board (License No. CS24310) since March 3, 2016.

113. At all times relevant to this Complaint, Respondent did not hold a dispensing practitioner license issued by the Pharmacy Board.

114. Respondent did not apply to the Pharmacy Board for a certificate of registration to dispense controlled substances or dangerous drugs at Vida Spa.

115. While "medical director" of Vida Spa, Respondent permitted Gisselle Platfoot and Vida Spa's employees and agents to utilize his medical license and controlled substance registration to prescribe and procure dangerous drugs and controlled substances, which are available only by prescription.

116. While "medical director" of Vida Spa, Respondent permitted dangerous drugs and controlled substances to be left unlocked and readily accessible at Vida Spa in the sole possession, custody and control of Gisselle Platfoot and Vida Spa's employees and agents, and beyond the supervision or restraint of Respondent.

117. All of the dangerous drugs and controlled substances left in the custody and control of Gisselle Platfoot and Vida Spa's employees and agents were at no time stored in a secure, locked room or cabinet accessible only by Respondent. Gisselle Platfoot and Vida Spa's employees and agents had unrestricted access to dangerous drugs, controlled substances, hypodermic devices and other dangerous medical devices and poisonous substances.

118. Gisselle Platfoot and Vida Spa's employees and agents possessed, controlled, stored, prescribed, administered and/or dispensed controlled substances, dangerous drugs and hypodermic devices without a dispensing license as required by the Pharmacy Board.

119. Respondent was not present when Hankins, Gisselle Platfoot, and Vida Spa's employees and agents possessed, controlled, stored, prescribed, administered and/or dispensed controlled substances, dangerous drugs and hypodermic devices obtained using Respondent's medical license and controlled substance registration.

120. Respondent neither received nor accounted for the controlled substances, dangerous drugs and hypodermic devices possessed, controlled, stored, prescribed, administered and/or dispensed by Gisselle Platfoot and Vida Spa's employees and agents.

121. Respondent did not have a bona fide therapeutic relationship with any of the seven (7) patients to whom Hankins, Gisselle Platfoot, and Vida Spa's employees and agents provided medical treatment(s) and/or prescriptions and/or administered dangerous drugs and hypodermic devices and/or dispensed dangerous drugs and hypodermic devices.

122. Respondent did not personally write a prescription or order for any controlled substances and/or dangerous drugs to any of the seven (7) patients to whom Hankins, Gisselle Platfoot, and Vida Spa's employees and agents provided medical treatment and/or prescriptions and/or administered dangerous drugs and hypodermic devices and/or dispensed dangerous drugs and hypodermic devices.

123. Respondent was not on-site at Vida Spa or otherwise immediately available when Hankins, Gisselle Platfoot, and Vida Spa's employees or agents provided medical treatment and/or issued prescriptions for, administered and dispensed controlled substances, dangerous drugs and hypodermic devices to these seven (7) patients.

124. Respondent did not personally administer or dispense at Vida Spa, or personally direct any of Gisselle Platfoot, Hankins or any other of Vida Spa's employees or agents to administer or dispense at Vida Spa, and did not exercise sufficient control of Vida Spa operations to ensure that dangerous drugs and controlled substances were administered and dispensed only for medically necessary purposes and according to prevailing standards of care.

125. Respondent supplied controlled substances, dangerous drugs and hypodermic devices to Gisselle Platfoot, Hankins, and Vida Spa's employees or agents and permitted unqualified persons to circumvent laws pertaining to the legal sale of such articles, and allowed others to utilize

his medical credentials and controlled substance registration to administer, dispense and prescribe controlled substances, dangerous drugs and hypodermic devices to those whom he did not have a bona fide therapeutic relationship.

126. Respondent failed to ensure that he had the required ownership or employment relationship with respect to Vida Spa and its employees and agents for any of them to be, in fact, his medical assistants as defined by NRS 630.0129 and to comply with the requirements of NAC 630.800-840.

127. Respondent also failed to ensure that he had the legal and practical control of Vida Spa's operations to effectively control the conduct of Hankins, Gisselle Platfoot and Vida Spa's employees and agents in performance of all medical activities as his medical assistants or otherwise, in order to prevent prohibited conduct and ensure that his medical assistants possessed the knowledge, skill and training to perform their tasks safely and properly.

COUNT I

NRS 630.301(4) – Malpractice

128. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

129. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating disciplinary action against a licensee.

130. NAC 630.040 defines malpractice as "the failure of a physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances."

131. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when serving as "medical director" of Vida Spa, by, among other failures, aiding and abetting the unlicensed practice of medicine by Hankins, Platfoot and others in rendering medical services to Patient A, B, C, D, E, F and G, by permitting unlicensed individuals, Hankins, Gisselle Platfoot, and other Vida Spa employees and agents, to provide prescriptions and/or administer dangerous drugs and hypodermic devices and/or dispense dangerous drugs and hypodermic devices to patients, by providing his prescribing credentials and permitting Hankins, Gisselle Platfoot or Vida Spa's

employees and agents to prescribe controlled substances to patients under his DEA registration and controlled substance license issued by the Pharmacy Board, and by not being present at Vida Spa during its regular business hours, nor during any times relevant to this Complaint.

132. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT II

NRS 630.305(1)(e) – Aiding the Unlicensed Practice of Medicine

133. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

134. Including, but not limited to the conduct set forth herein, Respondent, aided, assisted, and advised, directly and indirectly, unlicensed persons, including, but not limited to Hankins and Gisselle Platfoot, to engage in the practice of medicine on patients at Vida Spa, specifically including but not limited to Patients A, B, C, D, E, F and G, which conduct was contrary to the provisions of NRS Chapter 630 and the regulations of the Board,

135. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT III

NRS 630.306(1)(b)(3) – Engaging in Conduct that Violated Pharmacy Board Regulations

136. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein

137. NRS 630.306(1)(b)(3) provides that engaging in conduct that violates a regulation adopted by the Pharmacy Board is grounds for initiating disciplinary action.

138. Including but not limited to the conduct described herein, Respondent engaged in conduct that violates regulations adopted by the Pharmacy Board, specifically including but not limited to NAC 639.742(1)-(3), (4)(a)-(b), 639.945(1)-(3), and NAC 639.742(1).

139. By reason of the foregoing, Respondent is subject to discipline by the Nevada State Board of Medical Examiners as provided in NRS 630.352.

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COUNT IV

NRS 630.3062(1)(h) – Fraudulent, Illegal, Unauthorized and Otherwise Inappropriate Prescribing of Controlled Substances

140. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

141. Pursuant to NRS 630.3062(1)(h), fraudulent, illegal, unauthorized or otherwise inappropriate prescribing, administering or dispensing of a controlled substance listed in schedule II, III or IV is grounds for disciplinary action or denying licensure.

142. As demonstrated by, but not limited to, providing his prescribing credentials and permitting Hankins, Gisselle Platfoot or Vida Spa's employees and agents to prescribe controlled substances to patients under his DEA registration and controlled substance license issued by the Pharmacy Board, by not being present at Vida Spa during its regular business hours, nor during any times relevant to this Complaint, by not investigating or exercising ordinary and reasonable diligence in his supervision of unlicensed persons at Vida Spa, by not taking any action to prohibit fraudulent prescribing under his own credentials at Vida Spa, by not informing the Board, Pharmacy Board and/or DEA that fraudulent prescriptions were being issued by Hankins under his credentials, among other conduct, Respondent issued fraudulent, illegal, unauthorized and otherwise inappropriate prescriptions for schedule II and IV controlled substances, Oxycodone-acetaminophen and Alprazolam, respectively, to Patients A, B, C, D and E, who were patients he did not see, examine or diagnose, and with whom he did not have a bona fide therapeutic relationship.

143. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT V

NRS 630.306(1)(p) – (Unsafe or Unprofessional Conduct)

144. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

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145. Engaging in any act that is unsafe or unprofessional conduct in accordance with regulations adopted by the Board is grounds for disciplinary action against a licensee pursuant to NRS 630.306(1)(p).

146. Pursuant to NAC 630.230(1)(g)-(i), it is unprofessional conduct to allow any person to act as a medical assistant in the treatment of a patient of the physician, unless the medical assistant has sufficient training to provide the assistance, to fail to provide adequate supervision of a medical assistant who is supervised by the physician, including, without limitation, supervision provided in the manner described in NAC 630.810 or 630.820, and to fail to provide adequate supervision of a physician assistant.

147. As demonstrated by, but not limited to, the above-outlined facts, Respondent violated NAC 630.230(1)(g)-(i).

148. Respondent's conduct was unsafe and unprofessional.

149. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

WHEREFORE, the Investigative Committee prays:

1. That the Board give Respondent notice of the charges herein against him and give him notice that he may file an answer to the Complaint herein as set forth in NRS 630.339(2) within twenty (20) days of service of the Complaint;

2. That the Board set a time and place for a formal hearing after holding an Early Case Conference pursuant to NRS 630.339(3);

3. That the Board determine what sanctions to impose if it determines there has been a violation or violations of the Medical Practice Act committed by Respondent;

4. That the Board award fees and costs for the investigation and prosecution of this case as outlined in NRS 622.400;

5. That the Board make, issue and serve on Respondent its findings of fact, conclusions of law and order, in writing, that includes the sanctions imposed; and

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6. That the Board take such other and further action as may be just and proper in these premises.

DATED this 30th day of August, 2021.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

AARON B. FRICKE, ESQ.
General Counsel
9600 Gateway Drive
Reno, Nevada 89521
Tel: (702) 486-3813
Email: africke@medboard.nv.gov
Attorney for the Investigative Committee

VERIFICATION

STATE OF NEVADA)
: ss.
COUNTY OF CLARK)

Victor M. Muro, M.D., having been duly sworn, hereby deposes and states under penalty of perjury that he is the Chairman of the Investigative Committee of the Nevada State Board of Medical Examiners that authorized the Complaint against the Respondent herein; that he has read the foregoing Complaint; and that based upon information discovered in the course of the investigation into a complaint against Respondent, he believes that the allegations and charges in the foregoing Complaint against Respondent are true, accurate and correct.

DATED this 30 day of August, 2021.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: V M Muro MD

VICTOR M. MURO, M.D.
Chairman of the Investigative Committee

CERTIFICATE OF SERVICE

I hereby certify that I am employed by the Nevada State Board of Medical Examiners and that on the 31st day of August, 2021, I served a file-stamped copy of the foregoing **COMPLAINT**, via U.S. Certified Mail to the following parties:

SHERMAN WASHINGTON, M.D.
Complete Medical Center
1820 E. Lake Mead Blvd., Ste. M
North Las Vegas, NV 89030
Certified Mail Receipt No.: 9171 9690 0935 0252 1563 23

DATED this 31st day of August, 2021.

MERCEDES FUENTES
Legal Assistant
Nevada State Board of Medical Examiners

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against: **SHERMAN WASHINGTON, M.D,** **Respondent.**	**Case No. 21-41427-1**

FILED
DEC 03 2021
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

SETTLEMENT AGREEMENT

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), by and through Aaron Bart Fricke, Esq., General Counsel for the Board and attorney for the IC, and Sherman Washington, M.D. (Respondent), a licensed physician in Nevada, hereby enter into this Settlement Agreement (Agreement) based on the following:[1]

A. BACKGROUND

1. Respondent is a medical doctor currently licensed in active status by the Board pursuant to Chapter 630 of the Nevada Revised Statutes (NRS) and Chapter 630 of the Nevada Administrative Code (NAC) (collectively, the Medical Practice Act). His license was originally issued on February 7, 2014 (License No. 15168).

2. On August 30th, 2021, in Case No. 21-41427-1, the IC filed a formal Complaint (Complaint) charging Respondent with violating the Medical Practice Act. Specifically, the Complaint alleges one (1) count of violation of NRS 630.301(4), Malpractice, one (1) count of violation of NRS 630.305(1)(e), Aiding the Unlicensed Practice of Medicine, one (1) count of violation of NRS 630.306(1)(b)(3), Engaging in Conduct that Violated Pharmacy Board Regulations, one (1) count of violation of NRS 630.3062(1)(h), Fraudulent, Illegal, Unauthorized and Otherwise

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[1] All agreements and admissions made by Respondent are solely for final disposition of these matters and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, Respondent's agreements and admissions are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, state or federal civil or criminal proceeding, any state or federal court proceeding, or any credentialing or privileges matter.

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Inappropriate Prescribing of Controlled Substances, and one (1) count of violation of NRS 630.306(1)(p), Unsafe or Unprofessional Conduct.

3. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

4. Respondent was properly served with a copy of the Complaint, has reviewed and understands the Complaint, and has had the opportunity to consult with competent counsel concerning the nature and significance of the Complaint.

5. Respondent is hereby advised of his rights regarding these administrative matters, and of his opportunity to defend against the allegations in the Complaint. Specifically, Respondent has certain rights in these administrative matters as set out by the United States Constitution, the Nevada Constitution, the Medical Practice Act, the Nevada Open Meeting Law (OML), which is contained in NRS Chapter 241, and the Nevada Administrative Procedure Act (APA), which is contained in NRS Chapter 233B. These rights include the right to a formal hearing on the allegations in the Complaint, the right to representation by counsel, at his own expense, in the preparation and presentation of his defense, the right to confront and cross-examine the witnesses and evidence against him, the right to written findings of fact, conclusions of law and order reflecting the final decision of the Board, and the right to judicial review of the Board's order, if the decision is adverse to him.

6. Respondent understands that, under the Board's charge to protect the public by regulating the practice of medicine, the Board may take disciplinary action against Respondent's license, including license probation, license suspension, license revocation and imposition of administrative fines, as well as any other reasonable requirement or limitation, if the Board concludes that Respondent violated one or more provisions of the Medical Practice Act.

7. Respondent understands and agrees that this Agreement, by and between Respondent and the IC, is not with the Board, and that the IC will present this Agreement to the Board for consideration in open session at a duly noticed and scheduled meeting. Respondent understands that the IC shall advocate for the Board's approval of this Agreement, but that the Board has the right to decide in its own discretion whether or not to approve this Agreement.

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Respondent further understands and agrees that if the Board approves this Agreement, then the terms and conditions enumerated below shall be binding and enforceable upon him and the Board.

B. TERMS & CONDITIONS

NOW, THEREFORE, in order to resolve the matters addressed herein, i.e., the matters with regard to the Complaint, Respondent and the IC hereby agree to the following terms and conditions:

1. **Jurisdiction**. Respondent is, and at all times relevant to the Complaint has been, a physician licensed to practice medicine in Nevada subject to the jurisdiction of the Board as set forth in the Medical Practice Act.

2. **Representation by Counsel/Knowing, Willing and Intelligent Agreement**. Respondent acknowledges he is not represented by counsel, he has had the opportunity to engage counsel to represent him in this matter, and he wishes to resolve the matters addressed herein without counsel. Respondent agrees that if representations he makes in this matter materially change prior to entering into this Agreement and for the duration of this Agreement, that counsel for the IC will be timely notified of the material change. Respondent agrees that he knowingly, willingly and intelligently enters into this Agreement after deciding represent himself in this matter in lieu of engaging counsel to represent him.

3. **Waiver of Rights**. In connection with this Agreement, and the associated terms and conditions, Respondent knowingly, willingly and intelligently waives all rights in connection with these administrative matters. Respondent hereby knowingly, willingly and intelligently waives all rights arising under the United States Constitution, the Nevada Constitution, the Medical Practice Act, the OML, the APA, and any other legal rights that may be available to him or that may apply to him in connection with the administrative proceedings resulting from the Complaint filed in this matter, including defense of the Complaint, adjudication of the allegations set forth in the Complaint, and imposition of any disciplinary actions or sanctions ordered by the Board. Respondent agrees to settle and resolve the allegations of the Complaint as set out by this Agreement, without a hearing or any further proceedings and without the right to judicial review.

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4. **Acknowledgement of Reasonable Basis to Proceed**. Respondent acknowledges that the IC believes it has a reasonable basis to allege that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. The IC acknowledges that Respondent is agreeing to resolve this matter to avoid the costs of hearing and potential subsequent litigation. Respondent asserts that if these matters were to proceed to hearing, he has evidence, witnesses, expert witness(es) and defenses to the count/claim alleged in the Complaint, but for the purposes of resolving these matters and for no other purpose, Respondent waives the presentation of evidence, witnesses, expert witnesses, and defenses in order to effectuate this Agreement.

5. **Consent to Entry of Order**. In order to resolve the Complaint pending against Respondent, Respondent hereby agrees that the Board may issue an order finding that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. Accordingly, the following terms and conditions are hereby agreed upon:

a. Respondent admits to all counts as alleged in the Complaint, Count I, violation of NRS 630.301(4), Malpractice, Count II, violation of NRS 630.305(1)(e), Aiding the Unlicensed Practice of Medicine, Count III, violation of NRS 630.306(1)(b)(3), Engaging in Conduct that Violated Pharmacy Board Regulations, Count IV, violation of NRS 630.3062(1)(h), Fraudulent, Illegal, Unauthorized and Otherwise Inappropriate Prescribing of Controlled Substances, and Count V, violation of NRS 630.306(1)(p), Unsafe or Unprofessional Conduct.

b. Respondent's license to practice medicine shall be placed on probation for a period of twenty-four (24) months from the date of the Board's acceptance, adoption and approval of this Agreement. During the probation period, should Respondent commit any new violations of the Medical Practice Act or fail to comply with any term or condition of this Agreement, the IC shall be authorized to immediately suspend Respondent's license to practice medicine in Nevada pending an Order to Show Cause Hearing maintaining the suspension pending final adjudication by the Board of the alleged violation.

c. Respondent shall pay a fine in the amount of five thousand dollars ($5,000) within sixty (60) days of the Board's acceptance, adoption, and approval of this Agreement.

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d. Respondent shall pay the costs and expenses incurred in the investigation and prosecution of the above-referenced matter within sixty (60) days of the Board's acceptance, adoption and approval of this Agreement, in the amount of two thousand one hundred forty-two dollars and forty-eight cents ($2,142.48).

e. Respondent shall complete twenty-two (22) hours of continuing medical education (CME) regarding medical ethics and professionalism within six (6) months of the date of the Board's acceptance, adoption and approval of this Agreement. The aforementioned hours of CME shall be in addition to any CME requirements that are regularly imposed upon Respondent as a condition of licensure in the State of Nevada, and shall be approved by the Board to meet this requirement prior to their completion, and proof of completion shall be provided to the Board.

f. This Agreement shall be reported to the appropriate entities and parties as required by law, including, but not limited to, the National Practitioner Data Bank.

g. Respondent shall receive a Public Letter of Reprimand.

h. The remaining counts of the Complaint, if any, and any other claims arising from the Board's corresponding investigative case file(s), shall be dismissed with prejudice.

6. **Release From Liability**. In execution of this Agreement, Respondent understands and agrees that the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents are immune from civil liability for any decision or action taken in good faith in response to information acquired by the Board. NRS 630.364(2)(a). Respondent agrees to release the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known and unknown, in law or equity, that Respondent ever had, now has, may have or claim to have, against any or all of the persons, government agencies or entities named in this paragraph arising out of, or by reason of, this investigation, this Agreement or the administration of the case referenced herein.

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OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

7. **Procedure for Adoption of Agreement** The IC and counsel for the IC shall recommend approval and adoption of the terms and conditions of this Agreement by the Board in resolution of the Complaint at an upcoming Board meeting at the Board's earliest convenience, and Respondent hereby waives notice of the same, whether under the United States Constitution, the Nevada Constitution, the Medical Practice Act, the OML, the APA, or otherwise. In the course of seeking Board acceptance, approval and adoption of this Agreement, counsel for the IC may communicate directly with the Board staff and the adjudicating members of the Board.

Respondent acknowledges that such contacts and communications may be made or conducted ex parte, without notice or opportunity to be heard on his part until the public Board meeting where this Agreement is discussed, and that such contacts and communications may include, but may not be limited to, matters concerning this Agreement, the Complaint and any and all information of every nature whatsoever related to these matters. The IC and its counsel agree that Respondent and/or Counsel for the Respondent may appear at the Board meeting where this Agreement is discussed and, if requested, respond to any questions that may be addressed to the IC or the IC's counsel.

8. **Effect of Acceptance of Agreement by Board**. In the event the Board accepts, approves and adopts this Agreement, the Board shall issue a final order, making this Agreement an order of the Board, and, pending full compliance with the terms herein, the case shall be closed and any and all remaining claims arising out of the Complaint shall be dismissed with prejudice.

9. **Effect of Rejection of Agreement by Board**. In the event the Board does not accept, approve and adopt this Agreement, this Agreement shall be null, void and of no force and effect except as to the following agreement regarding adjudications: (1) Respondent agrees that, notwithstanding rejection of this Agreement by the Board, nothing contained in this Agreement and nothing that occurs pursuant to efforts of the IC to seek the Board's acceptance of this Agreement shall disqualify any member of the adjudicating panel of the Board from considering the Complaint and from participating in disciplinary proceedings against Respondent, including adjudication of this case; and (2) Respondent further agrees that he shall not seek to disqualify any such member absent evidence of bad faith.

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

10. **Binding Effect**. If approved by the Board, Respondent understands that this Agreement is a binding and enforceable contract upon Respondent and the Board.

11. **Forum Selection Clause**. The parties agree that in the event either party is required to seek enforcement of this Agreement in district court, the parties consent to such jurisdiction and agree that jurisdiction shall be in the Second Judicial District Court, State of Nevada, Washoe County.

12. **Attorneys' Fees and Costs**. The parties agree that in the event an action is commenced in district court to enforce any provision of this Agreement, the prevailing party shall be entitled to recover reasonable attorneys' fees and costs.

13. **Failure to Comply With Terms**. Should Respondent fail to comply with any term or condition of this Agreement once the Agreement has been accepted, approved and adopted by the Board, the IC shall be authorized to immediately suspend Respondent's license to practice medicine in Nevada pending an Order To Show Cause Hearing, which will be duly noticed. Failure to comply with the terms of this Agreement, including failure to pay any fines, costs, expenses or fees owed to the Board, is a failure to comply with an order of the Board, which may result in additional disciplinary action being taken against Respondent. NRS 630.3065(2)(a).

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OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

Further, Respondent's failure to remit payment to the Board for monies agreed to be paid as a condition of this Agreement may subject Respondent to any civil and administrative collection efforts available.

DATED this 5th day of October, 2021.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

AARON BART FRICKE, J.D.
General Counsel
9600 Gateway Drive
Reno, NV 89521
Tel: (775) 688-2559
Email: africke@medboard.nv.gov
Attorney for the Investigative Committee

DATED this 30 day of September 2021.

By: _____

SHERMAN WASHINGTON, M.D.,
Nevada License No. 15168
Respondent

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

ORDER

IT IS HEREBY ORDERED that, the foregoing Settlement Agreement (Case No. 21-41427-1) was approved and accepted by the Nevada State Board of Medical Examiners on the 3rd day of December, 2021.

DATED this 3RD day of December, 2021.

NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

VICTOR M. MURO, M.D.
Board President

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 895521
(775) 688-2559

BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of **SHERMAN WASHINGTON, JR., M.D.** Holder of License No. 48291 For the Practice of Allopathic Medicine In the State of Arizona.	**Case No. MD-19-1137A** **ORDER FOR LETTER OF REPRIMAND AND PROBATION; AND CONSENT TO THE SAME**

Sherman Washington, Jr., M.D. ("Respondent") elects to permanently waive any right to a hearing and appeal with respect to this Order for Letter of Reprimand and Probation; admits the jurisdiction of the Arizona Medical Board ("Board"); and consents to the entry of this Order by the Board.

FINDINGS OF FACT

1. The Board is the duly constituted authority for the regulation and control of the practice of allopathic medicine in the State of Arizona.

2. Respondent is the holder of license number 48291 for the practice of allopathic medicine in the State of Arizona.

3. The Board initiated case number MD-19-1137A after receiving notification of a disciplinary action alert ("DAR") that the Virginia Board of Medicine ("Virginia Board") had reprimanded Respondent's Virginia medical license.

4. Effective November 14, 2019 Respondent entered into a Consent Order with the Virginia Board that issued Respondent's Virginia medical license a Reprimand and Monetary Penalty of $1500.00. The Virginia Board found that Respondent issued Schedule IV medications to six patients without a properly established physician-patient relationship. Additionally, the Virginia Board found that Respondent willfully refused to provide records for the six patients at issue despite repeated requests by Virginia Board staff. On January 15, 2020 the Virginia Board issued Respondent a letter of compliance and closed the case.

5. On November 22, 2019 the North Dakota Board of Medicine ("North Dakota Board") issued an Order pursuant to a Stipulation that required Respondent to complete an intensive, in-person medical recordkeeping course. The North Dakota Board found that a patient received medication in the mail from a compounding pharmacy in Texas that had been prescribed by Respondent. The patient did not have a prior physician-patient relationship with Respondent and had never met or spoken to prior to receiving the medication. Respondent failed to respond to the North Dakota Board's request for the patient's medical records.

6. On January 28, 2020 The Washington Medical Commission ("Washington Board") entered Findings of Fact, Conclusions of Law and Final Order of Default against Respondent's Washington medical license after Respondent failed to respond to an investigation into Respondent's prescribing practices ("Default Order").

7. On February 14, 2020 the Virginia Board issued an Order of Mandatory Suspension on Respondent's Virginia medical license based on the Washington Board's Default Order.

8. On March 6, 2020, The Colorado Medical Board ("Colorado Board") issued Respondent's Colorado medical license a Letter of Admonition based on the Virginia and North Dakota Board actions.

9. On March 16, 2020, The Pennsylvania State Board of Medicine ("Pennsylvania Board") issued an order reprimanding Respondent's expired Pennsylvania medical license based on the Virginia Board's action.

10. On July 16, 2020, the Washington Board entered into a Stipulation to Informal Discipline with Respondent to resolve the investigation ("Washington Stipulation"). The Washington Stipulation described allegations that Respondent prescribed medication to at least six patients without examining the patients or otherwise establishing a proper

physician-patient relationship. The Washington Stipulation required Respondent to complete terms and conditions including Continuing Medical Education ("CME") in ethics and submission of a remedial essay on issues relevant to the investigation.

11. On December 30, 2020 the Florida Board of Medicine ("Florida Board") issued a Final Order suspending Respondent's Florida medical license and requiring payment of an administrative fine. The Florida Board's Final Order arose out of a reciprocal investigation regarding the Washington Board's action, and Respondent's failure to report the Washington Board's Default Order indefinitely suspending his Washington medical license.

CONCLUSIONS OF LAW

a. The Board possesses jurisdiction over the subject matter hereof and over Respondent.

b. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-1401(27)(p) ("Action that is taken against a doctor of medicine by another licensing or regulatory jurisdiction due to that doctor's mental or physical inability to engage safely in the practice of medicine, the doctor's medical incompetence or for unprofessional conduct as defined by that jurisdiction and that corresponds directly or indirectly to an act of unprofessional conduct prescribed by this paragraph. The action taken may include refusing, denying, revoking or suspending a license by that jurisdiction or a surrendering of a license to that jurisdiction, otherwise limiting, restricting or monitoring a licensee by that jurisdiction or placing a licensee on probation by that jurisdiction.").

ORDER

IT IS HEREBY ORDERED THAT:

1. Respondent is issued a Letter of Reprimand.

2. Respondent is placed on Probation for a period of six months with the following terms and conditions:

a. PBI Ethics Course

Respondent shall within 6 months of the effective date of this Order, complete the Medical Ethics and Professionals Course (ME-15) course offered by Professional Boundaries, Inc. ("PBI"). Respondent shall within thirty days of the effective date of this Order submit satisfactory proof of enrollment with Board staff. Upon completion of the CME, Respondent shall provide Board staff with satisfactory proof of attendance. Respondent shall sign any and all consents or releases necessary to allow for PBI to communicate to the Board directly and furnish PBI's "AIR" Letter after completion of the required CME. The CME hours shall be in addition to the hours required for the biennial renewal of medical licensure. Respondent shall not revoke any release prior to successful completion of the CME and maintenance and accountability seminars.

b. Obey All Laws

Respondent shall obey all state, federal and local laws, all rules governing the practice of medicine in Arizona, and remain in full compliance with any court ordered criminal probation, payments and other orders.

c. Probation Termination

Prior to the termination of Probation, Respondent must submit a written request to the Board for release from the terms of this Order. Respondent's request for release will be placed on the next pending Board agenda, provided a complete submission is received by Board staff no less than 30 days prior to the Board meeting. Respondent's request for release must provide the Board with evidence establishing that he has successfully satisfied all of the terms and conditions of this Order. The Board has the sole discretion to

determine whether all of the terms and conditions of this Order have been met or whether to take any other action that is consistent with its statutory and regulatory authority.

3. The Board retains jurisdiction and may initiate new action against Respondent based upon any violation of this Order. A.R.S. § 32-1401(27)(s)

DATED AND EFFECTIVE this 24th day of August, 2021.

ARIZONA MEDICAL BOARD

By Patricia E McSorley
Patricia E. McSorley
Executive Director

CONSENT TO ENTRY OF ORDER

1. Respondent has read and understands this Consent Agreement and the stipulated Findings of Fact, Conclusions of Law and Order ("Order"). Respondent acknowledges he has the right to consult with legal counsel regarding this matter.

2. Respondent acknowledges and agrees that this Order is entered into freely and voluntarily and that no promise was made or coercion used to induce such entry.

3. By consenting to this Order, Respondent voluntarily relinquishes any rights to a hearing or judicial review in state or federal court on the matters alleged, or to challenge this Order in its entirety as issued by the Board, and waives any other cause of action related thereto or arising from said Order.

4. The Order is not effective until approved by the Board and signed by its Executive Director.

5. All admissions made by Respondent in this Order are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, said admissions by Respondent

are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or any other state or federal court.

6. Notwithstanding any language in this Order, this Order does not preclude in any way any other State agency or officer or political subdivision of this state from instituting proceedings, investigating claims, or taking legal action as may be appropriate now or in the future relating to this matter or other matters concerning Respondent, including but not limited to, violations of Arizona's Consumer Fraud Act. Respondent acknowledges that, other than with respect to the Board, this Order makes no representations, implied or otherwise, about the views or intended actions of any other state agency or officer or political subdivisions of the State relating to this matter or other matters concerning Respondent.

7. Upon signing this agreement, and returning this document (or a copy thereof) to the Board's Executive Director, Respondent may not revoke the consent to the entry of the Order. Respondent may not make any modifications to the document. Any modifications to this original document are ineffective and void unless mutually approved by the parties.

8. This Order is a public record that will be publicly disseminated as a formal disciplinary action of the Board and will be reported to the National Practitioner's Data Bank and on the Board's web site as a disciplinary action.

9. If any part of the Order is later declared void or otherwise unenforceable, the remainder of the Order in its entirety shall remain in force and effect.

10. If the Board does not adopt this Order, Respondent will not assert as a defense that the Board's consideration of the Order constitutes bias, prejudice, prejudgment or other similar defense.

11. Any violation of this Order constitutes unprofessional conduct and may result in disciplinary action. A.R.S. § § 32-1401(27)(s) ("[v]iolating a formal order, probation, consent agreement or stipulation issued or entered into by the board or its executive director under this chapter.") and 32-1451.

12. ***Respondent has read and understands the conditions of probation.***

DATED: 7/13/2021

SHERMAN WASHINGTON, JR., M.D.

EXECUTED COPY of the foregoing mailed this 24th day of August, 2021 to:

Sherman Washington, Jr., M.D.
Address of Record

ORIGINAL of the foregoing filed this 24th day of August, 2021 with:

Arizona Medical Board
1740 West Adams, Suite 4000
Phoenix, Arizona 85007

Michelle Rhodes
Board staff

COLORADO
Department of Regulatory Agencies
Division of Professions and Occupations

March 6, 2020

Sherman Washington, M.D.

Re: License Number: DR. 0054185
Case Number: 2019-8449-B

Dear Dr. Washington,

The Colorado Medical Board has concluded its inquiry into the aforementioned matter. It was the Panel's decision not to commence with formal proceedings against your professional license. However, the Panel did determine disciplinary action in the form of this letter of admonition is warranted.

As you recall, in October 2019, you entered into a stipulation with the North Dakota Medical Board regarding your license to practice medicine. In the stipulation, you admitted to prescribing medications to an individual with whom you did not have a physician-patient relationship and failing to maintain medical records. The North Dakota Medical Board required you to take a medical recordkeeping course. In November 2019, you entered into a consent order with the Virginia Board of Medicine in which you were reprimanded and assessed a fine. The consent order was based on your prescribing of Schedule VI medications outside the context of a physician-patient relationship.

After a review of all the information in this matter, the Panel found that you are prescribing to individuals without establishing a physician-patient relationship fell below generally accepted standards of medical practice and resulted in discipline in two other states, constituting unprofessional conduct in violation of section 12-240-121 of the Colorado Revised Statutes.

By this letter, the Board takes the formal disciplinary action of admonishing you for the conduct specified above, and warns you that repetition of such practice may lead to imposition of more severe disciplinary action. This letter is an open public record and a reportable action to individuals or entities requesting disciplinary information. The Board strongly encourages you to review and understand the Medical Practice Act requirements and obligations for the practice of medicine in Colorado.

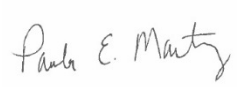
In accordance with 12-20-404(4)(b), the Board advises you that you have the right to make a written request that the Board initiate formal disciplinary proceedings in order to adjudicate the conduct or acts upon which this letter is based. You must make your written request within twenty (20) days after receipt of this letter and address your request to Paula Martinez, Program Director, at the email address listed below. If you make a timely request, the Board will deem this letter of admonition vacated and may proceed with disciplinary and/or injunctive proceedings in accordance with 12-20-404(4)(b)(II), C.R.S., and applicable rules.

A Letter of Admonition, when accepted, becomes a permanent, public portion of your record. It is not, however, a restriction on your practice as a professional physician.

If you have further questions or concerns, please visit our website at https://www.colorado.gov/dora/dpo or you can contact our office at dora_medicalboard@state.co.us or by calling (303) 894-7800.

Sincerely,

FOR THE COLORADO MEDICAL BOARD
INQUIRY PANEL B



Paula E. Martinez
Program Director

PEM/bvm

Please complete a short survey at **https://www.surveymonkey.com/r/B5JR27T** regarding aspects of the service you received. Your anonymous response will be used to evaluate the service experience and to identify areas where improvements may be appropriate.

Notice

Your Healthcare Professions Profile will be updated to reflect this Colorado public action. Pursuant to section 12-30-102, C.R.S., your profile must be updated within 30 days of any reportable event. To ensure compliance, you must regularly review and update your profile. To access your profile, go to www.colorado.gov/dora/hppp and click the "Create/Update a Profile" link. For any questions, please contact dora_dpo_hppp@state.co.us.

Department of Health

SHERMAN WASHINGTON JR

License Number: ME114302

Data As Of 3/29/2022

Profession	Medical Doctor
License	ME114302
License Status	DELINQUENT/
License Expiration Date	1/31/2021
License Original Issue Date	10/02/2012
Address of Record	2900 North Green Valley Pkwy Suite 114 HENDERSON, NV 89012
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	Yes
Public Complaint	Yes

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

BEFORE THE GEORGIA COMPOSITE MEDICAL BOARD

STATE OF GEORGIA

GEORGIA COMPOSITE MEDICAL BOARD
NOV 18 2021
DOCKET NUMBER: 20220043

IN THE MATTER OF:	)	
	)	
SHERMAN WASHINGTON, JR., M.D.,	)	DOCKET NO.
License Number 70940,	)	
	)	
Respondent.	)	

PUBLIC CONSENT ORDER

By agreement of the Georgia Composite Medical Board ("Georgia Board") and SHERMAN WASHINGTON, JR., M.D. ("Respondent"), the following disposition of this disciplinary matter is entered pursuant to the provisions of the Georgia Administrative Procedure Act, O.C.G.A. § 50-13-13(a)(4), as amended.

FINDINGS OF FACT

1.

Respondent is licensed to practice medicine in the State of Georgia and was licensed at all times relevant to the matters stated herein.

2.

Respondent, while employed with at least one telemedicine company, prescribed numerous medications to multiple individuals outside of an established physician-patient relationship. At least six of such individuals resided in the State of Georgia. Specifically:

Patient C.B.

3.

On and between March 10, 2017, and April 25, 2017, Respondent prescribed Patient C.B. ten (10) medications without performing an in-person examination nor performing an

examination using technology that is equal to or superior to an examination done personally by a provider, as follows:

- On March 10, 2017, Respondent prescribed Diclofena Sodium 3% Gel, Fluocinonide 0.1% Cream, and Lidocaine 5% Ointment to C.B.;
- On March 30, 2017, Respondent prescribed Fluocinonide 0.1% Cream and Lidocaine-Prilocaine Cream to C.B.;
- On April 3, 2017, Respondent prescribed Diclofenac Sodium 3% Gel to C.B.;
- On April 19, 2017, Respondent prescribed Diclofenac Sodium 3% Gel and Lidocaine 5% Ointment to C.B.;
- On April 25, 2017, Respondent prescribed Fluocinonide 0.1% Cream and Lidocaine-Prilocaine Cream to C.B..

4.

Patient M.B.

On and between June 16, 2017, and August 28, 2017, Respondent prescribed Patient M.B. with six (6) medications without performing an in-person examination nor performing an examination using technology that is equal to or superior to an examination done personally by a provider, as follows:

- On June 16, 2017, Respondent prescribed Diclofenac Sodium 3% Gel to M.B.;
- On June 24, 2017, Respondent prescribed Calcipotriene 0.005% Cream and Fluocinonide 0.1% Cream to M.B.;
- On July 14, 2017, Respondent prescribed Naproxen 125 MG/5 ML Suspen to M.B.;
- On August 7, 2017, Respondent prescribed Naproxen 125 MG/5 ML Suspen to M.B.;
- On August 28, 2017, Respondent Prescribed Fluocinonide 0.1% Cream to M.B..

5.

Patient M.B.

On and between March 17, 2017, and October 18, 2017, Respondent prescribed Patient M.B. with fourteen (14) medications without performing an in-person examination nor performing an examination using technology that is equal to or superior to an examination done personally by a provider, as follows:

- On March 17, 2017, Respondent prescribed Fluocinonide 0.1% Cream to M.B.;

- On March 23, 2017, Respondent prescribed Livixil Pak 2.5-2.5% Crm-Dress to M.B.;
- On April 17, 2017, Respondent prescribed Fluocinonide 0.1% Cream and Livixil Pak 2.5-2.5% Crm-Dress to M.B.;
- On May 17, 2017, Respondent prescribed Fluocinonide 0.1% Cream and Livixil Pak 2.5-2.5% Crm-Dress to M.B.;
- On June 22, 2017, Respondent prescribed Fluocinonide 0.1% Cream and Livixil Pak 2.5-2.5% Crm-Dress to M.B.;
- On August 1, 2017, Respondent prescribed Allzital 25-325 MG Tablet and Fluocinonide 0.1% Cream to M.B.;
- On August 17, 2017, Respondent prescribed Allzital 25-325 MG Tablet to M.B.;
- On September 1, 2017, Respondent prescribed Fluocinonide 0.1% Cream to M.B.;
- On October 2, 2017, Respondent prescribed Allzital 25-325 MG Tablet to M.B.;
- On October 18, 2017, Respondent prescribed Allzital 25-325 MG Tablet to M.B.

6.

Patient D.P.

On August 15, 2017, Respondent prescribed Patient D.P. with four (4) medications without performing an in-person examination nor performing an examination using technology that is equal to or superior to an examination done personally by a provider, as follows:

- On August 15, 2017, Respondent prescribed Calcipotriene 0.005% Cream, Doxepin 5% Cream, Fluocinonide 0.1% Cream, and Lidocaine 5% Ointment to D.P.

7.

Patient S.W.

On and between July 19, 2017, and January 4, 2018, Respondent prescribed Patient S.W. with sixteen (16) medications without performing an in-person examination nor performing an examination using technology that is equal to or superior to an examination done personally by a provider, as follows:

- On July 19, 2017, Respondent prescribed Livixil Pak 2.5-2.5% Crm-Dress and Naproxen 125 MG/5 ML Suspen to S.W.;
- On August 1, 2017, Respondent prescribed Fluocinonide 0.1% Cream to S.W.;
- On August 11, 2017, Respondent prescribed Xyzbac Tablet to S.W.;
- On August 14, 2017, Respondent prescribed Livixil Pak 2.5-2.5% Crm-Dress and Naproxen 125 MG/5 ML Suspen to S.W.;

- On September 1, 2017, Respondent prescribed Fluocinonide 0.1% Cream to S.W.;
- On September 15, 2017, Respondent prescribed Xyzbac Tablet to S.W.;
- On September 23, 2017, Respondent prescribed Naproxen 125 MG/5 ML Suspen to S.W.;
- On October 23, 2017, Respondent prescribed Xyzbac Tablet to S.W.;
- On November 2, 2017, Respondent prescribed Naproxen 125 MG/5 ML Suspen to S.W.;
- On November 7, 2017, Respondent prescribed Calcipotriene 0.005% Cream to S.W.;
- On November 29, 2017, Respondent prescribed Naproxen 125 MG/5 ML Suspen to S.W.;
- On December 5, 2017, Respondent prescribed Calcipotriene 0.005% Cream to S.W.;
- On December 26, 2017, Respondent prescribed Naproxen 125 MG/5 ML Suspen to S.W.;
- On January 4, 2018, Respondent prescribed Calcipotriene 0.005% Cream to S.W.

8.

Patient K.W.

On and between March 9, 2017, and June 2, 2017, Respondent prescribed Patient K.W. four (4) medications without performing an in-person examination nor performing an examination using technology that is equal to or superior to an examination done personally by a provider, as follows:

- On March 9, 2017, Respondent prescribed Mefenamic Acid 250 MG Capsule to K.W.;
- On April 7, 2017, Respondent prescribed Mefenamic Acid 250 MG Capsule to K.W.;
- On May 5, 2017, Respondent prescribed Mefenamic Acid 250 MG Capsule to K.W.;
- On June 2, 2017, Respondent prescribed Mefenamic Acid 250 MG Capsule to K.W.

9.

Respondent's aforementioned conduct departed from and failed to conform to the minimum standards of acceptable and prevailing medical practice and was a violation of Georgia's laws and the Board's rules. *See* Ga. Comp. R. & Regs. R. 360-3-.07 (Practice Through Electronic or Other Such Means), O.C.G.A. § 43-34-8(a), and O.C.G.A. § 43-1-19(a).

10.

Respondent was also licensed as a physician in the Commonwealth of Virginia. On or about November 12, 2019, Respondent entered into a Consent Order with the Virginia Board of

Medicine (Case No. 187506) based, in part, on allegations of prescribing medications without ever performing examinations. Under the terms of the Consent Order Respondent was reprimanded and assessed a One Thousand Five Hundred dollar ($1,500.00) monetary penalty. On or about February 14, 2020, Respondent's license to practice medicine and surgery in the Commonwealth of Virginia was mandatorily suspended based, in part, on allegations of Respondent's failure to respond (Case No. 202478).

11.

Respondent is also licensed as a physician in the State of North Dakota. On or about November 22, 2019, Respondent entered into a Stipulated Order with the North Dakota Board of Medicine, based, in part, on allegations of prescribing medications without a physician-patient relationship. Under the terms of the Stipulation, Respondent had to complete a course in keeping medical records and Respondent paid costs and attorney's fees incurred by the Board. Respondent successfully completed the North Dakota Stipulated Order in or around July, 2020.

12.

Respondent is also licensed as a physician in the State of Washington. On or about July 16, 2020, Respondent stipulated to an informal disposition with the State of Washington Medical Commission, (No. M2019-234) based, in part, on allegations of improper prescribing through telemedicine companies. Under the terms of the stipulation Respondent was required to complete "Compliance Orientation," review the Medical Commission's Telemedicine Guideline, complete a course in medical ethics, write an authoritative paper on the importance of forming a physician-patient relationship, and personally appear before the Commission.

13.

Pursuant to O.C.G.A. §§ 43-1-19(a)(5) and 43-34-8(a)(5), the Georgia Board may discipline a licensee who has had disciplinary action taken against him or her by any such lawful licensing authority other than the Board.

14.

Respondent agrees to the above findings of facts and waives any further findings of fact with respect to the above-styled matter.

CONCLUSIONS OF LAW

Respondent's conduct constitutes sufficient grounds for the imposition of discipline upon Respondent's license to practice as a physician in the State of Georgia under O.C.G.A. Title 43, Chapters 1 and 34, as amended. Respondent hereby waives any further conclusions of law with respect to the above-styled matter.

ORDER

The Georgia Board, having considered all the facts and circumstances of this case, hereby orders, and Respondent hereby agrees, that the following sanctions shall be imposed upon Respondent's license to practice as a physician in the State of Georgia:

1.

Within ninety (90) days of the effective date of this Consent Order, Respondent shall submit to the Georgia Board a fine of three thousand dollars ($3,000.00) to be paid in full by cashier's check or money order made payable to the Georgia Composite Medical Board. Said fine shall be sent to the Georgia Composite Medical Board, located at 2 Peachtree Street, NW, 6th Floor, Atlanta, GA 30303, to the attention of the Executive Director. Failure to pay the entire amount within (30) days of the effective date of this Consent Order shall be considered a

violation of this Consent Order and shall result in further sanctioning of Respondent's license, upon substantiation thereof.

2.

Within six (6) months of the effective date of this Consent Order, Respondent shall successfully complete ten (10) hours of continuing medical education ("CME") course(s) focusing on ethics and ten (10) hours of CME course(s) focusing on prescribing. Said CME may be completed online and shall be in addition to the CME required of all Georgia physicians. Respondent shall provide written evidence of successful completion of the CME to the Georgia Board within six (6) months of the effective date of this Order. Failure to provide written evidence of successful completion of the CME within six (6) months of the effective date of this Consent Order shall be considered a violation of this Consent Order and shall result in further sanctioning of Respondent's license, upon substantiation thereof.

3.

In addition to and in conjunction with any other sanction contained herein, this Consent Order and dissemination thereof shall serve as a **public reprimand** of Respondent by the Georgia Board.

4.

Respondent also understands that pursuant to O.C.G.A. Title 43, Chapter 34A, the contents of this Consent Order shall be placed on Respondent's Physician Profile. Furthermore, by executing this Consent Order, Respondent hereby agrees to permit the Georgia Board to update the Physician's Profile reflecting this Consent Order.

5.

Respondent acknowledges that Respondent has read this Consent Order and understands

its contents. Respondent understands that Respondent has the right to a hearing in this matter and freely, knowingly and voluntarily waives that right by entering into this Consent Order. Respondent understands and agrees that a representative of the Department of Law may be present during the Georgia Board's consideration of this Consent Order and that the Georgia Board shall have the authority to review the investigative file and all relevant evidence in considering this Consent Order. Respondent further understands that this Consent Order will not become effective until approved and docketed by the Georgia Board. Respondent understands that this Consent Order, once approved and docketed, shall constitute a public record, evidencing disciplinary action by the Georgia Board that may be disseminated as such. However, if this Consent Order is not approved, it shall not constitute an admission against interest in this proceeding, or prejudice the right of the Georgia Board to adjudicate this matter. Respondent hereby consents to the terms and sanctions contained herein.

(Signatures on the following page)

Approved this 18th day of November, 2021.

GEORGIA COMPOSITE MEDICAL BOARD

(BOARD SEAL)

BY: _____
Despina Dalton, M.D.
Chairperson

ATTEST: _____
~~LASHARN HUGHES, MBA~~ Jonathan McGehee
Executive Director, Interim

CONSENTED TO: _____
SHERMAN WASHINGTON, JR., M.D.
Respondent

AS TO THE SIGNATURE OF
SHERMAN WASHINGTON, JR., M.D.:
Sworn to and subscribed before me
This, 5 day of October 2021.

_____
NOTARY PUBLIC
My Commission Expires: Feb 1, 2025

KORINA PINDEL
Notary Public - State of Nevada
County of Clark
APPT. NO. 21-2899-01
My App. Expires Feb. 1, 2025

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
DISCIPLINARY ACTION REPORT
Orders served from 11/15/2021 through 11/19/2021

Profession/Name	License Number	Effective Date/Action	Basis for Action
Chiropractic CHARLES ARTHUR JACKSON, D.C. Grand Blanc, MI	2301003001	12/10/2021 Fine Imposed; Summary Suspension Dissolved; Voluntarily Surrendered	Sexual Misconduct; Lack of Good Moral Character; Negligence; Incompetence
Chiropractic ALLAN ANDREW CLAYTON SCHWALM, D.C. Clinton Township, MI	2301005158	12/17/2021 Fine Imposed; Suspended	Alcohol Related Conviction; Failure to Report or Comply; Fraud or Deceit in Obtaining/Renewing License
Medicine HO DZUNG ANH, M.D. San Francisco, CA	4301111145	12/17/2021 Fine Imposed	Sister State Disciplinary Action
Medicine THEODOR ASGEIRSSON, M.D. Wyoming, MI	4301091655	12/17/2021 Fine Imposed; Probation; Reprimanded	Incompetence; Negligence
Medicine PAULDEEP BAHRA, M.D. Dallas, TX	4301100210	12/17/2021 Fine Imposed	Failure to Report or Comply; Sister State Disciplinary Action
Medicine JOHN KAZIMIERZ BARTNIK, M.D. Saginaw, MI	4301062933	12/17/2021 Fine Imposed	Negligence; Technical Violation of the Michigar PHC
Medicine GLENN D BAUER, M.D. Waterford, MI	4301407255	12/17/2021 Fine Imposed	Incompetence; Negligence
Medicine NATHAN BINING, M.D. Livonia, MI	4301071275	12/17/2021 Fine Imposed; Probation	Negligence
Medicine CHRISTOPHER YON CHANG, M.D. Hazel Park, MI	4301052042	12/17/2021 Fine Imposed; Voluntarily Surrendered	Incompetence; MAPS Violation; Negligence

Profession/Name	License Number	Effective Date/Action	Basis for Action
Medicine DANIEL PHILIP ELSKENS, M.D. Sandusky, OH	4301406954	12/17/2021 Fine Imposed; Probation	Failure to Report or Comply; Sister State Disciplinary Action
Medicine JOHN FREDERICK HARB, M.D. Livonia, MI	4301061957	12/17/2021 Fine Imposed; Probation	Technical Violation of the Michigar PHC
Medicine MAHESH KARANDIKAR, M.D. Flint, MI	4301117240	12/17/2021 Fine Imposed	Fraud or Deceit in Obtaining/Renewing License; Sister State Disciplinary Action
Medicine KIARASH MIRKIA, M.D. Las Vegas, NV	4301501163	12/17/2021 Fine Imposed; Limited / Restricted	Failure to Report or Comply; Sister State Disciplinary Action
Medicine MADHU AJIT SUBNANI, M.D. Imlay City, MI	4301055014	12/17/2021 Fine Imposed; Summary Suspension Dissolved; Voluntarily Surrendered	Incompetence; Lack of Good Moral Character; MAPS Violation; Negligence-Impaired Conduct, Practice, or Condition; Unauthorized Prescribing
Medicine VISHAL VERMA, M.D. San Diego, CA	4301095272	12/17/2021 Fine Imposed	Sister State Disciplinary Action
Medicine SHERMAN WASHINGTON, M.D. Henderson, NV	4301119275	12/17/2021 Fine Imposed; Probation	Failure to Report or Comply; Sister State Disciplinary Action
Nursing NANCY ANN BASKERVILLE, R.N. Canton, MI	4704187173	12/12/2021 Fine Imposed	Failure to Report or Comply; Sister State Disciplinary Action
Nursing CHRISTOPHER JOHN BAUER, R.N. Royal Oak, MI	4704310010	12/12/2021 Fine Imposed; Probation Upon Reinstatement; Suspended	Impaired Conduct, Practice, or Condition; Mental/Physical Inability to Practice; Substance Use Disorder
Nursing JENNIFER JEAN BAUMGART, R.N. Saint Clair Shores, MI	4704226627	12/12/2021 Fine Imposed; Probation	Continuing Education

BEFORE THE BOARD OF MEDICINE

STATE OF NORTH DAKOTA

North Dakota Board of Medicine – Investigative Panel B,	)	
Complainant,	)	
vs.	)	**COMPLAINT**
Sherman Washington Jr., M.D.,	)	
Respondent.	)	

COMES NOW, the Complainant, North Dakota Board of Medicine – Investigative Panel B, and for its Complaint against the Respondent, Sherman Washington Jr., M.D., alleges and states as follows:

I.

Investigative Panel B of the North Dakota Board of Medicine ("Board") is authorized pursuant to N.D.C.C. Chapter 43-17.1 to conduct investigations related to the practice of any physician licensed to practice in this state and file a formal complaint against any licensed physician with the Board of Medicine.

II.

Sherman Washington Jr., M.D., is a physician licensed to practice medicine in the State of North Dakota.

FACTS

III.

At all times mentioned herein, Respondent was an emergency medicine physician but mostly practiced medicine online.

IV.

On September 5, 2018, Patient A received a package in the mail containing several medications that were prescribed to her by Respondent and filled at McClure's Compounding Pharmacy in Texas. Patient A has never had a physician-patient relationship with Respondent and has never met or spoken to Respondent. Thus, Respondent prescribing any medications to Patient A is inappropriate. A request for records for the treatment of Patient A was made to Respondent and no records were received. Thus, Respondent is subject to disciplinary action pursuant to the provisions of N.D.C.C. § 43-17-31 based upon Respondent's violations of the North Dakota Medical Practice Act by: (1) performing any dishonorable, unethical or unprofessional conduct likely to deceive, defraud or harm the public N.D.C.C. § 43-17-31(1)(f).; and (2) lacking appropriate documentation in medical records for diagnosis, testing and treatment of a patient as described by N.D.C.C. § 43-17-31(1)(z).

V.

WHEREFORE, Complainant respectfully requests Respondent, Sherman Washington, Jr., M.D., be disciplined for his violations of N.D.C.C. § 43-17-31 and seeks an appropriate sanction(s) for those violations as authorized by N.D.C.C. § 43-17-30.1. Complainant also respectfully requests that the Board be awarded its costs and attorney's fees in having to bring this action pursuant to N.D.C.C. § 43-17-31.1.

NOTICE: Respondent must answer this Complaint within twenty days after service of the complaint or the allegations may be deemed admitted and may result in a default order revoking the subject's license. Such answer must be served in the manner allowed for service under the North Dakota Rules of Civil Procedure.

Dated this 29th day of April, 2019.

By Stacy M. Moldenhauer

Stacy M. Moldenhauer (ID #06293)
Special Assistant Attorney General
smoldenhauer@smithporsborg.com
122 East Broadway Avenue
P.O. Box 460
Bismarck, ND 58502-0460
Phone: (701) 258-0630
Facsimile: (701) 258-6498

Attorney for: North Dakota Board of Medicine – Investigative Panel B

BEFORE THE BOARD OF MEDICINE

STATE OF NORTH DAKOTA

North Dakota Board of Medicine-Investigative Panel B, Complainant,	)	
vs.	)	**STIPULATION**
Sherman Washington Jr., M.D., Respondent.	)	

WHEREAS, Panel B of the North Dakota Board of Medicine (hereinafter "the Board") issued a Complaint requesting Respondent be disciplined for his violations of the North Dakota Medical Practice Act, for performing any dishonorable, unethical or unprofessional conduct likely to deceive, defraud or harm the public as proscribed by N.D.C.C. § 43-17-31(1)(f) and for lacking appropriate documentation in medical records for diagnosis and treatment of a patient as described by N.D.C.C. § 43-17-31(1)(z).

WHEREAS, the Respondent admits service of the Summons and Complaint dated April 29, 2019 and admits the allegations contained in the Complaint are true and that such actions are a violation of the Medical Practice Act and are grounds for discipline pursuant to N.D.C.C. § 43-17-31.

1. The Respondent hereby waives any procedural irregularity herein and his right to a hearing on the Complaint now pending in this action;

2. Respondent agrees he must successfully complete the following course within six (6) months from the date of the Board's Order approving of this Stipulation:

a. Medical Records Keeping Course through the Center for Personalized Education for Physicians.

b. Respondent will provide proof of successful completion of said course to the Board. Respondent will also be fully responsible for the costs of said course.

c. If Respondent fails to successfully complete the above described course within six (6) months from the date of the Board's Order approving of this Stipulation, Respondent's license to practice medicine shall be suspended until such time as said course is successfully completed.

3. Respondent shall be responsible for paying the costs and attorney's fees incurred by the Board in the investigation and prosecution of this action in an amount not to exceed $2,000.00. The Board will notify the Respondent of any such costs within a reasonable time after the Stipulation is approved by the Board and Respondent shall make payment within (30) days from receiving such notification.

4. If Respondent shall fail, neglect, or refuse to fully comply with any of the terms, provisions, or conditions herein, the Respondent's license to practice medicine in state of North Dakota shall be immediately suspended in accordance with the law.

5. In the event the Board, in its discretion, does not approve this settlement, this Stipulation is withdrawn and shall be of no evidentiary value and shall not be relied upon nor introduced in any disciplinary action by either party hereto except that Respondent agrees that should the Board reject this Stipulation, and if this case proceeds to a hearing, Respondent will assert no claim that the Board was prejudiced by its review and discussion of this Stipulation or of any records relating hereto.

2019-10-28 15:38 LVScriptsRx 7028325733 >> 701 258 6498 P 3/5

6. This agreement for the disposition of the above-entitled contested case is a matter of public record and the obligations of the Board with respect thereto shall be governed by the laws of North Dakota and current Board policy.

7. All parties hereto recognize the Board representatives who have engaged in discussions relative to an agreed disposition of this matter can only make recommendations to the North Dakota Board of Medicine, which recommendations can in no way be considered as binding upon the full membership of the Board who would ultimately decide the pending contested case, and this agreement is subject to acceptance by the full membership of the Board.

8. Respondent understands he has the right and has been afforded the opportunity to have this agreement reviewed by an attorney, and that in the event he chooses to execute this document without taking the opportunity to avail himself of this right, such failure shall be deemed to be a waiver of such right.

9. Respondent specifically waives any claim that any disclosures made to the full membership of the Board for the purposes of consideration of this agreement have prejudiced his right to a fair and impartial hearing in the event that this agreement is not accepted by the full Board and if further proceedings ensue.

10. Respondent further agrees there have been no inducements, threats or promises made in order to obtain his entry into this agreement.

11. The parties further agree that all statements contained herein are based upon the facts known to the Board on the date of execution of this agreement.

Dated this 28 day of October, 2019.

Sherman Washington, Jr., M.D.

Dated this 29th day of October, 2019.

By Stacy M. Moldenhauer

Stacy M. Moldenhauer (ID #06293)
Special Assistant Attorney General
smoldenhauer@smithporsborg.com
122 East Broadway Avenue
P.O. Box 460
Bismarck, ND 58502-0460
Phone: (701) 258-0630
Facsimile: (701) 258-6498

Attorney for: North Dakota Board of Medicine – Investigative Panel B

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BEFORE THE BOARD OF MEDICINE

STATE OF NORTH DAKOTA

North Dakota Board of Medicine – Investigative Panel B,	)	
Complainant,	)	
vs.	)	**ORDER**
Sherman Washington, Jr., M.D.	)	
Respondent.	)	

*** *** ***

WHEREAS, Investigative Panel B of the North Dakota Board of Medicine (hereinafter "the Board") issued a Complaint against Respondent requesting Respondent be disciplined for his violations of the North Dakota Medical Practice Act, for performing any dishonorable, unethical or unprofessional conduct likely to deceive, defraud or harm the public as proscribed by N.D.C.C. § 43-17-31(1)(f) and for lacking appropriate documentation in medical records for diagnosis and treatment of a patient as described by N.D.C.C. § 43-17-31(1)(z).

WHEREAS, Respondent acknowledged the allegations contained in the Complaint were true and subjected him to discipline;

WHEREAS, Respondent and Investigative Panel B have entered into a Stipulation dated October 29, 2019;

WHEREAS, the North Dakota Board of Medicine finds the terms of the Stipulation are an appropriate disposition of this case;

IT IS HEREBY ORDERED THAT:

1. The Board will enter an Order requiring Respondent to complete the Medical Records

Keeping Course through the Center for Personalized Education for Physicians. Said course must be completed within six months from the date of this Order. Respondent is solely responsible for the costs of this course and must provide proof of completion of this course to the Board.

2. If Respondent fails to successfully complete the above described course within six (6) months from the date of this Order, Respondent's license to practice medicine shall be suspended until such time as said course is successfully completed.
3. Respondent shall be required to pay the costs of the prosecution of this action not to exceed $2,000. Once notified of the costs of the investigation, Respondent is required to pay said costs within thirty (30) days or make other payment arrangements with the Board.

This Order is effective this 22nd day of November, 2019.

NORTH DAKOTA BOARD OF MEDICINE

Rup. K. Nagala. MD

Rupkumar Nagala, M.D.
Chairman

3238

Ohio | eLicense Ohio Professional Licensure

License Look Up

3/22/2022 2:34 PM

Sherman Washington Jr.

Status	Closed
Sub-Status	Revocation
Board	Medical Board
License Type	Doctor of Medicine (MD)
License Number	35.123613
License Issue Date	05/16/2014
License Expiration Date	10/01/2021
License Effective Date	09/30/2019
City	North Las Vegas
State	NV
Country	United States
Board Action	Yes

Board Action Details 08/11/2021 BOARD ORDER - License to practice medicine and surgery revoked. Based on the finding that the prior action by the State of Washington, Washington Medical Commission, which issued a Stipulation to Informal Disposition against the doctor's license, individually and/or collectively constitute: any of the following actions taken by an agency responsible for authorizing, certifying, or regulating an individual to practice a health care occupation or provide health care services in this state or another jurisdiction, for any reason other than the nonpayment of fees: the limitation, revocation, or suspension of an individual's license to practice; acceptance of an individual's license surrender; denial of a license; refusal to renew or reinstate a license; imposition of probation; or issuance of an order of censure or other reprimand. Order effective 8/12/21. (Journal Entry-No Hearing Requested).

10/14/2020 CITATION - Based on the prior action by the State of Washington, Washington Medical Commission, which issued a Stipulation to Informal Disposition against the doctor's license, which would individually and/or collectively constitute: any of the following actions taken by an agency responsible for authorizing, certifying, or regulating an individual to practice a health care occupation or provide health care services in this state or another jurisdiction, for any reason other than the nonpayment of fees: the limitation, revocation, or suspension of an individual's license to practice; acceptance of an individual's license surrender; denial of a license; refusal to renew or reinstate a license; imposition of probation; or

21-104 Ohio Discipline

3239

issuance of an order of censure or other reprimand. Notice of Opportunity for Hearing mailed 10/15/2020.

08/31/2020 DISMISSAL OF CITATION - The notice of opportunity for a hearing issued on 6/10/2020 is dismissed without prejudice, based on the Board having received information indicating that the Washington Medical Commission Order had been vacated. Dismissal effective 08/31/2020.

06/10/2020 CITATION - Based on a prior action by the State of Washington Medical Commission, which issued a 1/28/2020 Findings of Fact, Conclusions of Law, and Final Order of Default, that indefinitely suspended the doctor's license; which as alleged individually and/or collectively, constitute any of the following actions taken by an agency responsible for authorizing, certifying, or regulating an individual to practice a health care occupation or provide health care services in this state or another jurisdiction, for any reason other than the nonpayment of fees: the limitation, revocation, or suspension of an individual's license to practice; acceptance of an individual's license surrender; denial of a license; refusal to renew or reinstate a license; imposition of probation; or issuance of an order of censure or other reprimand. Notice of opportunity for a hearing mailed 6/11/2020.
Current date & time: **3/22/2022 2:34 PM**

Disclaimer: The Joint Commission and NCQA consider on-line status information as fulfilling the primary source verification requirement for verification of licensure in compliance with their respective credentialing standards.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BEFORE THE STATE BOARD OF MEDICINE

Commonwealth of Pennsylvania, Bureau of Professional and Occupational Affairs	:	
v.	:	**Case No. 19-49-017073**
Sherman Washington, M.D. Respondent	:	

FINAL ORDER ADOPTING HEARING EXAMINER'S ADJUDICATION AND ORDER

AND NOW, this 5th day of May 2020, noting that neither party filed an application for review and that the State Board of Medicine (Board) did not issue a Notice of Intent to Review, in accordance with 1 Pa. Code § 35.226(a)(3) and 49 Pa. Code § 16.57, the hearing examiner's adjudication and order dated February 24, 2020, appended to this order as **Attachment A**, is now the **FINAL ORDER** of the Board in this proceeding.

This order is retroactive to March 16, 2020, twenty days from the date of mailing of the Hearing Examiner's Adjudication and Order.

BY ORDER:

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

K. KALONJI JOHNSON
ACTING COMMISSIONER

STATE BOARD OF MEDICINE

KEITH E. LOISELLE
CHAIR

Respondent's Address:

9171 9690 0935 0227 2230 50

Sherman Washington, M.D.
2900 N. Green Valley Pkwy., Suite 114
Henderson, NV 89014

For the Commonwealth:

Keith E. Bashore, Esquire

Prothonotary Filed On:
May 05 2020 03:23 PM
Department of State

21-IXL Pennsylvania Discipline

Board Counsel:	Dana M. Wucinski, Esquire
Date of mailing:	May 7, 2020

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May 05 202

Attachment A

DOS Prothor
May 05 202

RECEIVED
Department of State

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BEFORE THE STATE BOARD OF MEDICINE

Commonwealth of Pennsylvania, Bureau of Professional and Occupational Affairs	:	
	:	**File No. 19-49-017073**
v.	:	
Sherman Washington, M.D., Respondent	:	

ADJUDICATION AND ORDER

Hope S. Goldhaber
Hearing Examiner

COMMONWEALTH OF PENNSYLVANIA
GOVERNOR'S OFFICE OF GENERAL COUNSEL
DEPARTMENT OF STATE
OFFICE OF HEARING EXAMINERS
P.O. Box 2649
Harrisburg, PA 17105-2649
(717) 772-2686

Date Distributed 2/24/20
Prosecution ✓
Counsel ✓
BFO
Hearing Examiner
Other ✓

DOS Prothonc
May 05 2020

HISTORY

This matter comes before a hearing examiner for the State Board of Medicine ("Board") on the Commonwealth's filing of a single count *Order to Show Cause* ("*OTSC*") on November 25, 2019, against Sherman Washington, M.D. ("Respondent"). In this single count, the Commonwealth charged that Respondent is subject to disciplinary action under section 41(4) of the Medical Practice Act of 1985,[1] 63 P.S. § 422.41(4), because the Virginia Board of Medicine ("Virginia Board") took disciplinary action against Respondent's Virginia medical license on or about November 14, 2019.

On November 25, 2019, the Commonwealth mailed the *OTSC* to Respondent by certified mail, electronic return receipt requested, and by first class mail, postage prepaid, at his last known address on file with the Board: 2900 N. Green Valley Parkway, Suite 114, Henderson, NV 89014. The *OTSC* that was mailed to Respondent by certified mail, return receipt requested, was delivered on November 29, 2019, and signed for by Respondent or Respondent's agent,[2] as evidenced by the United States Postal Service electronic return receipt for Certified Mail™ item number 9171 9690 0935 0226 6042 63. Hence, the Commonwealth accomplished service of its *OTSC* in accordance with the requirements of the General Rules of Administrative Practice and Procedure ("GRAPP"), 1 Pa. Code § 31.1 *et seq.*, at 1 Pa. Code § 33.31.[3]

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[1] Act of December 20, 1985, P.L. 457, No. 112, *as amended*, 63 P.S. §§ 422.1-422.51a.

[2] The recipient's signature is illegible.

[3] **Section 33.31. Service by the agency.**

> Orders, notices and other documents originating with an agency, including forms of agency action, complaints and similar process and other documents designated by the agency for this purpose, shall be served by the office of the agency by mail, except when service by another method shall be specifically required by the agency, by mailing a copy thereof to the person to be served, addressed to the person designated in the initial pleading or submittal at his principal office or place of business. If service is not accomplished by mail, it may be effected by anyone authorized by the

DOS Prothon
May 05 202

The *OTSC* directed Respondent to file a written answer within thirty (30) days of the date on the *OTSC*, and specifically advised Respondent that the factual allegations of the *OTSC* may be deemed admitted if Respondent failed to file an answer within the time period allowed. Respondent was also advised that if he failed to file an answer, the Board may revoke, suspend, or impose other restrictions against his license; and the Board may also impose a civil penalty of up to $10,000.00 for each violation of the Act. Respondent did not file an answer to the *OTSC*.

On December 31, 2019, the Commonwealth filed a *Motion to Deem Facts Admitted and Enter Default* ("*MDFA*"). The *MDFA* was mailed to Respondent on December 31, 2019, by first class mail, postage prepaid, at 2900 N. Green Valley Parkway, Suite 114, Henderson, NV 89014. This is the same address where the *OTSC* had been served. Respondent did not file a response to the *MDFA*.

On January 21, 2020, an *Order Granting Commonwealth's Motion to Deem Facts Admitted and Enter Default* ("*MDFA Order*") was issued on grounds that Respondent received the *OTSC* but failed to file an answer as required. The *MDFA Order* was mailed to Respondent on January 21, 2020, by first class mail, postage prepaid, at 2900 N. Green Valley Pkwy., Suite 114, Henderson, NV 89014. This is the same address where the *OTSC* and *MDFA* had been served. The *MDFA Order* was not returned to the Department of State Prothonotary and, therefore, it is presumed to have been delivered to Respondent.

Pursuant to section 35.37 of GRAPP, 1 Pa. Code § 35.37,[4] the *MDFA Order* advised

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agency in the manner provided in 231 Pa. Code Rules 400—441 (relating to service of original process).

1 Pa. Code § 33.31.

[4] **§ 35.37. Answers to orders to show cause.**

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May 05 202

Respondent that he was in default of filing an answer and that the factual allegations in the *OTSC* were deemed admitted. The *MDFA Order* also advised Respondent that an Adjudication and Order would be issued in due course. To date, Respondent has not responded to either the *OTSC* or the *MDFA*.

This matter is now ripe for disposition.

A person upon whom an order to show cause has been served...shall, if directed so to do, respond to the same by filing within the time specified in the order an answer in writing....A respondent failing to file an answer within the time allowed shall be deemed in default, and relevant facts stated in the order to show cause may be deemed admitted.

1 Pa. Code § 35.37.

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May 05 202

FINDINGS OF FACT

1. Respondent holds a license to practice as a medical physician and surgeon in the Commonwealth of Pennsylvania, license number MD451806. (Official Notice of Board records[5]; OTSC ¶ 1)

2. Respondent's medical license was originally issued on May 2, 2014, expired on December 31, 2014, and absent further Board action, may be renewed, reactivated or reinstated upon the filing of the appropriate documentation and payment of the necessary fees. (Board records; OTSC ¶ 2)

3. At all times pertinent to the factual allegations in the Commonwealth's *OTSC*, Respondent held a license to practice as a medical physician and surgeon in the Commonwealth of Pennsylvania. (Board records; OTSC ¶ 3)

4. Respondent's last known address on file with the Board is 2900 N. Green Valley Parkway, Suite 114, Henderson, NV 89014. (Board records; OTSC ¶ 4)

Virginia Disciplinary Action

5. At all relevant and material times, Respondent was authorized to practice as a physician in the Commonwealth of Virginia. (OTSC ¶ 6)

6. On November 14, 2019, the Virginia Board and Respondent entered into a Consent Order by which Respondent admitted that he violated Virginia Code § 54.1-2915(A)(3), (13), (16), and (17) and 54.1-3303(B) in that he prescribed several Schedule VI controlled substances to multiple individuals (Patients A-F) outside of a bona fide practitioner-patient relationship. (OTSC

[5] Official notice of the Board's records may be taken pursuant to the General Rules of Administrative Practice and Procedure (GRAPP), 1 Pa. Code § 31.1 *et seq.*, at § 35.173, which permits the presiding officer to take official notice of the Board's own records. *See Gleeson v. State Bd. of Medicine*, 900 A.2d 430, 440 (Pa. Cmwlth. 2006), *appeal denied*, 917 A.2d 316 (Pa. 2007). All citations to "Board records" are based on this taking of official notice.

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May 05 202

¶¶ 7-8; OTSC at Exhibit A)

7. The prescription for Patient A was prescribed on or about May 22, 2017; the prescriptions for Patient B were prescribed between approximately December 2017 and April 2018; the prescriptions for Patient C were prescribed on or about March 15, 2018; the prescriptions for Patient D were prescribed on or about March 14, 2018; the prescriptions for Patient E were prescribed on or about September 18, 2017; and the prescriptions for Patient F were prescribed on or about November 30, 2016. (OTSC ¶¶ 7-8; OTSC at Exhibit A)

8. Pursuant to the Consent Order, Respondent also admitted that he violated Virginia Code § 54.1-111(A)(7), § 54.1-2915(A)(12) and (18), and 18 VAC 85-20-105 of the Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic in that he willfully refused to provide records for Patients A-F to the Virginia Board's investigators after their repeated requests for such records from August 2018 through October 2018. (OTSC ¶¶ 7-8; OTSC at Exhibit A)

9. Pursuant to the Consent Order, the Virginia Board reprimanded Respondent and assessed Respondent a monetary penalty of $1,500.00. (OTSC ¶¶ 7-9; OTSC at Exhibit A)

10. At the time Respondent entered into the Consent Order on November 14, 2019, his license to practice medicine and surgery in Virginia was active until October 31, 2020. (OTSC ¶¶ 7-8; OTSC at Exhibit A)

Service of OTSC

11. On November 25, 2019, the Commonwealth filed an *OTSC* alleging that Respondent is subject to disciplinary action under section 41(4) of the Act, 63 P.S. § 422.41(4), because Respondent had a license to practice the profession disciplined by the proper licensing authority of another state, Virginia. (OTSC; MDFA ¶ 1)

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12. On November 25, 2019, the Commonwealth mailed the *OTSC* to Respondent by certified mail, electronic return receipt requested, and by first class mail, postage prepaid, at his last known address on file with the Board: 2900 N. Green Valley Parkway, Suite 114, Henderson, NV 89014. (OTSC ¶ 4; OTSC at Certificate of Service; MDFA ¶ 2)

13. The OTSC that was mailed to Respondent by certified mail, return receipt requested, was delivered on November 29, 2019, and signed for by Respondent or Respondent's agent,[6] as evidenced by the United States Postal Service electronic return receipt for Certified Mail™ item number 9171 9690 0935 0226 6042 63. (MDFA ¶ 3; MDFA at Exhibit A)

Due Process

14. The *OTSC* directed Respondent to file a written answer within thirty (30) days of the date on the *OTSC*, and specifically advised Respondent that the factual allegations of the *OTSC* may be deemed admitted if Respondent failed to file an answer within the time period allowed. (OTSC at Notice and Procedures; MDFA ¶ 4)

15. The *OTSC* also advised Respondent that if he failed to file an answer, the Board may revoke, suspend, or impose other restrictions against his license; and the Board may also impose a civil penalty of up to $10,000.00 for each violation of the Act. (OTSC at Penalties and Procedures)

16. Respondent did not file an answer to the *OTSC*. (File No. 19-49-017073; MDFA ¶ 5)

17. On December 31, 2019, the Commonwealth filed an *MDFA* in this matter and mailed it to Respondent by first class mail, postage prepaid, at the same address at which the *OTSC* had been served: 2900 N. Green Valley Parkway, Suite 114, Henderson, NV 89014. (MDFA at

[6] The recipient's signature is illegible.

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May 05 202

Certificate of Service)

18. Respondent did not file a response to the *MDFA*. (File No. 19-49-017073)

19. On January 21, 2020, an *MDFA Order* was issued, entering judgment by default and deeming the factual allegations in the *OTSC* admitted, on grounds that Respondent received the *OTSC* but failed to file an answer as required. (File No. 19-49-017073)

20. The *MDFA Order* was mailed to Respondent on January 21, 2020, by first class mail, postage prepaid, at 2900 N. Green Valley Pkwy., Suite 114, Henderson, NV 89014; this is the same address where the *OTSC* and *MDFA* had been served. (File No. 19-49-017073)

21. The *MDFA Order* mailed to Respondent at 2900 N. Green Valley Pkwy., Suite 114, Henderson, NV 89014 was not returned to the Department of State Prothonotary and, therefore, it is presumed to have been delivered to Respondent. (File No. 19-49-017073)

22. Respondent was served with the *OTSC*, *MDFA* and *MDFA Order* filed of record in this matter. (File No. 19-49-017073)

DOS Prothon
May 05 202

CONCLUSIONS OF LAW

1. The Board has jurisdiction in this matter. (Findings of Fact 1-3)

2. Respondent has been afforded reasonable notice of the charges against him and an opportunity to be heard in this proceeding, in accordance with section 5 of the Administrative Agency Law, 2 Pa.C.S. § 504. (Findings of Fact 4, 11-22)

3. Respondent is subject to disciplinary action under section 41(4) of the Act, 63 P.S. § 422.41(4), in that Respondent had his license to practice medicine disciplined by the proper licensing authority of another state, Virginia, on November 14, 2019. (Findings of Fact 5-10)

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DISCUSSION

Violation

A board-regulated practitioner in Pennsylvania who is disciplined by a proper licensing authority of another state is subject to disciplinary action in Pennsylvania under section 41(4) of the Act as follows:

> **Section 41. Reasons for refusal, revocation, suspension or other corrective actions against a licensee or certificate holder**
>
> The board shall have authority to impose disciplinary or corrective measures on a board-regulated practitioner for any or all of the following reasons:
>
> * * *
>
> (4) **Having a license or other authorization to practice the profession revoked or suspended or having other disciplinary action taken,** or an application for a license or other authorization refused, revoked or suspended by a **proper licensing authority of another state,** territory, possession or country, or a branch of the Federal Government.
>
> * * *

63 P.S. § 422.41(4) (emphasis added).

The facts deemed admitted are based on the factual allegations in the *OTSC* as well as the information contained in what is alleged to be a true and correct copy of the November 14, 2019, Consent Order. These facts conclusively establish that on November 14, 2019, the Virginia Board reprimanded Respondent and assessed Respondent a monetary penalty of $1,500.00. Therefore, the Commonwealth has proven by a preponderance of the evidence[7] that Respondent's medical

[7] The degree of proof required to establish a case before an administrative tribunal in an action of this nature is a preponderance of the evidence. *Lansberry v. Pennsylvania Pub. Util. Comm'n*, 578 A.2d 600, 602 (Pa. Cmwlth. 1990), *appeal denied*, 602 A.2d 863 (Pa. 1992). A preponderance of the evidence is generally understood to mean that the

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license in another state, Virginia, was disciplined by the proper licensing authority of that state, as charged in Count One of the *OTSC*.

Sanction

The Supreme Court of Pennsylvania has recognized that "[r]eciprocal discipline prevents licensed professionals from violating ethical rules, being disciplined, and then transferring to a new jurisdiction to continue to practice with an unblemished record of ethical conduct." *Khan v. State Bd. of Auctioneer Examiners*, 842 A.2d 936, 944 (Pa. 2004). There are a variety of sanctions available to prevent this from happening.

Section 42 of the Act, 63 P.S. § 422.42, sets forth the type of disciplinary or corrective measures that may be imposed for violations of the Act, including Respondent's violation of section 41(4) of the Act. Specifically, section 42(a) of the Act provides, in relevant part, as follows:

> **Section 42. Types of corrective action**
>
> **(a) Authorized actions.**—When the board is empowered to take disciplinary or corrective action against a board-regulated practitioner under the provisions of this act or pursuant to other statutory authority, the board may:
>
> * * *
>
> (2) Administer a public reprimand with or without probation.
>
> (3) Revoke, suspend, limit or otherwise restrict a license or certificate.
>
> (4) Require the board-regulated practitioner to submit to the care, counseling or treatment of a physician or a psychologist designated by the board.

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evidence demonstrates a fact is more likely to be true than not to be true, or if the burden were viewed as a balance scale, the evidence in support of the Commonwealth's case must weigh slightly more than the opposing evidence. *Se-Ling Hosiery, Inc. v. Margulies*, 70 A.2d 854, 856 (Pa. 1950). The Commonwealth therefore has the burden of proving the charges against Respondent with evidence that is substantial and legally credible, not by mere "suspicion" or by only a "scintilla" of evidence. *Lansberry*, 578 A.2d at 602.

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> (5) Require the board-regulated practitioner to take refresher educational courses.
>
> (6) Stay enforcement of any suspension, other than that imposed in accordance with section 40, [footnote omitted] and place a board-regulated practitioner on probation with the right to vacate the probationary order for noncompliance.
>
> * * *

63 P.S. § 422.42(a). Additionally, a maximum civil penalty up to ten thousand dollars ($10,000.00) for each violation of the Act is authorized under either section 908 of the Medical Care Availability and Reduction of Error Act,[8] 40 P.S. § 1303.908, or section 5(b)(4) of Act 48,[9] 63 P.S. § 2205(b)(4).

The Board is charged with the responsibility and authority to oversee the profession and to regulate and license professionals to protect the public health and safety. *Barran v. State Bd. of Medicine*, 670 A.2d 765, 767 (Pa. Cmwlth. 1996), *appeal denied*, 679 A.2d 230 (Pa. 1996). With public protection in mind, the Board considers the seriousness of the violations and any mitigating evidence in fashioning a sanction fitted to the circumstances of a given disciplinary matter.

There is no mitigating evidence to consider because, although he has been given appropriate notice and the opportunity to respond, Respondent has not defended himself in the matter now before the Board. Therefore, the Board has only the seriousness of the Virginia disciplinary action to consider when determining the appropriate sanction.

The seriousness of the Virginia disciplinary action can be gauged by the underlying reasons for the disciplinary action and the type of discipline imposed. The Virginia Board disciplined

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[8] Act of March 20, 2002, P.L. 154, No. 13, 40 P.S. §§ 1303.901-1303.910.

[9] Act of July 2, 1993, P.L. 345, No. 48, *as amended*, 63 P.S. §§ 2201-2207

DOS Prothon
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Respondent for prescribing several Schedule VI controlled substances to Patients A-F outside of a bona fide practitioner-patient relationship and for willfully refusing to provide records for Patients A-F to the Virginia Board's investigators after their repeated requests for such records from August 2018 through October 2018. For this conduct, the Virginia Board decided not to impose the more serious sanctions of suspension or revocation. Instead, the Virginia Board imposed the less serious sanctions of a reprimand and a monetary penalty.

The hearing examiner believes that it is appropriate to mirror the Virginia Board's imposition of a reprimand. A public reprimand will protect the public health and safety because it will alert Pennsylvania's citizens to Respondent's disciplinary action in Virginia, thereby allowing anyone who inquires to make an informed decision based upon the public information available.

Although the Virginia Board assessed a monetary penalty, the hearing examiner does not believe that it is necessary to impose a monetary penalty in Pennsylvania. Civil penalties are typically imposed for purposes of deterrence. It is understandable that the Virginia Board would want to deter Respondent from committing similar violations in the future in Virginia, given the fact that Respondent had an active license in Virginia at the time he entered into the Consent Order. Respondent is presumably not practicing in Pennsylvania because his Pennsylvania license has been expired since December 31, 2014, prior to his violations of Virginia law. Therefore, it is not necessary to impose a civil penalty in Pennsylvania for purposes of added deterrence.

Accordingly, based upon the foregoing, the following order shall issue:

DOS Prothon
May 05 202

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BEFORE THE STATE BOARD OF MEDICINE

Commonwealth of Pennsylvania, Bureau of Professional and Occupational Affairs	:	
	:	**File No. 19-49-017073**
v.	:	
Sherman Washington, M.D., Respondent	:	

ORDER

AND NOW, this **24th** day of **February 2020,** upon consideration of the foregoing findings of fact, conclusions of law and discussion, it is **ORDERED** that the license to practice medicine and surgery issued to Respondent, **Sherman Washington, M.D., license no. MD451806,** is **REPRIMANDED.**

This order shall take effect 20 days from the date of mailing unless otherwise ordered by the State Board of Medicine.

BY ORDER:

Hope S. Goldhaber
Hearing Examiner

For Respondent:
Sherman Washington, M.D.
2900 N. Green Valley Pkwy., Suite 114
Henderson, NV 89014

For the Commonwealth:
Keith E. Bashore, Esquire
Prosecuting Attorney
GOVERNOR'S OFFICE OF GENERAL COUNSEL
DEPARTMENT OF STATE OFFICE OF CHIEF COUNSEL
PROSECUTION DIVISION
P.O. Box 69521
Harrisburg, PA 17106-9521

Date of Mailing: February 24, 2020

DOS Prothon
May 05 202

NOTICE

REHEARING AND/OR RECONSIDERATION

A party may file an application for rehearing or reconsideration **within 15 days of the mailing date** of this adjudication and order. The application must be captioned *"Application for Rehearing"*, *"Application for Reconsideration"*, or *"Application for Rehearing or Reconsideration"*. It must state specifically and concisely, in numbered paragraphs, the grounds relied upon in seeking rehearing or reconsideration, including any alleged error in the adjudication. If the adjudication is sought to be vacated, reversed, or modified by reason of matters that have arisen since the hearing and decision, the matters relied upon by the petitioner must be set forth in the application.

APPEAL TO BOARD

An application to the State Board of Medicine for review of the hearing examiner's adjudication and order must be filed by a party **within 20 days of the date of mailing** of this adjudication and order. The application must be captioned *"Application for Review"*. It must state specifically and concisely, in numbered paragraphs, the grounds relied upon in seeking the Board's review of the hearing examiner's decision, including any alleged error in the adjudication. Within an application for review a party may request that the Board hear additional argument and take additional evidence.

An application to the Board to review the hearing examiner's decision may be filed irrespective of whether an application for rehearing or reconsideration is filed. However, the filing of an application for rehearing and/or reconsideration does not extend, or in any other manner affect, the time period in which an application for review may be filed.

STAY OF HEARING EXAMINER'S ORDER

Neither the filing of an application for rehearing and/or reconsideration nor the filing of an application for review operates as a stay of the hearing examiner's order. To seek a stay of the hearing examiner's order, the party must file an application for stay directed to the Board.

FILING AND SERVICE

An original and three (3) copies of all applications shall be filed with:

Prothonotary
P.O. Box 2649
Harrisburg, PA 17105-2649

A copy of all applications must also be served on all parties.

Applications must be received for filing by the Prothonotary within the time limits specified. The date of receipt at the office of Prothonotary, and not the date of deposit in the mail, is determinative.

DOS Prothon
May 05 202

NOTICE

The attached Final Order represents the final agency decision in this matter. It may be appealed to the Commonwealth Court of Pennsylvania by the filing of a Petition for Review with that Court within 30 days after the entry of the order in accordance with the Pennsylvania Rules of Appellate Procedure. See Chapter 15 of the Pennsylvania Rules of Appellate Procedure entitled "Judicial Review of Governmental Determinations," Pa. R.A.P 1501 – 1561. Please note: An order is entered on the date it is mailed. If you take an appeal to the Commonwealth Court, you must serve the Board with a copy of your Petition for Review. The agency contact for receiving service of such an appeal is:

Board Counsel
P.O. Box 69523
Harrisburg, PA 17106-9523

The name of the individual Board Counsel is identified on the Final Order.

DOS Prothon
May 05 202

NOV 1 2 2019
DHP

BEFORE THE VIRGINIA BOARD OF MEDICINE

IN RE: **SHERMAN WASHINGTON, M.D.**
License Number: 0101-256005
Case Number: 187506

CONSENT ORDER

JURISDICTION AND PROCEDURAL HISTORY

The Virginia Board of Medicine ("Board") and Sherman Washington, M.D., as evidenced by their signatures hereto, in lieu of proceeding to an informal conference, enter into the following Consent Order affecting Dr. Washington's license to practice medicine and surgery in the Commonwealth of Virginia.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. Sherman Washington, M.D., was issued License Number 0101-256005 to practice medicine and surgery on March 31, 2014, which is scheduled to expire on October 31, 2020.

2. Dr. Washington violated Virginia Code § 54.1-2915(A)(3), (13), (16), and (17) and 54.1-3303(B) in that he prescribed several Schedule VI controlled substances to multiple individuals outside of a bona fide practitioner-patient relationship. Specifically:

a. On or about May 22, 2017, Dr. Washington prescribed Livixil Pak (C-VI) to Patient A, a 46-year-old female, without ever performing an examination of Patient A in person, by face-to-face interactive, two-way, real time communications, or by store-and-forward technology.

b. Between approximately December 2017 and April 2018, Dr. Washington prescribed Livixil Pak, fluocinonide (C-VI), and NuDiclo (C-VI) to Patient B, a male whose age is unknown, pursuant to a telephone questionnaire that Patient B completed without ever performing an examination of Patient B in person, by face-to-face interactive, two-way, real time communications, or by store-and-forward technology.

21-104 Virginia Discipline

c. On or about March 15, 2018, Dr. Washington prescribed DermacinRx Lexitral (C-VI), Fenortho (C-VI), Livixil Pak, lidocaine (C-VI), diclofenac sodium (C-VI), and clobetasol propionate (C-VI) to Patient C, a 52-year-old male, without ever performing an examination of Patient C in person, by face-to-face interactive, two-way, real time communications, or by store-and-forward technology.

d. On or about March 14, 2018, Dr. Washington prescribed DermacinRx Lexitral, DermacinRx Silazone (C-VI), Fenortho, and Livixil Pak to Patient D, a female whose age is unknown, pursuant to an online survey regarding pain that Patient D completed without ever performing an examination of Patient D in person, by face-to-face interactive, two-way, real time communications, or by store-and-forward technology.

e. On or about September 18, 2017, Dr. Washington prescribed lidocaine, fluocinonide, diclofenac sodium, and calcipotriene (C-VI) to Patient E, a 53-year-old male, pursuant to an online survey about back pain that Patient E completed without ever performing an examination of Patient E in person, by face-to-face interactive, two-way, real time communications, or by store-and-forward technology.

f. On or about November 30, 2016, Dr. Washington prescribed fluocinonide, Lidopril (C-VI), and lidocaine to Patient F, a 60-year-old female, for a diagnosis of chronic pain without ever performing an examination of Patient F in person, by face-to-face interactive, two-way, real time communications, or by store-and-forward technology.

3. Dr. Washington violated Virginia Code § 54.1-111(A)(7), § 54.1-2915(A)(12) and (18), and 18 VAC 85-20-105 of the Regulations Governing the Practice of Medicine, Osteopathic Medicine, Podiatry, and Chiropractic in that Dr. Washington willfully refused to provide records for Patients A-F

to the Board's investigators after their repeated requests for such records from August 2018 through October 2018.

CONSENT

Sherman Washington, M.D., by affixing his signature to this Consent Order, agrees to the following:

1. I have been advised to seek advice of counsel prior to signing this document;

2. I am fully aware that without my consent, no legal action can be taken against me or my license except pursuant to the Virginia Administrative Process Act, Virginia Code § 2.2-4000 *et seq.*;

3. I acknowledge that I have the following rights, among others: the right to an informal fact-finding conference before the Board; and the right to representation by counsel;

4. I waive my right to an informal conference;

5. I admit to the Findings of Fact and Conclusions of Law contained herein and waive my right to contest such Findings of Fact and Conclusions of Law and any sanction imposed hereunder in any future judicial or administrative proceeding in which the Board is a party;

6. I consent to the entry of the following Order affecting my license to practice medicine and surgery in the Commonwealth of Virginia.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, the Virginia Board of Medicine hereby ORDERS as follows:

1. Sherman Washington, M.D., is REPRIMANDED.

2. Dr. Washington is assessed a MONETARY PENALTY of One Thousand Five Hundred Dollars and Zero Cents ($1,500.00). This penalty shall be paid to the Board by certified check or money order made payable to the Treasurer of Virginia within sixty (60) days from the date of entry of this

Order. Failure to pay the full monetary penalty by the due date may cause the matter to be sent for collection and constitutes grounds for an administrative proceeding and further discipline.

Pursuant to Virginia Code §§ 2.2-4023 and 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record, and shall be made available for public inspection and copying upon request.

FOR THE BOARD

Jennifer L. Deschenes

Jennifer Deschenes, J.D., M.S.
Deputy Executive Director, Discipline
Virginia Board of Medicine

ENTERED: 11/14/19

SEEN AND AGREED TO:

Sherman Washington, M.D.

STATE OF NEVADA
COUNTY/CITY OF Clark, TO WIT:

Subscribed and sworn to before me, a notary public in and for the State of Nevada at large, on this 31st day of October, 2019.

GRANT J. PORUSA
Notary Public - State of Nevada
County of Clark
APPT. NO. 18-4189-1
My App. Expires Sept. 18, 2022

Notary Public

My commission expires: Sept 18, 2022

Registration No.: 18-4189-1

COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

www.dhp.virginia.gov
TEL (804) 367-4400
FAX (804) 527-4475

February 21, 2020

DUPLICATE COPY
VIA FIRST CLASS MAIL
DATE 2/21/2020

Sherman Washington, M.D.
2900 North Green Valley Parkway, Suite 114
Henderson, NV 89014

RE: License Number: 0101-256005
Case Number: 202478

Dear Sherman Washington:

Pursuant to Virginia Code § 54.1-2409, you are hereby given notice that your license to practice medicine and surgery in the Commonwealth of Virginia has been mandatorily suspended by the enclosed Order entered February 14, 2020. You are hereby advised that you may not practice medicine and surgery or hold yourself out as a licensed physician and surgeon unless and until the Board of Medicine has notified you in writing that your license has been reinstated. Please return your license to William L. Harp, M.D., Executive Director of the Virginia Board of Medicine ("Board"), at the above address, immediately upon receipt of this letter.

You may apply to the Board for reinstatement of your license, and you shall be entitled to a formal administrative hearing not later than the next regular meeting of the Board after the expiration of 60 days from the Board's receipt of your reinstatement application. The reinstatement of your license shall require the affirmative vote of three-fourths of the members of the Board present at the hearing. You may contact Tamika Hines at (804) 367-4513 to obtain the reinstatement application.

If you have any questions about this matter, you can contact me at (804) 367-4474 or anne.joseph@dhp.virginia.gov.

Sincerely,

Anne Joseph

Anne Joseph, Deputy Director
Administrative Proceedings Division

cc: William L. Harp, M.D., Executive Director, Virginia Board of Medicine
Enclosures

BEFORE THE VIRGINIA DEPARTMENT OF HEALTH PROFESSIONS

IN RE: SHERMAN WASHINGTON, M.D.
License Number: 0101-256005
Case Number: 202478

ORDER OF MANDATORY SUSPENSION

In accordance with Virginia Code § 54.1-2409, the Director of the Virginia Department of Health Professions received evidence that the Washington Medical Commission suspended the license of Sherman Washington, M.D., to practice as a physician and surgeon in the State of Washington. A copy of the Findings of Fact, Conclusions of Law and Final Order of Default is attached hereto as **Commonwealth's Exhibit 1.**

WHEREUPON, by the authority vested in the Director of the Department of Health Professions pursuant to Virginia Code § 54.1-2409, it is hereby ORDERED that the license of Sherman Washington, M.D., to practice medicine and surgery in the Commonwealth of Virginia is hereby SUSPENDED.

Upon entry of this Order, the license of Sherman Washington, M.D., will be recorded as suspended. Should Dr. Washington seek reinstatement of his license pursuant to Virginia Code § 54.1-2409, he shall be responsible for any fees that may be required for the reinstatement of the license prior to issuance of the license to resume practice.

Pursuant to Virginia Code § 2.2-4023 and § 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record and shall be made available for public inspection or copying on request.

David E. Brown, D.C., Director
Virginia Department of Health Professions

ENTERED:
4.14.2020

CERTIFICATION OF DUPLICATE RECORDS

As Director of the Department of Health Professions, I hereby certify that the attached Findings of Fact, Conclusions of Law, and Final Order of Default entered January 28, 2020, regarding Sherman Washington, M.D., is a true copy of the records received from the Washington Medical Commission.

David E. Brown, D.C.

2.14.2020
Date

1300-3

STATE OF WASHINGTON
WASHINGTON MEDICAL COMMISSION

In the Matter of the License to Practice as a Physician and Surgeon of:	No. M2019-234
SHERMAN WASHINGTON, MD License No. MD.MD.60404594 Respondent.	STATEMENT OF CHARGES

FILED
JUL 31 2019
Adjudicative Clerk Office

The Executive Director of the Washington Medical Commission (Commission) is authorized to make the allegations below, which are supported by the evidence contained in file number 2018-6936.

1. ALLEGED FACTS

1.1 On October 30, 2013, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent's license is expired. Respondent is board certified in emergency medicine.

1.2 On or about April 25, 2018, the Commission received a complaint regarding Respondent's prescribing practices. On June 22, 2018, a Commission investigator mailed Respondent a letter of cooperation to the address on file with the Commission requesting six patient records.

1.3 The Commission's investigator contacted the Respondent by phone on July 18, 2018, and the Respondent acknowledged receipt of the letter of cooperation and requested that the letter be emailed to him. The investigator emailed the letter of cooperation to the Respondent that same day. No response was received.

1.4 Additional attempts were made to contact Respondent by phone, email and mail to the address on file with the Commission. On September 11, 2018, a follow up letter (requiring a response within 3 days) was sent to Respondent by certified mail. The signed green card was returned on September 24, 2018. No response was received.

1.5 The Commission's investigator conducted an address search for Respondent through an external database and on October 9, 2018, sent another copy of the follow up letter by certified mail to an address found through the search. On October 25, 2018, the letter was returned "unable to forward."

ORIGINAL

21-104 Washington State Discipline

1.6 Although the Respondent acknowledged actual receipt of the letter of cooperation and certified mail confirms receipt of the follow up three day letter; Respondent has failed to provide the requested records or respond to the Commission's request for information.

2. ALLEGED VIOLATIONS

2.1 Based on the Alleged Facts, Respondent has committed unprofessional conduct in violation of RCW 18.130.180(8)(a) which provides:

> **RCW 18.130.180 Unprofessional conduct.** The following conduct, acts, or conditions constitute unprofessional conduct for any license holder under the jurisdiction of this chapter:
>
> (8) Failure to cooperate with the disciplining authority by:
>
> (a) Not furnishing any papers, documents, records, or other items;
> ... .

2.2 The above violations provide grounds for imposing sanctions under RCW 18.130.160.

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3. NOTICE TO RESPONDENT

The charges in this document affect the public health and safety.. The Executive Director of the Commission directs that a notice be issued and served on Respondent as provided by law, giving Respondent the opportunity to defend against these charges. If Respondent fails to defend against these charges, Respondent shall be subject to discipline and the imposition of sanctions under Chapter 18.130 RCW.

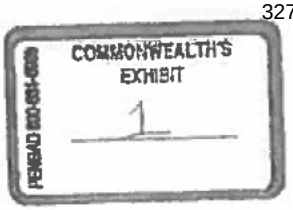
DATED: July 31, 2019

STATE OF WASHINGTON
WASHINGTON MEDICAL COMMISSION

MELANIE DE LEON
EXECUTIVE DIRECTOR

ROBERT W. FERGUSON
ATTORNEY GENERAL

KRISTIN G. BREWER, WSBA NO. 38494
SENIOR COUNSEL



STATE OF WASHINGTON
WASHINGTON MEDICAL COMMISSION

In the Matter of the License to Practice as a Physician and Surgeon of: **SHERMAN WASHINGTON, MD** License No. MD.MD.60404594 Respondent.	**No. M2019-234** **FINDINGS OF FACT, CONCLUSIONS OF LAW, AND FINAL ORDER OF DEFAULT (Failure to Respond)**

The Washington Medical Commission (Commission) has delegated this matter to the Health Law Judge, Presiding Officer, for Findings of Fact, Conclusions of Law, and Final Order of Default (Default Order). The Presiding Officer, on designation by the Commission, enters this Default Order based on the record.

1. FINDINGS OF FACT

1.1 On September 30, 2013, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent's license is expired. However, Respondent is eligible for renewal until October 23, 2020. Respondent is board certified in emergency medicine.

1.2 The Commission has filed the Declaration of Staff Attorney Gordon Wright, Regarding Failure to Respond with attached exhibits.

1.3 On or about April 25, 2018, the Commission received a complaint regarding Respondent's prescribing practices. On June 22, 2018, a Commission investigator mailed Respondent a letter of cooperation to the address on file with the Commission requesting six patient records.

1.4 The Commission's investigator contacted the Respondent by phone on July 18, 2018. Respondent acknowledged receipt of the letter of cooperation, indicated he left the letter in another state and requested that the letter be emailed to him. The investigator emailed the letter of cooperation to the Respondent that same day. No response was received.

1.5 Additional attempts were made to contact Respondent by phone, email and mail to the address on file with the Commission. On September 11, 2018, a follow up

letter (requiring a response within three days) was sent to Respondent by certified mail. The signed reciept was returned on September 24, 2018. No response was received.

1.6 The Commission's investigator conducted an address search for Respondent through an external database and on October 9, 2018, sent another copy of the follow up letter by certified mail to an address found through the search. On October 25, 2018, the letter was returned "unable to forward."

1.7 Although the Respondent acknowledged actual receipt of the letter of cooperation and certified mail confirms receipt of the follow up three day letter, Respondent has failed to provide the requested records or respond to the Commission's request for information.

1.8 On July 31, 2019, the Commission served Respondent with a copy of the following documents at Respondent's last known address:

A. Statement of Charges;

B. Notice of Your Legal Rights and Request for Interpreter; and

C. Answer to Statement of Charges (Answer) form.

1.9 The Statement of Charges alleged Respondent committed unprofessional conduct in violation of RCW 18.130.180(8)(a).

1.10 The Answer to the Statement of Charges was due in the Adjudicative Clerk Office by August 20, 2019.

1.11 To date, the Adjudicative Clerk Office has not received an answer to the Statement of Charges. On August 26, 2019, the Adjudicative Clerk Office issued a Notice of Failure to Respond.

1.12 The Commission has no reason to believe Respondent is now or was in active military service, or a dependent of a person in active military service at the time the Statement of Charges was served.

2. CONCLUSIONS OF LAW

2.1 The Commission has jurisdiction over Respondent and over the subject matter of this case, RCW 18.130.040.

2.2 Respondent did not file a response to the Statement of Charges within the time allowed. WAC 246-11-270(1)(a)(i) or WAC 246-11-270(3). Respondent is in default

and the Commission may issue a final order based on the evidence presented, RCW 18.130.090(1) and RCW 34.05.440.

2.3 Based upon the Findings of Fact, Respondent has engaged in unprofessional conduct in violation of RCW 18.130.180(8)(a).

2.4 Sufficient grounds exist to take disciplinary action against Respondent's license. RCW 18.130.160 and 18.130.180.

3. ORDER

THE COMMISSION ORDERS:

3.1 Respondent's license to practice as a physician and surgeon in the state of Washington is INDEFINITELY SUSPENDED.

3.2 Respondent shall immediately return all licenses to the Commission within ten (10) days of receipt of this Default Order.

3.3 If Respondent violates any provision of this Default Order in any respect, the Commission may take further action against Respondent's license.

3.4 The effective date of this Default Order is that date the Adjudicative Clerk Office places the signed order into the United States mail. Respondent shall not submit any fees or compliance documents until after the effective date of this Default Order.

4. COMPLIANCE WITH SANCTION RULES

4.1 The disciplining authority applies WAC 246-16-800, *et seq.*, to determine appropriate sanctions in final orders pursuant to RCW 18.130.110. WAC 246-16-800(2) and (3) require the Presiding Officer to apply sanctions based on the appropriate sanction schedule(s).

4.2 WAC 246-16-800(2)(b)(iv) provides that "indefinite suspension may be imposed in default and waiver of hearing orders." The sanction of indefinite suspension adequately addresses the facts of this case and is an appropriate sanction.

5. NOTICE TO PARTIES

This Default Order will be reported to the National Practitioner Data Bank (45 CFR Part 60), the Federation of State Medical Boards' Physician Data Center and elsewhere as required by law. This Default Order is a public document. It will be placed on the Department of Health's website, disseminated via the Commission's electronic mailing list, and disseminated according to the Uniform Disciplinary Act

(Chapter 18.130 RCW). It is subject to disclosure under the Public Records Act, Chapter 42.56 RCW, and shall remain part of Respondent's file according to the state's records retention law and cannot be expunged.

Either Party may file a **petition for reconsideration**, RCW 34.05.461(3); 34.05.470. The petition must be filed within **ten (10) days** of service of this Order with the following offices:

Adjudicative Clerk Office
PO Box 47879
Olympia, WA 98504-7879

And a copy must be sent to:

State of Washington
Washington Medical Commission
PO Box 47866
Olympia WA 98504-7866

The petition must state the specific grounds upon which reconsideration is requested and the relief requested. The petition for reconsideration is considered denied **twenty (20) days** after the petition is filed if the Adjudicative Clerk Office has not responded to the petition or served written notice of the date by which action will be taken on the petition.

A petition for judicial review must be filed and served within **thirty (30) days** after service of this Order. RCW 34.05.542. The procedures are identified in chapter 34.05 RCW, Part V, Judicial Review and Civil Enforcement. A petition for reconsideration is not required before seeking judicial review. If a petition for reconsideration is filed, however, the **thirty (30) day** period will begin to run upon the resolution of that petition, RCW 34.05.470(3).

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The Order remains in effect even if a petition for reconsideration or petition for review is filed. "Filing" means actual receipt of the document by the Adjudicative Clerk Office, RCW 34.05.010(6). This Order was "served" upon you on the day it was deposited in the United States mail, RCW 34.05.010(19).

DATED: JANUARY 28 2020

STATE OF WASHINGTON
WASHINGTON MEDICAL COMMISSION

HEALTH LAW JUDGE

PRESENTED BY:

GORDON WRIGHT, WSBA NO. 32997
COMMISSION STAFF ATTORNEY

Jan. 27, 2020
DATE

STATE OF WASHINGTON
WASHINGTON MEDICAL COMMISSION

In the Matter of the License to Practice as a Physician and Surgeon of: **SHERMAN WASHINGTON,MD** License No. MD.MD. 60404594 Respondent.	**No. M2019-234** **STATEMENT OF ALLEGATIONS AND SUMMARY OF EVIDENCE**

The Executive Director of the Washington Medical Commission (Commission), on designation by the Commission, makes the allegations below, which are supported by evidence contained in Commission file number 2018-6936. The patients referred to in this Statement of Allegations and Summary of Evidence is identified in the attached Confidential Schedule.

1. ALLEGATIONS

1.1 On September 30, 2013, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent's license is currently suspended. Respondent is board certified in emergency medicine.

Failure to Cooperate

1.2 On or about April 25, 2018, the Commission received a complaint regarding Respondent's prescribing practices. On June 22, 2018, a Commission investigator mailed Respondent a letter of cooperation to the address on file with the Commission requesting six patient records.

1.3 The Commission's investigator contacted the Respondent by phone on July 18, 2018, and the Respondent acknowledged receipt of the letter of cooperation and requested that the letter be emailed to him. The investigator emailed the letter of cooperation to the Respondent that same day. No response was received.

1.4 Additional attempts were made to contact Respondent by phone, email and mail to the address on file with the Commission. On September 11, 2018, a follow up letter (requiring a response within 3 days) was sent to Respondent by certified mail. The signed green card was returned on September 24, 2018. No response was received.

1.5 The Commission's investigator conducted an address search for Respondent through an external database and on October 9, 2018, sent another copy of

the follow up letter by certified mail to an address found through the search. On October 25, 2018, the letter was returned "unable to forward."

1.6 Although the Respondent acknowledged actual receipt of the letter of cooperation and certified mail confirms receipt of the follow up three day letter, Respondent has failed to provide the requested records or respond to the Commission's request for information.

Improper Prescribing

1.7 Between January 2017 and April 2018 Respondent worked for HealthRight, a telemedicine company, where he prescribed topical applications and other high cost medications (pain patches, ointments and creams).

1.8 The patients to whom Respondent prescribed the medications were solicited by the HealthRight who obtained the patient's contact information after the patient completed an online survey about their pain. Representatives of the HealthRight "cold called" the patients who shared their insurance information. Subsequently the "electronic consultations" were completed and Respondent then reviewed the consultation notes and wrote prescriptions.

1.9 Respondent has acknowledged working for "four or five" different telemedicine companies and having "thousands of patients." At least six of such patients, Patients A through F, resided in the State of Washington.

No Physician-Patient Relationship.

1.10 At no point before, during, or after prescribing medication did Respondent speak with Patients A through F, in person or on the phone, to establish a physician-patient relationship or to discuss treatment history, plan of care, and treatment options.

1.11 Respondent did not conduct a physical examination or document any evaluation of the patient's health history in the health record prior to prescribing medication. There was no interaction whatsoever between Respondent and the patients.

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No Informed Consent.

1.12 At no point before, during, or after prescribing medication did Respondent meet or speak with the patients, in person or on the phone, to obtain informed consent for the prescriptions he wrote. At no time was it ever conveyed to the patients that prescriptions would be sent. More importantly, there was never a clear discussion of *what* prescriptions would be sent, *how* to use them, expected outcomes, risks and benefits, and rationale for prescribing.

2. SUMMARY OF EVIDENCE

2.1 Complaint with attachments from Express Scripts dated April 25, 2018.

2.2 Interview of Complainant

2.3 Memo of Attempts to Contact Respondent dated July 17, 2018

2.4 Emails with Respondent

2.5 Notice of Failure to Respond

2.6 Notice of Default Judgment

2.7 Interview with personnel from HealthRight

2.8 Interview with Respondent

2.9 Prescription Spreadsheet and Prescription Profile of Respondent received from Express Scripts.

3. ALLEGED VIOLATIONS

3.1 The facts alleged in Section 1, if proven, would constitute unprofessional conduct in violation of RCW 18.130.180(1), (4), (6), and 8(a) which provide:

> **RCW 18.130.180 Unprofessional conduct.** The following conduct, acts, or conditions constitute unprofessional conduct for any license holder under the jurisdiction of this chapter:
>
> (1) The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of the person's profession, whether the act constitutes a crime or not. If the act constitutes a crime, conviction in a criminal proceeding is not a condition precedent to disciplinary action. Upon such a conviction, however, the judgment and sentence is conclusive evidence at the ensuing disciplinary hearing of the guilt of the license holder of the crime described in the indictment or information, and of the person's violation of the statute on which it is based. For the purposes of this section, conviction includes all instances in which a plea of guilty or nolo contendere

is the basis for the conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;

...

(4) Incompetence, negligence, or malpractice which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed. The use of a nontraditional treatment by itself shall not constitute unprofessional conduct, provided that it does not result in injury to a patient or create an unreasonable risk that a patient may be harmed;

...

(6) Except when authorized by RCW 18.130.345, the possession, use, prescription for use, or distribution of controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diversion of controlled substances or legend drugs, the violation of any drug law, or prescribing controlled substances for oneself;

...

(8) Failure to cooperate with the disciplining authority by:

(a) Not furnishing any papers, documents, records, or other items;

....

4. NOTICE TO RESPONDENT

4.1 The Commission has determined that this case may be appropriate for resolution through a Stipulation to Informal Disposition pursuant to RCW 18.130.172(2). A proposed Stipulation to Informal Disposition is attached, which contains the disposition the Commission believes is necessary to address the conduct alleged in this Statement of Allegations and Summary of Evidence.

4.2 If Respondent agrees that the disposition imposed by the Stipulation to Informal Disposition is appropriate, Respondent should sign and date the Stipulation to Informal Disposition and return it within **twenty-eight (28) days** to the Washington Medical Commission at P.O. Box 47866, Olympia, Washington 98504-7866.

4.3 If Respondent does not agree that the terms and conditions contained in the Stipulation to Informal Disposition are appropriate, Respondent should contact Gordon Wright, Staff Attorney for the Washington Medical Commission, P.O. Box 47866, Olympia, Washington 98504-7866, (360) 236-2798 within **twenty-eight (28) days**.

4.4 If Respondent does not respond within **twenty-eight (28) days**, the Commission will assume Respondent has declined to resolve the allegations by means of a Stipulation to Informal Disposition.

STATE OF WASHINGTON
WASHINGTON MEDICAL COMMISSION

In the Matter of the License to Practice as a Physician and Surgeon of: **SHERMAN WASHINGTON, MD** License No. MD.MD60404594 Respondent.	**No. M2019-234** **NOTICE AND ORDER FOR WITHDRAWAL OF STATEMENT OF CHARGES**

1. FACTS

1.1 On or about July 7, 2019, the Medical Quality Assurance Commission (Commission) served a Statement of Charges to Respondent.

1.2 Negotiations with Respondent resulted in the decision to re-file this matter as a Statement of Allegations and Stipulation of Informal Disposition.

1.3 Based on further review of the matter, the Executive Director, through the Office of the Attorney General, requests withdrawal of the Statement of Charges without prejudice.

Dated: July 8, 2020.

Kristin G Brewer

KRISTIN G. BREWER, WSBA #38494
ASSISTANT ATTORNEY GENERAL

2. ORDER

2.1 Based on the Foregoing, the Commission hereby ORDERS that the Statement of Charges is WITHDRAWN WITHOUT PREJUDICE.

DATED: July 16, 2020.

STATE OF WASHINGTON
WASHINIGTON MEDICAL COMMISSION

PANEL CHAIR

STATE OF WASHINGTON
WASHINGTON MEDICAL COMMISSION

In the Matter of the License to Practice as a Physician and Surgeon of: **SHERMAN WASHINGTON, MD** License No. MD.MD.60404594 Respondent.	**No. M2019-234** **STATEMENT OF CHARGES**

FILED
JUL 17 2019
Adjudicative Clerk Office

The Executive Director of the Washington Medical Commission (Commission) is authorized to make the allegations below, which are supported by the evidence contained in file number 2018-6936.

1. ALLEGED FACTS

1.1 On October 30, 2013, the state of Washington issued Respondent a license to practice as a physician and surgeon. Respondent's license is expired. Respondent is board certified in emergency medicine.

1.2 On or about April 25, 2018, the Commission received a complaint regarding Respondent's prescribing practices. On June 22, 2018, a Commission investigator mailed Respondent a letter of cooperation to the address on file with the Commission requesting six patient records.

1.3 The Commission's investigator contacted the Respondent by phone on July 18, 2018, and the Respondent acknowledged receipt of the letter of cooperation and requested that the letter be emailed to him. The investigator emailed the letter of cooperation to the Respondent that same day. No response was received.

1.4 Additional attempts were made to contact Respondent by phone, email and mail to the address on file with the Commission. On September 11, 2018, a follow up letter (requiring a response within 3 days) was sent to Respondent by certified mail. The signed green card was returned on September 24, 2018. No response was received..

1.5 The Commission's investigator conducted an address search for Respondent through an external database and on October 9, 2018, sent another copy of the follow up letter by certified mail to an address found through the search. On October 25, 2018, the letter was returned "unable to forward."

ORIGINAL

1.6 Although the Respondent acknowledged actual receipt of the letter of cooperation and certified mail confirms receipt of the follow up three day letter, Respondent has failed to provide the requested records or respond to the Commission's request for information.

2. ALLEGED VIOLATIONS

2.1 Based on the Alleged Facts, Respondent has committed unprofessional conduct in violation of RCW 18.130.180(8)(a) which provides:

> **RCW 18.130.180 Unprofessional conduct.** The following conduct, acts, or conditions constitute unprofessional conduct for any license holder under the jurisdiction of this chapter:
>
> (8) Failure to cooperate with the disciplining authority by:
>
> (a) Not furnishing any papers, documents, records, or other items;
> ... .

2.2 The above violations provide grounds for imposing sanctions under RCW 18.130.160.

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3. NOTICE TO RESPONDENT

The charges in this document affect the public health and safety. The Executive Director of the Commission directs that a notice be issued and served on Respondent as provided by law, giving Respondent the opportunity to defend against these charges. If Respondent fails to defend against these charges, Respondent shall be subject to discipline and the imposition of sanctions under Chapter 18.130 RCW.

DATED: July 31, 2019

STATE OF WASHINGTON
WASHINGTON MEDICAL COMMISSION

MELANIE DE LEON
EXECUTIVE DIRECTOR

ROBERT W. FERGUSON
ATTORNEY GENERAL

KRISTIN G. BREWER, WSBA NO. 38494
SENIOR COUNSEL

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FILED 3284
APR 26 2022
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **LAS VEGAS SCRIPTS RX,** **Pharmacy License No. PH03930,** **NATHAN EDOUARD, RPH,** **Certificate of Registration No. 19462, and** **SHERMAN WASHINGTON, MD,** **Certificate of Registration No. CS24310,** **Respondents.**	**CASE NOS. 19-243-PH-S** **19-243-RPH-S** **19-243-CS-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because at the time of the events alleged herein, Respondent Las Vegas Scripts Rx ("LV Scripts") held a Nevada Pharmacy License No. PH03930, Respondent Nathan Edouard, RPh, ("Edouard") held a Nevada Pharmacist Certificate of Registration No. 19462, and Respondent Sherman Washington, MD, ("Washington") held a Controlled Substance Registration No. CS24310, all issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent LV Scripts is a pharmacy located at 2920 N. Green Valley Parkway, #814, in Henderson, Nevada.

3. Respondent Edouard was/is the owner of LV Scripts and was/is employed as the managing pharmacist during the alleged and relevant timeframes.

4. Respondent Washington was/is a physician who wrote prescriptions with copied signatures filled by LV Scripts during the relevant timeframes.

5. On or about June 10, 2019, LV Scripts received a prescription written by Dr. M.B. for patient M.W. for "Cold Cough & Chest rub 240 grams". The prescription was designated prescription #4000099 and was compounded with Dimethyl Sulfoxide Liquid and Promethazine-Codeine Syrup, which were not written on the prescription. The ingredients and percentages of each drug were not identified on the prescription label.

6. On or about September 25, 2019, Board inspectors completed their annual inspection at LV Scripts. At the inspection, the following violations were discovered:

a. LV Scripts was shipping prescriptions to California and Arizona where LV Scripts is not licensed.

b. LV Scripts appeared to be filling faxed prescriptions that were not signed by practitioners, but contained copied signatures.

c. LV Scripts did not include the required documentation on prescriptions received by telephone from practitioners. The prescriptions also lacked the name(s) of the person(s) who telephoned the prescription, the date(s) the prescription(s) were received and/or the name(s) of the pharmacist(s) who received the order(s).

d. LV Scripts is providing pre-printed prescription forms for marketing purposes in efforts to promote sales to patients and/or practitioners.

e. Respondent Eduoard was improperly documenting prescriptions received by telephone orders on transferred prescriptions.

APPLICABLE LAW

7. A pharmacy must be managed by a registered pharmacist who is responsible for compliance by the pharmacy and personnel with all state, and federal laws and regulations regarding the operation of the pharmacy. NRS 639.220(1).

8. Unprofessional conduct includes a licensee failing strictly to follow the instructions of the prescribing practitioner in filling of and/or placing contents on the label of the prescription. NRS 585.485(2)(b)(1); NAC 639.6703(1)(a); NAC 639.945(1)(c), (d).

9. Unprofessional conduct includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

10. Unprofessional conduct includes a licensee performing any act, task, or operation for which licensure, certification, or registration is required without the required licensure, certification, or registration. NAC 639.945(1)(k).

11. Unprofessional conduct includes the use of secret formulas and failure to strictly follow the instructions of the person writing, making, or ordering a prescription, and to specify the content on the label of the prescription. NAC 639.6703(1)(a); NAC 639.945(1)(c), (d).

12. No pharmacist or owner of a pharmacy may offer an unearned rebate. The furnishing to a practitioner by a pharmacist or pharmacy of prescription blanks bearing the name and address of the pharmacy is an unearned rebate. NRS 639.264.

13. A pharmacy owner is responsible for violations committed by the pharmacy's employees. NRS 639.230; NAC 639.702; NAC 639.945.

14. Respondents are subject to discipline for violations pursuant to NRS 453.236, NRS 453.241, NRS 639.210 and/or NRS 639.255.

COUNT ONE
Unprofessional Conduct – Failure to Strictly Follow Instructions of Prescribing Practitioner (Respondent Edouard)

15. Respondent Edouard engaged in unprofessional conduct when he failed to strictly follow the directions of the prescribing practitioner when compounding prescription #4000099 for patient M.W., which were compounded with Dimethyl Sulfoxide Liquid, a substance not to be used for medicinal purposes on humans, and Promethazine-Codeine Syrup; the ingredients were not written on the prescription in violation of NRS 585.485(2)(b)(1), NAC 639.6703(1)(a), and NAC 639.945(1)(c)(d), and (i), and Respondent Edouard is therefore subject to discipline pursuant to NRS 639.210(4), (12), and/or NRS 639.255.

COUNT TWO
Unprofessional Conduct – Incompetent, Unskillful and Negligent Conduct (Respondents Edouard and Washington)

16. Respondent Edouard engaged in unprofessional conduct and conduct contrary to the public interest, and performed his duties in an incompetent, unskillful or negligent manner when he processed copied signatures on prescriptions for Respondent Washington in violation of NAC 453.440(2), NAC 454.060, and is therefore subject to discipline pursuant to NRS 453.236, NRS 453.241, NRS 639.210, and/or NRS 639.255.

17. Respondent Washington engaged in unprofessional conduct and conduct contrary to the public interest, and performed his duties in an incompetent, unskillful or negligent manner when he allowed his copied signature to be used on prescriptions in violation of NAC 453.440(2), NAC 454.060, and is therefore subject to discipline pursuant to NRS 453.236, NRS 453.241, NRS 639.210, and/or NRS 639.255.

COUNT THREE
Failure to Properly Document Prescriptions on Telephoned Orders (Respondent Edouard)

18. Respondent Edouard failed to provide proper documentation of telephoned orders in violation of NAC 639.707(1), (2), and (6)(b), and is therefore subject to discipline pursuant to NRS 639.210(12), (15), and/or NRS 639.255.

COUNT FOUR
Unprofessional Conduct – Utilization of Pre-printed Forms as Unearned Rebate
(Respondent Edouard)

19. As a pharmacy owner/pharmacist registered with the Board, Respondent Edouard engaged in unprofessional conduct and conduct contrary to the public interest when he utilized pre-printed forms as unearned rebates in marketing his business in violation of NRS 639.264, NAC 639.945(1)(i), and is therefore subject to discipline pursuant to NRS 639.210 and/or NRS 639.255.

COUNT FIVE
Unprofessional Conduct – Unlicensed Activity
(Respondent Edouard)

20. As a pharmacy owner/pharmacist registered with the Board, Respondent Edouard engaged in unprofessional conduct and conduct contrary to the public interest when he shipped prescriptions to California and Arizona without valid licenses in those jurisdictions in violation of NAC 639.945(1)(k), and is therefore subject to discipline pursuant to NRS 639.210 and/or NRS 639.255.

COUNT SIX
Pharmacy/Pharmacy Owner Responsibility
(Respondent LV Scripts)

21. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, LV Scripts is responsible for those violations, including those of the pharmacy's employees, pursuant to NAC 639.702, NAC 639.945(2) and is therefore subject to discipline pursuant to NRS 639.210 and/or NRS 639.255.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of license(s)/registration(s) of these Respondents.

Signed this 26th day of April 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENTS

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **LAS VEGAS SCRIPTS RX,** **Pharmacy License No. PH03930,** **Respondent.**	**CASE NO. 19-243-PH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, June 1, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 26th day of April, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **LAS VEGAS SCRIPTS RX,** **Pharmacy License No. PH03930,** **Respondent.**	**CASE NO. 19-243-PH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

TYPE OR PRINT NAME

_____

AUTHORIZED REPRESENTATIVE FOR LAS VEGAS SCRIPTS RX

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 28th day of April 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Sherman Washington, MD
4966 S. Rainbow Blvd. Suite 100
Las Vegas, NV 89118

Sherman Washington, MD
Transforming Arts
2906 N. Green Valley Pkwy., Suite 114
Henderson, NV 89014

Sherman Washington, MD
1820 E Lake Mead Blvd Ste M
North Las Vegas, NV 89030

Nathan Edouard, RPH
2920 N. Green Valley Pkw Bldg. 8 Ste# 814
Henderson, NV 89014

Las Vegas Scripts Rx
2920 N. Green Valley Pkwy #814
Henderson, NV 89014

SHIRLEY HUNTING

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
• Web Page: bop.nv.gov

May 3, 2022

Las Vegas Scripts Rx
2920 N Green Valley Pkwy #814
Henderson, NV 89014

Re: Las Vegas Scripts Rx and Case No. 19-243-PH-S

Dear Las Vegas Scripts Rx

The hearing for case number 19-243-PH-S has been scheduled for Wednesday, June 1, 2022 1:30 PM PST or soon thereafter at the following location:

Hilton Garden Inn
7830 South Las Vegas Boulevard
Las Vegas, NV

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

If you have any questions, please feel free to contact the board staff.

Sincerely,

K Mangosing

Kristopher Mangosing
Assistant Board Coordinator

9171 9690 0935 0271 8357 28

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Your item has been delivered to an agent for final delivery in HENDERSON, NV 89014 on May 5, 2022 at 11:17 am.

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May 5, 2022 at 11:17 am
HENDERSON, NV 89014

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FAQs

SENDER: *COMPLETE THIS SECTION*

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Las Vegas Scripts Rx
2920 N Green Valley Pkwy #814
Henderson, NV 89014

2. Article Number *(Transfer from service label)*

9171 9690 0935 0271 8357 28

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [signature] ☑ Agent ☐ Addressee

B. Received by *(Printed Name)* 1451 C-19

C. Date of Delivery 5/5/22

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **NATHAN EDOUARD, RPH,** **Certificate of Registration No. 19462,** **Respondent.**	**CASE NO. 19-243-RPH-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, June 1, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 26th day of April, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **NATHAN EDOUARD, RPH,** **Certificate of Registration No. 19462,** **Respondent.**	**CASE NO. 19-243-RPH-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

NATHAN EDOUARD, RPH,

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 28th day of April 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Sherman Washington, MD
4966 S. Rainbow Blvd. Suite 100
Las Vegas, NV 89118

Sherman Washington, MD
Transforming Arts
2906 N. Green Valley Pkwy., Suite 114
Henderson, NV 89014

Sherman Washington, MD
1820 E Lake Mead Blvd Ste M
North Las Vegas, NV 89030

Nathan Edouard, RPH
2920 N. Green Valley Pkw Bldg. 8 Ste# 814
Henderson, NV 89014

Las Vegas Scripts Rx
2920 N. Green Valley Pkwy #814
Henderson, NV 89014

SHIRLEY HUNTING

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521

(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

• Web Page: bop.nv.gov

May 3, 2022

Nathan Edouard
2920 N Green Valley Pkwy Bldg. 8 Suite 814
Henderson, NV 89014

Re: Nathan Edouard and Case No. 19-243-RPH-S

Dear Nathan Edouard

The hearing for case number 19-243-RPH-S has been scheduled for Wednesday, June 1, 2022 1:30 PM PST or soon thereafter at the following location:

Hilton Garden Inn
7830 South Las Vegas Boulevard
Las Vegas, NV

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

If you have any questions, please feel free to contact the board staff.

Sincerely,

Kristopher Mangosing
Assistant Board Coordinator

9171 9690 0935 0271 8357 35

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Nathan Edouard
2920 N Green Valley Pkwy Bldg. 8 Suite 814
Henderson, NV 89014

2. Article Number *(Transfer from service label)*

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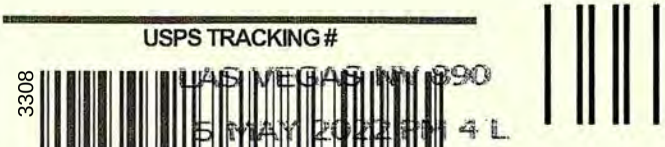
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Nevada State Board of Pharmacy
985 Damonte Ranch Parkway Suite 206
Reno, Nevada 89521

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **SHERMAN WASHINGTON, MD,** **Certificate of Registration No. CS24310,** **Respondent.**	**CASE NO. 19-243-CS-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, June 1, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 26th day of April, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. SHERMAN WASHINGTON, MD, Certificate of Registration No. CS24310, Respondent.	CASE NO. 19-243-CS-S ANSWER AND NOTICE OF DEFENSE

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

SHERMAN WASHINGTON, MD,

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 28th day of April 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Sherman Washington, MD
4966 S. Rainbow Blvd. Suite 100
Las Vegas, NV 89118

Sherman Washington, MD
Transforming Arts
2906 N. Green Valley Pkwy., Suite 114
Henderson, NV 89014

Sherman Washington, MD
1820 E Lake Mead Blvd Ste M
North Las Vegas, NV 89030

Nathan Edouard, RPH
2920 N. Green Valley Pkw Bldg. 8 Ste# 814
Henderson, NV 89014

Las Vegas Scripts Rx
2920 N. Green Valley Pkwy #814
Henderson, NV 89014

SHIRLEY HUNTING

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * *

In the Matter of Charges and Complaint Against: SHERMAN WASHINGTON, M.D., Respondent.	**Case No. 21-41427-1**

FILED
AUG 30 2021
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

COMPLAINT

The Investigative Committee[1] (IC) of the Nevada State Board of Medical Examiners (Board), by and through Aaron Bart Fricke, J.D., General Counsel and attorney for the IC, having a reasonable basis to believe that Sherman Washington, M.D., (Respondent) violated the provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act), hereby issues its Complaint, stating the IC's charges and allegations as follows:

1. Respondent was at all times relevant to this Complaint a medical doctor holding an active license to practice medicine in the State of Nevada (License No. 15168). Respondent was originally licensed by the Board on February 7, 2014.

I. STATEMENT OF LAW

A. "Medical Directors," Medical Assistants, and the Unlicensed Practice of Medicine

2. NRS 630.305(1)(e) provides that aiding, assisting, employing or advising, directly or indirectly, any unlicensed person to engage in the practice of medicine, contrary to the provisions of NRS Chapter 630 or the regulations of the Board, is grounds for disciplinary action or denying licensure.

[1] The Investigative Committee of the Nevada State Board of Medical Examiners, at the time this formal Complaint was authorized for filing, was composed of Board Members Victor M. Muro, M.D., Chair, Weldon Havins, M.D., J.D., and Ms. Maggie Arias-Petrel.

3. Pursuant to NRS 630.020(1)-(4), the "Practice of medicine" means:

> 1. To diagnose, treat, correct, prevent or prescribe for any human disease, ailment, injury, infirmity, deformity or other condition, physical or mental, by any means or instrumentality, including, but not limited to, the performance of an autopsy.
>
> 2. To apply principles or techniques of medical science in the diagnosis or the prevention of any such conditions.
>
> 3. To perform any of the acts described in subsections 1 and 2 by using equipment that transfers information concerning the medical condition of the patient electronically, telephonically or by fiber optics, including, without limitation, through telehealth, from within or outside this State or the United States.
>
> 4. To offer, undertake, attempt to do or hold oneself out as able to do any of the acts described in subsections 1 and 2.

4. NRS 630.400(1)(d) provides that it is unlawful to practice medicine without being licensed under NRS Chapter 630.

5. Pursuant to NRS 630.400(2) and NRS 193.130(c) and (d), the unlawful practice of medicine is a felony, punishable by imprisonment in the state prison for a minimum term of not less than one (1) year and a maximum term of not more than five (5) years.

6. Pursuant to the Medical Practice Act, the only means by which a practitioner may lawfully aid, assist, employ or advise, directly or indirectly, an unlicensed person to engage in the practice of medicine, is by delegating specific tasks to an adequately supervised and trained "medical assistant."

7. Pursuant to NRS 630.0129, a "medical assistant" means a person who:

> (a) performs clinical tasks under the supervision of a practitioner, and
>
> (b) does not hold a license, certificate or registration issued by a professional licensing or regulatory board in this State to perform such clinical tasks; the term does not include a person who performs only administrative, clerical, executive or other nonclinical tasks.

8. Pursuant to NRS 630.306(1)(r), a practitioner must adequately supervise his or her medical assistants, and failing to do so is grounds for initiating disciplinary action or denying licensure.

9. Pursuant to NAC 630.830, a delegating practitioner is professionally responsible for the safety and performance of each task which is delegated to a medical assistant. Pursuant to NAC 630.810, a delegating practitioner may not delegate tasks to a medical assistant unless: (a) the

delegating practitioner knows that the medical assistant possesses the knowledge, skill and training to perform the task safely and properly; (b) the medical assistant is not required to be certified or licensed to perform that task; and (c) the medical assistant is employed by the delegating practitioner or the medical assistant and the delegating practitioner are employed by the same employer.

10. Pursuant to NAC 630.830(4), a delegating practitioner shall not delegate or otherwise allow a medical assistant to administer an anesthetic agent which renders a patient unconscious or semiconscious.

11. Pursuant to NAC 630.820, a delegating practitioner may not remotely supervise a medical assistant, except in a specific case of emergency in a rural area.[2]

12. Except as otherwise provided in NAC 630.820, pursuant to NAC 630.810, if a medical assistant is delegated a task which involves an "invasive procedure," [3] the delegating practitioner must be immediately available to exercise oversight in-person while the medical assistant performs the task.

13. The term "medical director" is not recognized or defined under the Medical Practice Act, and no law authorizes a licensee of the Board to, by calling himself or herself a "medical director," violate or circumvent the aforementioned statutes and regulations of the Medical Practice Act.

14. Accordingly, pursuant to NRS 630.400(1)(d), 630.305(1)(e), and 630.0129, and NAC 630.800-830:

a. A practitioner who, whether by serving as a so-called "medical director" or by some other relationship or circumstance, aids, assists, employs or advises, directly or indirectly, any unlicensed person to engage in the practice of medicine, may lawfully do so only by delegating tasks

---

[2] Remote supervision of a medical assistant is prohibited unless: (a) the patient is located in a rural area; (b) the delegating practitioner is physically located a significant distance from the location where the task is to be performed; (c) the delegating practitioner determines that the exigent needs of the patient require immediate attention; (d) the patient and the delegating practitioner previously established a practitioner-patient relationship; and (e) the delegating practitioner is immediately available by telephone or other means of instant communication during the performance of the task by the medical assistant. As used in NAC 630.820, "rural area" means any area in this State other than Carson City or the City of Elko, Henderson, Reno, Sparks, Las Vegas or North Las Vegas.

[3] The Medical Practice Act does not define "invasive procedure," however, NAC 449.9733 pertaining to Medical Facilities defines "invasive procedure" as "a medical procedure involving entry into the human body by puncture or incision or by insertion of an instrument."

to an adequately supervised and properly trained medical assistant, who the delegating practitioner knows possesses the knowledge, skill and training to perform the task safely and properly, and the delegating practitioner is professionally responsible for the safety and performance of each task which is delegated to that medical assistant.

b. A practitioner who, whether by serving as a so-called "medical director" or by some other relationship or circumstance, aids, assists, employs or advises, directly or indirectly, any unlicensed person to engage in the practice of medicine, but who has not done so by delegating specific tasks to an adequately supervised and properly trained medical assistant, has violated NRS 630.305(1)(e), and is subject to discipline for aiding and abetting the unlicensed practice of medicine. In addition, the unlicensed person engaged in the practice of medicine has violated NRS 630.400(1)(d), by practicing medicine without a license.

c. A practitioner who delegates a medical task to a medical assistant, whether by serving as a so-called "medical director" or by some other relationship or circumstance, remains professionally responsible for, among other requirements, ensuring the following:

i. The safety and performance of each task delegated;

ii. The proper employment relationships between themselves and the medical assistant or their common employer;

iii. The medical assistant is sufficiently knowledgeable, trained and skilled to perform the tasks delegated to them;

iv. The medical assistant is adequately supervised, and the practitioner must be nearby to supervise the specific medical tasks delegated, and, if it is an invasive medical task, then the delegating practitioner must be immediately available to exercise oversight in-person while the medical assistant performs the task; and

v. The medical assistant does not administer an anesthetic agent which renders a patient unconscious or semiconscious.

d. A practitioner who delegates a medical task to a medical assistant, whether by serving as a so-called "medical director" or by some other relationship or circumstance, and who violates the aforementioned provisions of the NRS or NAC pertaining to medical assistants, and

who fails to adequately supervise that medical assistant as required under the circumstances, has violated NRS 630.306(1)(r), and is subject to discipline for failing to adequately supervise a medical assistant.

B. Cosmetologists, "Medical Spas" and "Medical Aestheticians," and the Unlicensed Practice of Medicine

15. Pursuant to NRS 644A.030 a licensed "cosmetologist" is not authorized by such license to practice medicine in any way. Rather, a licensed cosmetologist is authorized to perform only non-medical, cosmetology services, such as cleansing, stimulating or massaging the scalp or cleansing or beautifying the hair by the use of cosmetic preparations, antiseptics, tonics, lotions or creams, cutting, trimming or shaping the hair, removing hair by the use of depilatories, waxing, tweezing or sugaring, except for the permanent removal of hair with needles, manicuring nails, massaging the skin, giving facials, and other miscellaneous non-medical, cosmetological services.

16. Pursuant to NAC 644A.790 a cosmetologist is further explicitly prohibited from performing "invasive procedures," which mean, for the purposes of professional licensing of cosmetologists, "an act that affects the structure or function of the skin other than the uppermost layers of the skin," and which, for the sake of regulating the practice of cosmetologists, includes, without limitation, (a) the application of electricity for the sole purpose of contracting a muscle, (b) the application of a topical lotion, cream or other substance which affects anything other than the uppermost layers of the skin, (c) the penetration of the skin by needles, and (d) the abrasion of the skin below the uppermost layers of the skin.

17. Further, there is no such license as "medical aesthetician" or "medical cosmetologist" authorized by any Nevada law or issued by any Nevada sanctioned professional licensing body. On the contrary, NAC 644A.870 specifically prohibits cosmetologists and aestheticians from using the terms "expert," "advanced" or "medical" in connection with any description of their practice in any branch of cosmetology or otherwise holding the licensee out to the public as an expert, advanced or medical practitioner of any branch of cosmetology.

18. Accordingly, a Nevada licensed cosmetologist or aesthetician may not refer to himself or herself as a "medical cosmetologist" or "medical aesthetician" in connection with any

description of their practice, and may not, in fact, practice medicine in any way or perform invasive medical procedures or medical services of any kind, unless they do so as a "medical assistant" to a Nevada licensed medical professional, i.e., either as medical assistant to a Nevada licensed physician or physician assistant pursuant to NRS 630.0129, et. seq., and NAC 630.800-830, as described above, or similarly as another type of professional "assistant," "hygienist," "technician," or other such designation, who is delegated tasks by and under the direct supervision of a medical professional who is duly licensed pursuant to chapters 631 to 637, inclusive, 639 or 640 of NRS, and who remains professionally responsible for their conduct.

19. If a cosmetologist or aesthetician practices medicine in any way, unless he or she acts as a medical assistant and is delegated tasks and is properly supervised by a professional medical practitioner, then he or she is violating NRS 630.400(1)(d) by practicing medicine without a license.

C. Nevada Pharmacy Laws Regarding Controlled Substances, Dangerous Drugs and Hypodermic Devices

20. NRS 630.306(1)(b)(3) provides that engaging in conduct that violates a regulation adopted by the Nevada State Board of Pharmacy (Pharmacy Board) is grounds for initiating disciplinary action against a licensee.

21. Pursuant to NRS 630.3062(1)(h), fraudulent, illegal, unauthorized or otherwise inappropriate prescribing, administering or dispensing of a controlled substance listed in schedule II, III or IV is grounds for initiating disciplinary action or denying licensure.

22. Pursuant to 21 Code of Federal Regulations (CFR) §1306.04(a)-(b) and NRS 453.381, a physician or physician assistant may prescribe or administer controlled substances only for a legitimate medical purpose and in the usual course of his or her professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, and a prescription may not be issued in order for an individual practitioner to obtain controlled substances for supplying the individual practitioner for the purpose of general dispensing to patients. *See* 21 CFR §1306.04(a)-(b).

///

23. Pursuant to NRS 454.201, a "dangerous drug" is any drug, other than a controlled substance, unsafe for self-medication or unsupervised use, and includes, among other things, (1) any drug which has been approved by the Food and Drug Administration for general distribution and bears the legend: "Caution: Federal law prohibits dispensing without prescription," and (2) any drug which, pursuant to the Board's regulations, may be sold only by prescription because the Board has found those drugs to be dangerous to public health or safety.

24. Pursuant to NRS 454.316 and NRS 454.321, it is unlawful to possess, dispense or furnish a dangerous drug except when furnished to the person by a pharmacist pursuant to a legal prescription from a practitioner.

25. Pursuant to NRS 454.009, a "hypodermic" device is any syringe, needle, instrument, device or implement intended or capable of being adapted for the purpose of administering drugs by subcutaneous, intramuscular or intravenous injection.

26. Pursuant to NRS 454.510, it is unlawful for any person to have in his or her possession or under his or her control any hypodermic device that is restricted by federal law to sale by or on the order of a physician, unless the person has acquired possession of such device in accordance with the provisions of NRS 454.480 to 454.530, inclusive, that is, by sale from a licensed pharmacist, on the prescription of a physician or other practitioner, which prescription is filled as required by NRS 639.236, and may be refilled as authorized by the prescriber.

27. Accordingly, pursuant to NRS 454.009, 454.201, 454.316, 454.321 and 454.510, any person who is not a practitioner as defined in NRS 639.0125 is not permitted by Nevada law to possess, control, access, prescribe, administer, and/or dispense dangerous drugs or hypodermic devices, except as a medical assistant under the direct supervision of a Nevada licensed physician, physician assistant, or other licensed medical professional, and then, only if otherwise permitted and in compliance with laws of regulating pharmacies and pharmaceuticals.

28. NAC 639.742(1) provides that a practitioner who wishes to dispense controlled substances or dangerous drugs must apply to the Pharmacy Board for a certificate of registration to dispense controlled substances or dangerous drugs. A practitioner must submit a separate application for each site of practice, including, without limitation, any remote site or satellite

consultation site, from which the practitioner wishes to dispense controlled substances or dangerous drugs.

29. NAC 639.742(2) provides that if a facility from which the practitioner intends to dispense dangerous drugs or controlled substances is not wholly owned and operated by the practitioner, the owner or owners of the facility must also submit an application to the Pharmacy Board for a license to do so.

30. NAC 639.742(3) provides in pertinent part that a dispensing practitioner and, if applicable, the owner or owners of the facility, shall ensure that:

> . . . (b) All drugs are received and accounted for by the dispensing practitioner;
>
> (c) All drugs are stored in a secure, locked room or cabinet to which the dispensing practitioner has the only key or lock combination;
>
> (d) All drugs are dispensed in accordance with NAC 639.745[4];

---

[4] NAC 639.745 Duties of certain practitioners concerning dispensing of controlled substances and dangerous drugs. (NRS 639.070, 639.0727)

1. Each practitioner who is registered with the Board to dispense controlled substances and dangerous drugs, including, without limitation, a dispensing practitioner, and who dispenses such products for use by the practitioner's patients outside his or her presence shall:

(a) Keep complete, accurate and readily retrievable records of each controlled substance and dangerous drug purchased and dispensed. The record for each such product dispensed to a patient must include:

(1) The name of the patient and, if not readily available from the practitioner's records, the patient's address;

(2) The name, strength and quantity of the prescribed controlled substance or dangerous drug;

(3) The directions for use;

(4) The date the prescription was issued; and

(5) A unique identifying number.

(b) Maintain a separate file for the records concerning the purchase of each controlled substance listed in schedule II and a separate file for the records concerning the dispensing of each controlled substance listed in schedule II. Each prescription for a controlled substance or dangerous drug must be maintained in a separate file pursuant to the requirements set forth in NAC 453.480.

(c) Keep all controlled substances and dangerous drugs in a locked storage area. Access to the storage area must be restricted to the persons described in NRS 453.375.

(d) Ensure that each package or container in which a controlled substance is dispensed, except samples in the manufacturer's packages, is clearly labeled pursuant to the requirements set forth in NRS 639.2801.

(e) Ensure that the package or container in which a controlled substance or dangerous drug is dispensed complies with all state and federal packaging requirements.

(f) Be deemed to be a pharmacy as that term is used in NAC 639.926 and shall comply with that section.

2. A practitioner may dispense dangerous drugs or controlled substances only after the patient has been informed by the practitioner that the patient may request a written prescription and have it filled at another location of the patient's choosing.

3. A record regarding the dispensing of a controlled substance or dangerous drug made and kept pursuant to this section must be maintained on paper or in a computer. If the record is:

(a) Maintained on paper, the record must:

(1) Include all the information required to be on the prescription pursuant to NRS 639.2353 and NAC 453.440;

> (e) No prescription is dispensed to a patient unless the dispensing practitioner is on-site at the facility;
>
> (f) All drugs are dispensed only to the patient personally at the facility;
>
> . . . (h) All drugs are dispensed only for medically necessary purposes and according to prevailing standards of care for practitioners practicing in the specialty claimed or practiced by the dispensing practitioner; and
>
> (i) The certificate for each dispensing technician employed at the facility is displayed in the room or cabinet in which drugs are stored.

31. NAC 639.742(4)(a)-(b) provide, in-part, with regard to the filling and dispensing of prescriptions at a facility, only the dispensing practitioner or a dispensing technician may enter the locked room or cabinet in which drugs are stored and/or remove drugs from stock.

32. NAC 639.945(1) provides in pertinent part that the following acts or practices by a holder of any license, certificate or registration issued by the Pharmacy Board or any employee of any business holding any such license, certificate or registration are declared to be, specifically but not by way of limitation, unprofessional conduct and conduct contrary to the public interest:

> ...(g) Supplying or diverting drugs, biologicals, medicines, substances or devices which are legally sold in pharmacies or by wholesalers, so that unqualified persons can circumvent any law pertaining to the legal sale of such articles.
>
> . . . (i) Performing any of his or her duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner.
>
> . . . (n) Dispensing a drug as a dispensing practitioner to a patient with whom the dispensing practitioner does not have a bona fide therapeutic relationship.
>
> (o) Prescribing a drug as a prescribing practitioner to a patient with whom the prescribing practitioner does not have a bona fide therapeutic relationship.

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(2) Set forth on the front of the prescription a certification initialed and dated by the patient that the patient has been informed by the practitioner in accordance with subsection 2 and that the patient has agreed to have the practitioner dispense the controlled substance or dangerous drug; and

(3) Be serially numbered and kept in numerical order in a single file for all dispensing practitioners, including, without limitation, physician assistants and advanced practice registered nurses, practicing at the same location.

(b) Maintained in a computer, the record must:

(1) Include all the information required to be on the prescription pursuant to NRS 639.2353 and NAC 453.440;

(2) Contain a certification, either in the computer or a separate paper document, initialed and dated by the patient that the patient has been informed by the practitioner in accordance with subsection 2 and that the patient has agreed to have the practitioner dispense the controlled substance or dangerous drug; and

(3) Be searchable for any item required by paragraph (a) of subsection 1 to be included in the record.

33. NAC 639.945(2) provides that the owner of any business or facility licensed, certified or registered by the Pharmacy Board is responsible for the acts of all personnel in his or her employ.

34. NAC 639.945(3) provides that, for purposes of applying Pharmacy Board regulations:

> [A] bona fide therapeutic relationship between the patient and practitioner shall be deemed to exist if the patient was examined in person, electronically or telephonically by the practitioner within the 6 months immediately preceding the date the practitioner dispenses or prescribes a drug to the patient and, as a result of the examination, the practitioner diagnosed a condition for which a given drug therapy is prescribed.

35. Accordingly, any physician or physician assistant who—whether by serving as a so-called "medical director" of, or by furnishing dangerous drugs or hypodermic devices to, or by some other relationship or circumstance with any "medical spa" wherein dangerous drugs or hypodermic devices are possessed, controlled, accessed, prescribed, administered, and/or dispensed—engages in conduct that violates any regulation adopted by the Pharmacy Board, including but not limited to NAC 639.742(1)-(3), (4)(a)-(b), or 639.945(1)-(3), has violated the Nevada Medical Practice Act and is subject to discipline by the Board.

II. THE PERTINENT HISTORY OF CRIMINAL AND UNPROFESSIONAL CONDUCT OF TAMMY LYNN HANKINS, PA-C

36. On or about March 1, 2012, in the Superior Court of the State of Arizona, in and for the County of Mohave (Arizona Court), in Case No. CR-2012-00287, a Grand Jury indicted Tammy Lynn Hankins (Hankins), a physician assistant who at that time held a license to practice medicine in the State of Arizona, on five (5) criminal counts of violations of Arizona law, including COUNT 1: FRAUDULENT SCHEMES AND ARTIFICES, CLASS 2 FELONY; COUNT 2: OBTAIN OR PROCURE THE ADMINISTRATION OF A NARCOTIC DRUG BY FRAUD, CLASS 3 FELONY; COUNT 3: OBTAINING A DANGEROUS DRUG BY FRAUD, CLASS 3 FELONY; COUNT 4: ATTEMPTED OBTAINING A DANGEROUS DRUG BY FRAUD, CLASS 4 FELONY; COUNT 5: ATTEMPTED OBTAINING A DANGEROUS DRUG BY FRAUD, CLASS 4 FELONY.

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Hankins' Arizona Case History

37. On or about November 28, 2012, the Arizona Regulatory Board of Physician Assistants ("Arizona Board"), in Case No. PA-11-0127A, found Hankins, who had been the holder of a license to practice medicine as a physician assistant in the State of Arizona (License No. 2228), guilty of unprofessional conduct. Specifically, the Arizona Board found Hankins guilty with respect to two (2) patients, Patient JC and Patient MW, determining that Hankins deviated from the standard of care by inappropriately and excessively prescribing controlled substances to patients, risking addiction or overdose with a possible fatal outcome.

38. For the foregoing misconduct, the Arizona Board found Hankins guilty of unprofessional conduct pursuant to Arizona Revised Statute (ARS) §32-2501(18)(i) ("prescribing or dispensing controlled substances or prescription-only drugs for which the physician assistant is not approved or in excess of the amount authorized pursuant to this chapter"); ARS §32-2501(18)(j) ("any conduct or practice that is or might be harmful or dangerous to the health of a patient or the public"); ARS § 32-2501 (18)(p) ("failing or refusing to maintain adequate records on a patient"), and ARS § 32-2501(18)(z) ("failing to furnish legally requested information to the [Arizona Board] or its Investigator in a timely manner."). The Arizona Board also found that a practice restriction was needed in order to protect the public, and ordered that Hankins be issued a Letter of Reprimand, placed on probation for one (1) year with additional conditions and restrictions.

Expiration of Hankins's Arizona License

39. Hankins's license to practice medicine as a physician assistant in the State of Arizona (License No. 2228) was due for renewal by June 1, 2013; Hankins did not renew, and her Arizona license expired by operation of law on May 20, 2014.

Arizona Criminal Conduct by Hankins

40. On or about September 14, 2013, the Arizona Court found that Hankins had knowingly, intelligently and voluntarily pled guilty to the offense of: COUNT 3: OBTAINING A DANGEROUS DRUG BY FRAUD, CLASS 3 FELONY. On or about October 2, 2013, the Arizona Court entered its judgment finding Hankins guilty of the foregoing charge, and sentenced Hankins to a suspended

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imposition of sentence and placing the Defendant on probation for a period of four years commencing October 2, 2013, among other conditions of probation.

41. On or about January 17, 2014, pursuant to a Petition to Revoke Probation, the Arizona Court ordered that Hankins be held without bond pending hearing on said petition.

42. On or about August 11, 2014, the Arizona Court found Hankins guilty of violating her probation for the following crimes: OBTAINING A DANGEROUS DRUG BY FRAUD, CLASS 3 FELONY, and SEXUAL CONDUCT WITH A MINOR, CLASS 6 FELONY. For the first crime, Hankins was sentenced to two and one-half (2.5) years with the Arizona Department of Corrections, as a minimum sentence, to date from August 11, 2014, and was given credit for two hundred eight (208) days served prior to sentencing. For the second crime, Hankins was sentenced to one (1) additional year of incarceration, that sentence to run consecutive to the other.

43. Hankins was not licensed to practice medicine as a physician assistant in the State of Nevada before March 6, 2020.

44. Hankins does not hold an active Drug Enforcement Agency (DEA) registration, and has not held a valid registration since 2016. Hankins also does not hold and has never held an active license or registration with the Pharmacy Board.

III. RESPONDENT'S AIDING AND ABETTING THE UNLICENSED PRACTICE OF MEDICINE AT VIDA SPA, AND RELATED VIOLATIONS OF NEVADA PHARMACY LAWS

45. Vida Spa LLC, a Nevada Limited Liability Company, formed July 22, 2016, managed by Gisselle Platfoot ("Vida Spa"), and also doing business as "Vida Spa" and "Vita Medical Spa Las Vegas," is a self-described "medical spa" located at 3225 S Rainbow Blvd #107 and/or #206, Las Vegas, NV 89146.

46. At all times relevant to this Complaint, Vida Spa was licensed in Clark County, Nevada, under Clark County Business License No. 2003447.081-172, under the business category of "Cosmetology Establishment - Other Services." The owners listed under this license are Art Matrix, Inc. and Gisselle Platfoot.

47. At all times relevant to this Complaint, Vida Spa had no other business licenses except for the Clark County Business License No. 2003447.081-172.

48. Gisselle Platfoot, manager of Vida Spa, at all times relevant to this Complaint, did not hold a license to practice medicine or any healing art as a "provider of health care," as defined in NRS 629.031, from any occupational licensing board in the State of Nevada, and was not otherwise a practitioner as defined in NRS 639.0125.

49. Vida Spa is "a facility that provides health care, other than a medical facility". *See* NRS 449.442. At all times relevant to this Complaint, neither Respondent, Hankins, Vida Spa, nor Gisselle Platfoot held a permit pursuant to NRS 449.442 to perform general anesthesia, conscious sedation or deep sedation. Additionally, neither Respondent, Hankins, Vida Spa, nor Gisselle Platfoot held a current accreditation by a nationally recognized organization approved by the State Board of Nevada Bureau of Healthcare Quality and Compliance.

50. At all times relevant to this Complaint, Vida Spa was not a "medical facility," as defined in NRS 449.0151, and not "the office" of a physician or physician assistant licensed pursuant to NRS chapter 630 or 633, qualified dentist, advanced practice registered nurse or podiatric physician, as provided in NRS 454.217.

51. On March 24, 2021, the Pharmacy Board issued a Citation and Order to Cease and Desist (Platfoot Citation) to Vida Spa and Gisselle Platfoot, whereby the Pharmacy Board determined that Vida Spa and Gisselle Platfoot were possessing, administering, prescribing and/or dispensing controlled substances and/or dangerous drugs for Nevada patients from Vida Spa in violation of federal and state law. Specifically, the Platfoot Citation states that Vida Spa and Gisselle Platfoot did not have a dispensing registration and are therefore prohibited from possessing, dispensing and/or administering controlled substances and/or dangerous drugs. The Platfoot Citation finds that Vida Spa and Gisselle Platfoot violated, attempted to violate, assisted or abetted in the violation of or conspired to violate, without limitation, NRS 453.226, NRS 453.316, NRS 453.321(1)(a), NRS 453.331 (l)(c)(d)(t)&(i), NRS 453.381(1), NRS 453.40l(l)(a), NRS 639.0727, NRS 639.100(1), NRS 639.23505, NRS 639.281, NRS 639.2813, NRS 639.310, NAC 639.742, 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 84l(a), 21 U.S.C. § 842(a), 21 U.S.C. § 846 and 21 CFR §§ 1306.03-1306.05. The Platfoot Citation orders Vida Spa and Gisselle Platfoot, pursuant to NRS 639.2895(1), to immediately cease and desist possessing, administering,

prescribing and/or dispensing controlled substances for Nevada patients, and also assessed an administrative fine of five thousand dollars ($5,000.00) pursuant to NRS 639.2895(3).

52. Respondent was the so-called "medical director" of Vida Spa, from on or about September 9, 2019, through on or about November 1, 2019.

53. During Respondent's service as "medical director" of Vida Spa, which was licensed only as a "cosmetology establishment," Hankins, Gisselle Platfoot, and Vida Spa's employees and agents provided medical treatment and/or prescriptions and/or administered dangerous drugs and hypodermic devices and/or dispensed dangerous drugs and hypodermic devices to at least seven (7) patients, as set forth below, which conduct by Hankins, Gisselle Platfoot and Vida Spa's employees and agents constitutes the practice of medicine in Nevada:

PATIENT A

54. Patient A[5] was a fifty-seven (57) year-old female at the time of the events at issue.

55. At all times relevant to Hankins's treatment of Patient A, Respondent was the so-called "medical director" of Vida Spa.[6]

56. On October 9, 2019, Hankins, who did not have her own DEA registration and controlled substance license issued by the Pharmacy Board, utilized the prescribing credentials of Respondent, to issue fraudulent prescriptions to Patient A for Tramadol (a Schedule IV Controlled Substance) 50 mg tablets, 24 ct. for 3 days, and Diazepam (a Schedule IV Controlled Substance) 10 mg tablets, 8 ct. for 3 days; these prescriptions were called-in to the pharmacy by Hankins, or by a Vida Spa employee or agent acting at Hankins's direction, and the prescriptions were filled the same day.

57. Hankins instructed Patient A to take Schedule IV controlled substances in a manner that materially deviated from the issued prescriptions; Hankins instructed Patient A to take Tramadol 50mg, 2 tablets, and Diazepam 10 mg, 1 tablet, at 2:00 p.m., on October 10, 2019, for the

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[5] Patients A's true identity is not disclosed herein to protect her privacy, but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint, along with identifying information for all other patients B through G referred to herein.

[6] It is inferred that Respondent was Hankins' "Supervising Physician." However, there is no evidence clinically, practically nor by credentials that this relationship with Hankins existed.

purpose of conscious sedation for an invasive, surgical, liposuction procedure Hankins planned to perform on Patient A at Vida Spa at 3:00 p.m. that day.

58. Hankins wrote the prescriptions for these controlled substances and instructed Patient A to deviate from the issued prescription in order to conceal the purpose of the medications, which was conscious sedation, and thereby to conceal a violation by Vida Spa of NRS 449.442(1)-(2).

59. Respondent did not see or treat Patient A, did not direct or supervise Hankins in her treatment of Patient A, and did not specifically direct Hankins to issue prescriptions to Patient A.

60. On October 10, 2019, at Vida Spa, at approximately 3:00 p.m., Hankins performed a liposuction procedure on the arms of Patient A. Hankins administered tumescent anesthesia with Lidocaine and Epinephrine to Patient A, which Hankins obtained, without a patient-specific prescription or an order from a licensed practitioner for Patient A, from a general store of controlled substances and dangerous drugs obtained and maintained by Vida Spa in violation of federal and state law.

61. Hankins was not supervised by any licensed physician while performing this invasive surgical procedure on Patient A at Vida Spa.

PATIENT B

62. Patient B was a thirty-one (31) year-old female at the time of the events at issue.

63. At all times relevant to Hankins's treatment of Patient B, Respondent was the so-called "medical director" of Vida Spa.

64. On October 7, 2019, Hankins, who did not have her own DEA registration and controlled substance license issued by the Pharmacy Board, utilized the prescribing credentials of Respondent, to issue fraudulent prescriptions to Patient B for Tramadol 50 mg tablets (a Schedule IV Controlled Substance), 20 ct. for 3 days, Promethazine 25 mg tablets, 12 ct. for 2 days, Sulfameth/Trimethprim 800/160 mg tablets, 20 ct. for 10 days; these prescriptions were called-in to the pharmacy by Hankins, or by a Vida Spa employee or agent acting at Hankins's direction, and the prescriptions were filled the same day.

65. Respondent did not see or treat Patient B, did not direct or supervise Hankins in her treatment of Patient B, and did not specifically direct Hankins to issue prescriptions to Patient B.

66. On October 8, 2019, at Vida Spa, Hankins performed a liposuction procedure on the arms of Patient B. Hankins administered tumescent anesthesia with Lidocaine and Epinephrine to Patient B, which Hankins obtained, without a patient-specific prescription or an order from a licensed practitioner for Patient B, from a general store of controlled substances and dangerous drugs obtained and maintained by Vida Spa in violation of federal and state law.

67. Hankins was not supervised by any licensed physician while performing this invasive surgical procedure on Patient B at Vida Spa.

PATIENT C

68. Patient C was a forty-three (43) year-old female at the time of the events at issue.

69. At all times relevant to Hankins's treatment of Patient C, Respondent was the so-called "medical director" of Vida Spa.

70. On October 9, 2019, Hankins, who did not have her own DEA registration and controlled substance license issued by the Pharmacy Board, utilized the prescribing credentials of Respondent, to issue fraudulent prescriptions to Patient C for Tramadol (a Schedule IV Controlled Substance) 50 mg tablets, 24 ct. for 3 days, Diazepam (a Schedule IV Controlled Substance) 10 mg tablets, 12 ct. for 4 days, Promethazine 25 mg tablets, 20 ct. for 5 days, and Sulfameth/Trimethprim 800/160 mg tablets, 20 ct. for 10 days; these prescriptions were called-in to the pharmacy by Hankins, or by a Vida Spa employee or agent acting at Hankins's direction, and the prescriptions were filled the same day.

71. Hankins instructed Patient C to take the Schedule IV controlled substances in a manner that materially deviated from the issued prescriptions; Hankins instructed Patient C to take Tramadol 50mg, 2 tablets, and Diazepam 10 mg, 1 tablet, one hour in advance of an invasive, surgical liposuction procedure Hankins planned to perform on Patient C at Vida Spa on October 9, 2019, for the purpose of conscious sedation.

72. Hankins wrote the prescriptions for these controlled substances and instructed Patient C to deviate from the issued prescription in order to conceal the purpose of the medications, which was conscious sedation, and thereby to conceal an apparent violation by Vida Spa of NRS 449.442(1)-(2).

73. Respondent did not see or treat Patient C, did not direct or supervise Hankins in her treatment of Patient C, and did not specifically direct Hankins to issue prescriptions to Patient C.

74. On October 9, 2019, at Vida Spa, Hankins performed a liposuction procedure on the arms of Patient C. Hankins administered tumescent anesthesia with Lidocaine and Epinephrine to Patient C, which Hankins obtained, without a patient-specific prescriptions or an order from a licensed practitioner for Patient C, from a general store of controlled substances and dangerous drugs obtained and maintained by Vida Spa in violation of federal and state law.

75. Hankins was not supervised by any licensed physician while performing this invasive surgical procedure on Patient C at Vida Spa.

PATIENT D

76. Patient D was a twenty-two (22) year-old female at the time of the events at issue.

77. At all times relevant to Hankins's treatment of Patient D, Respondent was the so-called "medical director" of Vida Spa.

78. On October 12, 2019, Hankins, who did not have her own DEA registration and controlled substance license issued by the Pharmacy Board, utilized the prescribing credentials of Respondent, to issue fraudulent prescriptions to Patient D for Tramadol (a Schedule IV Controlled Substance) 50 mg tablets, 24 ct. for 3 days and Diazepam (a Schedule IV Controlled Substance) 10 mg tablets, 8 ct. for 3 days; on information and belief, these prescriptions were called-in to the pharmacy by Hankins, or by a Vida Spa employee or agent acting at Hankins's direction, and the prescriptions were filled the same day.

79. On information and belief, Hankins instructed Patient D to take the Schedule IV controlled substances in a manner that materially deviated from the issued prescriptions; Hankins instructed Patient D to take Tramadol 50mg, 2 tablets, and Diazepam 10 mg, 1 tablet, one hour in advance an invasive, surgical liposuction procedure Hankins planned to perform on Patient D at Vida Spa on October 13, 2019, for the purpose of conscious sedation.

80. On information and belief, Hankins wrote the prescriptions for these controlled substances and instructed Patient D to deviate from the issued prescription in order to conceal the

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purpose of the medications, which was conscious sedation, and thereby to conceal an apparent violation by Vida Spa of NRS 449.442(1)-(2).

81. Respondent did not see or treat Patient D, did not direct or supervise Hankins in her treatment of Patient D, and did not specifically direct Hankins to issue prescriptions to Patient D.

82. On October 13, 2019, at Vida Spa, Hankins performed a liposuction procedure on the abdomen and medial inferior upper arms of Patient D. Hankins administered tumescent anesthesia with Lidocaine and Epinephrine to Patient D, which Hankins obtained, without a patient-specific prescription or an order from a licensed practitioner for Patient D, from a general store of controlled substances and dangerous drugs obtained and maintained by Vida Spa in violation of federal and state law.

83. Hankins was not supervised by any licensed physician while performing this invasive surgical procedure on Patient D at Vida Spa.

PATIENT E

84. Patient E was a thirty-three (33) year-old female at the time of the events at issue.

85. At all times relevant to Hankins's treatment of Patient E, Respondent was the so-called "medical director" of Vida Spa.

86. On October 8, 2019, Hankins, who did not have her own DEA registration and controlled substance license issued by the Pharmacy Board, utilized the prescribing credentials of Respondent, to issue a fraudulent prescription to Patient E for Tramadol (a Schedule IV Controlled Substance) 50 mg tablets, 20 ct. for 4 days, which prescription was filled the same day.

87. Respondent did not see or treat Patient E, did not direct or supervise Hankins in her treatment of Patient E, and did not specifically direct Hankins to issue a prescription to Patient E.

88. On October 8, 2019, at Vida Spa, Hankins performed a liposuction procedure on the arms of Patient E. Hankins administered tumescent anesthesia with Lidocaine and Epinephrine to Patient E, which Hankins obtained, without a patient-specific prescriptions or an order from a licensed practitioner for Patient E, from a general store of controlled substances and dangerous drugs obtained and maintained by Vida Spa in violation of federal and state law.

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89. Hankins was not supervised by any licensed physician while performing this invasive surgical procedure on Patient E at Vida Spa.

PATIENT F

90. Patient F was a male of unknown age at the time of the events at issue.

91. At all times relevant to Hankins's treatment of Patient F, Respondent was the so-called "medical director" of Vida Spa.

92. On October 24, 2019, Hankins obtained, without a patient-specific prescription or an order from a licensed practitioner for Patient F, "Botox," a neuromodulator that is derived from Clostridium botulinum or is biosimilar to or the bioequivalent of such a neuromodulator, and "Versa," a hyaluronic acid dermal filler, both of which are dangerous drugs as defined by NRS 454.201, from Vida Spa's general store of controlled substances and dangerous drugs used for general administration and dispensing to patients.

93. Respondent did not see or treat Patient F, and did not direct or supervise Hankins in her treatment of Patient F.

94. On October 24, 2019, at Vida Spa, Hankins injected, and thereby administered pursuant to NRS 454.191, the aforementioned Botox and Versa into various locations on the face of Patient F.

95. Hankins was not supervised by any licensed physician while performing this injection procedure on Patient F at Vida Spa.

PATIENT G

96. Patient G was a sixty-six (66) year-old female at the time of the events at issue.

97. At all times relevant to Hankins's treatment of Patient G, Respondent was the so-called "medical director" of Vida Spa.

98. On October 29, 2019, Hankins obtained, without a patient-specific prescription or an order from a licensed practitioner for Patient G, "Xeomin," a neuromodulator that is derived from Clostridium botulinum or is biosimilar to or the bioequivalent of such a neuromodulator, and "Versa," a hyaluronic acid dermal filler, both of which are dangerous drugs as defined by

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NRS 454.201, from Vida Spa's general store of controlled substances and dangerous drugs used for general administration and dispensing to patients.

99. Respondent did not see or treat Patient G, did not direct or supervise Hankins in her treatment of Patient G.

100. On October 24, 2019, at Vida Spa, Hankins injected, and thereby administered pursuant to NRS 454.191, the aforementioned Xeomin and Versa into various locations on the face of Patient G.

101. Hankins was not supervised by any licensed physician while performing this injection procedure on Patient G at Vida Spa.

IV. RESPONDENT'S MEDICAL DIRECTORSHIP OF VIDA SPA

102. At all times relevant to this Complaint, Hankins did not consult with Respondent regarding any procedures she performed or participated in while "medical director" of Vida Spa.

103. At all times relevant to this Complaint, Respondent did not review or sign any charts for Hankins and was not present during any procedures she performed.

104. At all times relevant to this Complaint, Respondent provided his prescribing credentials and permitted Hankins, Gisselle Platfoot or Vida Spa's employees and agents to prescribe controlled substances to patients under his DEA registration and controlled substance license issued by the Pharmacy Board.

105. At all times relevant to this Complaint, Respondent was not present at Vida Spa during its regular business hours, nor during any times relevant to this Complaint.

106. Despite Hankins's public history of criminal and unprofessional conduct, and incarceration, Respondent, as "medical director" of Vida Spa, did not investigate or exercise ordinary and reasonable diligence to determine whether Hankins was authorized to practice medicine at Vida Spa, and took no action to prohibit the unlicensed practice of medicine at Vida Spa by Hankins, Gisselle Platfoot, and Vida Spa's employees and agents.

107. Respondent did not inform the Board that Hankins was practicing medicine at Vida Spa without a license.

108. Respondent was an independent contractor of Vida Spa.

109. Respondent was not a manager, officer or employee of Vida Spa.

110. Respondent had no ownership or member interest in Vida Spa, nor did he have authority, by contract or otherwise, to manage the affairs of Vida Spa.

111. Neither Gisselle Platfoot nor any of Vida Spa's employees, agents or other independent contractors were employed by Respondent during the time Respondent served as "medical director" of Vida Spa.

112. Respondent has held a valid controlled substance registration issued by the Pharmacy Board (License No. CS24310) since March 3, 2016.

113. At all times relevant to this Complaint, Respondent did not hold a dispensing practitioner license issued by the Pharmacy Board.

114. Respondent did not apply to the Pharmacy Board for a certificate of registration to dispense controlled substances or dangerous drugs at Vida Spa.

115. While "medical director" of Vida Spa, Respondent permitted Gisselle Platfoot and Vida Spa's employees and agents to utilize his medical license and controlled substance registration to prescribe and procure dangerous drugs and controlled substances, which are available only by prescription.

116. While "medical director" of Vida Spa, Respondent permitted dangerous drugs and controlled substances to be left unlocked and readily accessible at Vida Spa in the sole possession, custody and control of Gisselle Platfoot and Vida Spa's employees and agents, and beyond the supervision or restraint of Respondent.

117. All of the dangerous drugs and controlled substances left in the custody and control of Gisselle Platfoot and Vida Spa's employees and agents were at no time stored in a secure, locked room or cabinet accessible only by Respondent. Gisselle Platfoot and Vida Spa's employees and agents had unrestricted access to dangerous drugs, controlled substances, hypodermic devices and other dangerous medical devices and poisonous substances.

118. Gisselle Platfoot and Vida Spa's employees and agents possessed, controlled, stored, prescribed, administered and/or dispensed controlled substances, dangerous drugs and hypodermic devices without a dispensing license as required by the Pharmacy Board.

119. Respondent was not present when Hankins, Gisselle Platfoot, and Vida Spa's employees and agents possessed, controlled, stored, prescribed, administered and/or dispensed controlled substances, dangerous drugs and hypodermic devices obtained using Respondent's medical license and controlled substance registration.

120. Respondent neither received nor accounted for the controlled substances, dangerous drugs and hypodermic devices possessed, controlled, stored, prescribed, administered and/or dispensed by Gisselle Platfoot and Vida Spa's employees and agents.

121. Respondent did not have a bona fide therapeutic relationship with any of the seven (7) patients to whom Hankins, Gisselle Platfoot, and Vida Spa's employees and agents provided medical treatment(s) and/or prescriptions and/or administered dangerous drugs and hypodermic devices and/or dispensed dangerous drugs and hypodermic devices.

122. Respondent did not personally write a prescription or order for any controlled substances and/or dangerous drugs to any of the seven (7) patients to whom Hankins, Gisselle Platfoot, and Vida Spa's employees and agents provided medical treatment and/or prescriptions and/or administered dangerous drugs and hypodermic devices and/or dispensed dangerous drugs and hypodermic devices.

123. Respondent was not on-site at Vida Spa or otherwise immediately available when Hankins, Gisselle Platfoot, and Vida Spa's employees or agents provided medical treatment and/or issued prescriptions for, administered and dispensed controlled substances, dangerous drugs and hypodermic devices to these seven (7) patients.

124. Respondent did not personally administer or dispense at Vida Spa, or personally direct any of Gisselle Platfoot, Hankins or any other of Vida Spa's employees or agents to administer or dispense at Vida Spa, and did not exercise sufficient control of Vida Spa operations to ensure that dangerous drugs and controlled substances were administered and dispensed only for medically necessary purposes and according to prevailing standards of care.

125. Respondent supplied controlled substances, dangerous drugs and hypodermic devices to Gisselle Platfoot, Hankins, and Vida Spa's employees or agents and permitted unqualified persons to circumvent laws pertaining to the legal sale of such articles, and allowed others to utilize

his medical credentials and controlled substance registration to administer, dispense and prescribe controlled substances, dangerous drugs and hypodermic devices to those whom he did not have a bona fide therapeutic relationship.

126. Respondent failed to ensure that he had the required ownership or employment relationship with respect to Vida Spa and its employees and agents for any of them to be, in fact, his medical assistants as defined by NRS 630.0129 and to comply with the requirements of NAC 630.800-840.

127. Respondent also failed to ensure that he had the legal and practical control of Vida Spa's operations to effectively control the conduct of Hankins, Gisselle Platfoot and Vida Spa's employees and agents in performance of all medical activities as his medical assistants or otherwise, in order to prevent prohibited conduct and ensure that his medical assistants possessed the knowledge, skill and training to perform their tasks safely and properly.

COUNT I

NRS 630.301(4) – Malpractice

128. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

129. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating disciplinary action against a licensee.

130. NAC 630.040 defines malpractice as "the failure of a physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances."

131. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when serving as "medical director" of Vida Spa, by, among other failures, aiding and abetting the unlicensed practice of medicine by Hankins, Platfoot and others in rendering medical services to Patient A, B, C, D, E, F and G, by permitting unlicensed individuals, Hankins, Gisselle Platfoot, and other Vida Spa employees and agents, to provide prescriptions and/or administer dangerous drugs and hypodermic devices and/or dispense dangerous drugs and hypodermic devices to patients, by providing his prescribing credentials and permitting Hankins, Gisselle Platfoot or Vida Spa's

employees and agents to prescribe controlled substances to patients under his DEA registration and controlled substance license issued by the Pharmacy Board, and by not being present at Vida Spa during its regular business hours, nor during any times relevant to this Complaint.

132. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT II

NRS 630.305(1)(e) – Aiding the Unlicensed Practice of Medicine

133. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

134. Including, but not limited to the conduct set forth herein, Respondent, aided, assisted, and advised, directly and indirectly, unlicensed persons, including, but not limited to Hankins and Gisselle Platfoot, to engage in the practice of medicine on patients at Vida Spa, specifically including but not limited to Patients A, B, C, D, E, F and G, which conduct was contrary to the provisions of NRS Chapter 630 and the regulations of the Board,

135. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT III

NRS 630.306(1)(b)(3) – Engaging in Conduct that Violated Pharmacy Board Regulations

136. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein

137. NRS 630.306(1)(b)(3) provides that engaging in conduct that violates a regulation adopted by the Pharmacy Board is grounds for initiating disciplinary action.

138. Including but not limited to the conduct described herein, Respondent engaged in conduct that violates regulations adopted by the Pharmacy Board, specifically including but not limited to NAC 639.742(1)-(3), (4)(a)-(b), 639.945(1)-(3), and NAC 639.742(1).

139. By reason of the foregoing, Respondent is subject to discipline by the Nevada State Board of Medical Examiners as provided in NRS 630.352.

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COUNT IV

NRS 630.3062(1)(h) – Fraudulent, Illegal, Unauthorized and Otherwise Inappropriate Prescribing of Controlled Substances

140. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

141. Pursuant to NRS 630.3062(1)(h), fraudulent, illegal, unauthorized or otherwise inappropriate prescribing, administering or dispensing of a controlled substance listed in schedule II, III or IV is grounds for disciplinary action or denying licensure.

142. As demonstrated by, but not limited to, providing his prescribing credentials and permitting Hankins, Gisselle Platfoot or Vida Spa's employees and agents to prescribe controlled substances to patients under his DEA registration and controlled substance license issued by the Pharmacy Board, by not being present at Vida Spa during its regular business hours, nor during any times relevant to this Complaint, by not investigating or exercising ordinary and reasonable diligence in his supervision of unlicensed persons at Vida Spa, by not taking any action to prohibit fraudulent prescribing under his own credentials at Vida Spa, by not informing the Board, Pharmacy Board and/or DEA that fraudulent prescriptions were being issued by Hankins under his credentials, among other conduct, Respondent issued fraudulent, illegal, unauthorized and otherwise inappropriate prescriptions for schedule II and IV controlled substances, Oxycodone-acetaminophen and Alprazolam, respectively, to Patients A, B, C, D and E, who were patients he did not see, examine or diagnose, and with whom he did not have a bona fide therapeutic relationship.

143. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT V

NRS 630.306(1)(p) – (Unsafe or Unprofessional Conduct)

144. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

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145. Engaging in any act that is unsafe or unprofessional conduct in accordance with regulations adopted by the Board is grounds for disciplinary action against a licensee pursuant to NRS 630.306(1)(p).

146. Pursuant to NAC 630.230(1)(g)-(i), it is unprofessional conduct to allow any person to act as a medical assistant in the treatment of a patient of the physician, unless the medical assistant has sufficient training to provide the assistance, to fail to provide adequate supervision of a medical assistant who is supervised by the physician, including, without limitation, supervision provided in the manner described in NAC 630.810 or 630.820, and to fail to provide adequate supervision of a physician assistant.

147. As demonstrated by, but not limited to, the above-outlined facts, Respondent violated NAC 630.230(1)(g)-(i).

148. Respondent's conduct was unsafe and unprofessional.

149. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

WHEREFORE, the Investigative Committee prays:

1. That the Board give Respondent notice of the charges herein against him and give him notice that he may file an answer to the Complaint herein as set forth in NRS 630.339(2) within twenty (20) days of service of the Complaint;

2. That the Board set a time and place for a formal hearing after holding an Early Case Conference pursuant to NRS 630.339(3);

3. That the Board determine what sanctions to impose if it determines there has been a violation or violations of the Medical Practice Act committed by Respondent;

4. That the Board award fees and costs for the investigation and prosecution of this case as outlined in NRS 622.400;

5. That the Board make, issue and serve on Respondent its findings of fact, conclusions of law and order, in writing, that includes the sanctions imposed; and

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6. That the Board take such other and further action as may be just and proper in these premises.

DATED this 30th day of August, 2021.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

AARON B. FRICKE, ESQ.
General Counsel
9600 Gateway Drive
Reno, Nevada 89521
Tel: (702) 486-3813
Email: africke@medboard.nv.gov
Attorney for the Investigative Committee

VERIFICATION

STATE OF NEVADA)
: ss.
COUNTY OF CLARK)

Victor M. Muro, M.D., having been duly sworn, hereby deposes and states under penalty of perjury that he is the Chairman of the Investigative Committee of the Nevada State Board of Medical Examiners that authorized the Complaint against the Respondent herein; that he has read the foregoing Complaint; and that based upon information discovered in the course of the investigation into a complaint against Respondent, he believes that the allegations and charges in the foregoing Complaint against Respondent are true, accurate and correct.

DATED this 30 day of August, 2021.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: V M Muro MD

VICTOR M. MURO, M.D.
Chairman of the Investigative Committee

CERTIFICATE OF SERVICE

I hereby certify that I am employed by the Nevada State Board of Medical Examiners and that on the 31st day of August, 2021, I served a file-stamped copy of the foregoing **COMPLAINT**, via U.S. Certified Mail to the following parties:

SHERMAN WASHINGTON, M.D.
Complete Medical Center
1820 E. Lake Mead Blvd., Ste. M
North Las Vegas, NV 89030
Certified Mail Receipt No.: 9171 9690 0935 0252 1563 23

DATED this 31st day of August, 2021.

MERCEDES FUENTES
Legal Assistant
Nevada State Board of Medical Examiners

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against: **SHERMAN WASHINGTON, M.D,** **Respondent.**	**Case No. 21-41427-1**

FILED
DEC 03 2021
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

SETTLEMENT AGREEMENT

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), by and through Aaron Bart Fricke, Esq., General Counsel for the Board and attorney for the IC, and Sherman Washington, M.D. (Respondent), a licensed physician in Nevada, hereby enter into this Settlement Agreement (Agreement) based on the following:[1]

A. BACKGROUND

1. Respondent is a medical doctor currently licensed in active status by the Board pursuant to Chapter 630 of the Nevada Revised Statutes (NRS) and Chapter 630 of the Nevada Administrative Code (NAC) (collectively, the Medical Practice Act). His license was originally issued on February 7, 2014 (License No. 15168).

2. On August 30th, 2021, in Case No. 21-41427-1, the IC filed a formal Complaint (Complaint) charging Respondent with violating the Medical Practice Act. Specifically, the Complaint alleges one (1) count of violation of NRS 630.301(4), Malpractice, one (1) count of violation of NRS 630.305(1)(e), Aiding the Unlicensed Practice of Medicine, one (1) count of violation of NRS 630.306(1)(b)(3), Engaging in Conduct that Violated Pharmacy Board Regulations, one (1) count of violation of NRS 630.3062(1)(h), Fraudulent, Illegal, Unauthorized and Otherwise

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[1] All agreements and admissions made by Respondent are solely for final disposition of these matters and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, Respondent's agreements and admissions are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, state or federal civil or criminal proceeding, any state or federal court proceeding, or any credentialing or privileges matter.

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Inappropriate Prescribing of Controlled Substances, and one (1) count of violation of NRS 630.306(1)(p), Unsafe or Unprofessional Conduct.

3. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

4. Respondent was properly served with a copy of the Complaint, has reviewed and understands the Complaint, and has had the opportunity to consult with competent counsel concerning the nature and significance of the Complaint.

5. Respondent is hereby advised of his rights regarding these administrative matters, and of his opportunity to defend against the allegations in the Complaint. Specifically, Respondent has certain rights in these administrative matters as set out by the United States Constitution, the Nevada Constitution, the Medical Practice Act, the Nevada Open Meeting Law (OML), which is contained in NRS Chapter 241, and the Nevada Administrative Procedure Act (APA), which is contained in NRS Chapter 233B. These rights include the right to a formal hearing on the allegations in the Complaint, the right to representation by counsel, at his own expense, in the preparation and presentation of his defense, the right to confront and cross-examine the witnesses and evidence against him, the right to written findings of fact, conclusions of law and order reflecting the final decision of the Board, and the right to judicial review of the Board's order, if the decision is adverse to him.

6. Respondent understands that, under the Board's charge to protect the public by regulating the practice of medicine, the Board may take disciplinary action against Respondent's license, including license probation, license suspension, license revocation and imposition of administrative fines, as well as any other reasonable requirement or limitation, if the Board concludes that Respondent violated one or more provisions of the Medical Practice Act.

7. Respondent understands and agrees that this Agreement, by and between Respondent and the IC, is not with the Board, and that the IC will present this Agreement to the Board for consideration in open session at a duly noticed and scheduled meeting. Respondent understands that the IC shall advocate for the Board's approval of this Agreement, but that the Board has the right to decide in its own discretion whether or not to approve this Agreement.

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Respondent further understands and agrees that if the Board approves this Agreement, then the terms and conditions enumerated below shall be binding and enforceable upon him and the Board.

B. TERMS & CONDITIONS

NOW, THEREFORE, in order to resolve the matters addressed herein, i.e., the matters with regard to the Complaint, Respondent and the IC hereby agree to the following terms and conditions:

1. **Jurisdiction**. Respondent is, and at all times relevant to the Complaint has been, a physician licensed to practice medicine in Nevada subject to the jurisdiction of the Board as set forth in the Medical Practice Act.

2. **Representation by Counsel/Knowing, Willing and Intelligent Agreement**. Respondent acknowledges he is not represented by counsel, he has had the opportunity to engage counsel to represent him in this matter, and he wishes to resolve the matters addressed herein without counsel. Respondent agrees that if representations he makes in this matter materially change prior to entering into this Agreement and for the duration of this Agreement, that counsel for the IC will be timely notified of the material change. Respondent agrees that he knowingly, willingly and intelligently enters into this Agreement after deciding represent himself in this matter in lieu of engaging counsel to represent him.

3. **Waiver of Rights**. In connection with this Agreement, and the associated terms and conditions, Respondent knowingly, willingly and intelligently waives all rights in connection with these administrative matters. Respondent hereby knowingly, willingly and intelligently waives all rights arising under the United States Constitution, the Nevada Constitution, the Medical Practice Act, the OML, the APA, and any other legal rights that may be available to him or that may apply to him in connection with the administrative proceedings resulting from the Complaint filed in this matter, including defense of the Complaint, adjudication of the allegations set forth in the Complaint, and imposition of any disciplinary actions or sanctions ordered by the Board. Respondent agrees to settle and resolve the allegations of the Complaint as set out by this Agreement, without a hearing or any further proceedings and without the right to judicial review.

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Reno, Nevada 89521
(775) 688-2559

4. **Acknowledgement of Reasonable Basis to Proceed**. Respondent acknowledges that the IC believes it has a reasonable basis to allege that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. The IC acknowledges that Respondent is agreeing to resolve this matter to avoid the costs of hearing and potential subsequent litigation. Respondent asserts that if these matters were to proceed to hearing, he has evidence, witnesses, expert witness(es) and defenses to the count/claim alleged in the Complaint, but for the purposes of resolving these matters and for no other purpose, Respondent waives the presentation of evidence, witnesses, expert witnesses, and defenses in order to effectuate this Agreement.

5. **Consent to Entry of Order**. In order to resolve the Complaint pending against Respondent, Respondent hereby agrees that the Board may issue an order finding that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. Accordingly, the following terms and conditions are hereby agreed upon:

a. Respondent admits to all counts as alleged in the Complaint, Count I, violation of NRS 630.301(4), Malpractice, Count II, violation of NRS 630.305(1)(e), Aiding the Unlicensed Practice of Medicine, Count III, violation of NRS 630.306(1)(b)(3), Engaging in Conduct that Violated Pharmacy Board Regulations, Count IV, violation of NRS 630.3062(1)(h), Fraudulent, Illegal, Unauthorized and Otherwise Inappropriate Prescribing of Controlled Substances, and Count V, violation of NRS 630.306(1)(p), Unsafe or Unprofessional Conduct.

b. Respondent's license to practice medicine shall be placed on probation for a period of twenty-four (24) months from the date of the Board's acceptance, adoption and approval of this Agreement. During the probation period, should Respondent commit any new violations of the Medical Practice Act or fail to comply with any term or condition of this Agreement, the IC shall be authorized to immediately suspend Respondent's license to practice medicine in Nevada pending an Order to Show Cause Hearing maintaining the suspension pending final adjudication by the Board of the alleged violation.

c. Respondent shall pay a fine in the amount of five thousand dollars ($5,000) within sixty (60) days of the Board's acceptance, adoption, and approval of this Agreement.

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Reno, Nevada 89521
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d. Respondent shall pay the costs and expenses incurred in the investigation and prosecution of the above-referenced matter within sixty (60) days of the Board's acceptance, adoption and approval of this Agreement, in the amount of two thousand one hundred forty-two dollars and forty-eight cents ($2,142.48).

e. Respondent shall complete twenty-two (22) hours of continuing medical education (CME) regarding medical ethics and professionalism within six (6) months of the date of the Board's acceptance, adoption and approval of this Agreement. The aforementioned hours of CME shall be in addition to any CME requirements that are regularly imposed upon Respondent as a condition of licensure in the State of Nevada, and shall be approved by the Board to meet this requirement prior to their completion, and proof of completion shall be provided to the Board.

f. This Agreement shall be reported to the appropriate entities and parties as required by law, including, but not limited to, the National Practitioner Data Bank.

g. Respondent shall receive a Public Letter of Reprimand.

h. The remaining counts of the Complaint, if any, and any other claims arising from the Board's corresponding investigative case file(s), shall be dismissed with prejudice.

6. **Release From Liability**. In execution of this Agreement, Respondent understands and agrees that the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents are immune from civil liability for any decision or action taken in good faith in response to information acquired by the Board. NRS 630.364(2)(a). Respondent agrees to release the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known and unknown, in law or equity, that Respondent ever had, now has, may have or claim to have, against any or all of the persons, government agencies or entities named in this paragraph arising out of, or by reason of, this investigation, this Agreement or the administration of the case referenced herein.

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OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

7. **Procedure for Adoption of Agreement** The IC and counsel for the IC shall recommend approval and adoption of the terms and conditions of this Agreement by the Board in resolution of the Complaint at an upcoming Board meeting at the Board's earliest convenience, and Respondent hereby waives notice of the same, whether under the United States Constitution, the Nevada Constitution, the Medical Practice Act, the OML, the APA, or otherwise. In the course of seeking Board acceptance, approval and adoption of this Agreement, counsel for the IC may communicate directly with the Board staff and the adjudicating members of the Board.

Respondent acknowledges that such contacts and communications may be made or conducted ex parte, without notice or opportunity to be heard on his part until the public Board meeting where this Agreement is discussed, and that such contacts and communications may include, but may not be limited to, matters concerning this Agreement, the Complaint and any and all information of every nature whatsoever related to these matters. The IC and its counsel agree that Respondent and/or Counsel for the Respondent may appear at the Board meeting where this Agreement is discussed and, if requested, respond to any questions that may be addressed to the IC or the IC's counsel.

8. **Effect of Acceptance of Agreement by Board**. In the event the Board accepts, approves and adopts this Agreement, the Board shall issue a final order, making this Agreement an order of the Board, and, pending full compliance with the terms herein, the case shall be closed and any and all remaining claims arising out of the Complaint shall be dismissed with prejudice.

9. **Effect of Rejection of Agreement by Board**. In the event the Board does not accept, approve and adopt this Agreement, this Agreement shall be null, void and of no force and effect except as to the following agreement regarding adjudications: (1) Respondent agrees that, notwithstanding rejection of this Agreement by the Board, nothing contained in this Agreement and nothing that occurs pursuant to efforts of the IC to seek the Board's acceptance of this Agreement shall disqualify any member of the adjudicating panel of the Board from considering the Complaint and from participating in disciplinary proceedings against Respondent, including adjudication of this case; and (2) Respondent further agrees that he shall not seek to disqualify any such member absent evidence of bad faith.

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Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

10. **Binding Effect**. If approved by the Board, Respondent understands that this Agreement is a binding and enforceable contract upon Respondent and the Board.

11. **Forum Selection Clause**. The parties agree that in the event either party is required to seek enforcement of this Agreement in district court, the parties consent to such jurisdiction and agree that jurisdiction shall be in the Second Judicial District Court, State of Nevada, Washoe County.

12. **Attorneys' Fees and Costs**. The parties agree that in the event an action is commenced in district court to enforce any provision of this Agreement, the prevailing party shall be entitled to recover reasonable attorneys' fees and costs.

13. **Failure to Comply With Terms**. Should Respondent fail to comply with any term or condition of this Agreement once the Agreement has been accepted, approved and adopted by the Board, the IC shall be authorized to immediately suspend Respondent's license to practice medicine in Nevada pending an Order To Show Cause Hearing, which will be duly noticed. Failure to comply with the terms of this Agreement, including failure to pay any fines, costs, expenses or fees owed to the Board, is a failure to comply with an order of the Board, which may result in additional disciplinary action being taken against Respondent. NRS 630.3065(2)(a).

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Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

Further, Respondent's failure to remit payment to the Board for monies agreed to be paid as a condition of this Agreement may subject Respondent to any civil and administrative collection efforts available.

DATED this 5th day of October, 2021.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

AARON BART FRICKE, J.D.
General Counsel
9600 Gateway Drive
Reno, NV 89521
Tel: (775) 688-2559
Email: africke@medboard.nv.gov
Attorney for the Investigative Committee

DATED this 30 day of September 2021.

By: _____

SHERMAN WASHINGTON, M.D.,
Nevada License No. 15168
Respondent

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

ORDER

IT IS HEREBY ORDERED that, the foregoing Settlement Agreement (Case No. 21-41427-1) was approved and accepted by the Nevada State Board of Medical Examiners on the 3rd day of December, 2021.

DATED this 3RD day of December, 2021.

NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

VICTOR M. MURO, M.D.
Board President

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
• Web Page: bop.nv.gov

May 3, 2022

Sherman Washington, MD
Transforming Arts
2906 N Green Valley Pkwy., Suite 114
Henderson, NV 89014

Re: Sherman Washington, MD and Case No. 21-104-CS-N

Dear Sherman Washington, MD

The hearing for case number 21-104-CS-N has been scheduled for Wednesday, June 1, 2022 1:30 PM PST or soon thereafter at the following location:

Hilton Garden Inn
7830 South Las Vegas Boulevard
Las Vegas, NV

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

If you have any questions, please feel free to contact the board staff.

Sincerely,

K. Mangosing

Kristopher Mangosing
Assistant Board Coordinator

9171 9690 0935 0271 8357 04

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Tracking Number: 9171969009350271835704

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Your item has been delivered to an agent for final delivery in HENDERSON, NV 89014 on May 5, 2022 at 11:02 am.

USPS Tracking Plus® Available ∨

Delivered to Agent for Final Delivery

May 5, 2022 at 11:02 am
HENDERSON, NV 89014

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FAQs

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- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Sherman Washington, MD
Transforming Arts
2906 N Green Valley Pkwy., Suite 114
Henderson, NV 89014

2. Article Number *(Transfer from service label)*

9171 9690 0935 0271 8357 04

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X ADM ☐ Agent ☐ Addressee

B. Received by *(Printed Name)* 1451 C-19

C. Date of Delivery 5/5/22

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☑ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

9355

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

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3356

9590 9402 6874 1104 6917 33

First-Class Mail
Postage & Fees Paid
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United States Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway Suite 206
Reno, Nevada 89521

Return Service Requested

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
• Web Page: bop.nv.gov

May 3, 2022

Sherman Washington, MD
4966 S Rainbow Blvd. Suite 100
Las Vegas, NV 89118

Re: Sherman Washington, MD and Case No. 21-104-CS-N

Dear Sherman Washington, MD

The hearing for case number 21-104-CS-N has been scheduled for Wednesday, June 1, 2022 1:30 PM PST or soon thereafter at the following location:

Hilton Garden Inn
7830 South Las Vegas Boulevard
Las Vegas, NV

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

If you have any questions, please feel free to contact the board staff.

Sincerely,

K Mangosing

Kristopher Mangosing
Assistant Board Coordinator

9171 9690 0935 0271 8356 98

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May 5, 2022 at 1:31 pm
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FAQs

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- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Sherman Washington, MD
4966 S Rainbow Blvd. Suite 100
Las Vegas, NV 89118

2. Article Number *(Transfer from service label)*

9171 9690 0935 0271 8356 98

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [signature]

☑ Agent
☐ Addressee

B. Received by *(Printed Name)*: Emely Blanco

C. Date of Delivery: 5/5/22

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☑ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
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- ☐ Priority Mail Express®
- ☐ Registered Mail™
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- ☑ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

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Nevada State Board of Pharmacy
985 Damonte Ranch Parkway Suite 206
Reno, Nevada 89521

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FILED
APR 27 2022
NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **AIRTEC GASES, LLC,** **License No. MP00262,** **Respondent.**	**CASE NO. 22-080-MP-S** **NOTICE OF INTENDED ACTION AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because at the time of the events alleged herein, Respondent Airtec Gases, LLC, ("Respondent") License No. MP00262, was a medical products provider based in Las Vegas, Nevada licensed by the Board.

FACTUAL ALLEGATIONS

2. Respondent's location at 2900 South Highland Drive, #19A, Las Vegas, Nevada 89109 has been licensed as a Medical Products Provider, License No. MP00262, since August 2, 2004.

3. On or about March 29, 2022, Board investigative staff contacted Respondent and was informed that Respondent has operated a second location at 1320 Freeport Blvd., Ste. 114, Sparks, Nevada 89431 since 2018. Respondent further informed Board investigative staff that the location in Sparks, Nevada did not hold a Wholesaler license to supply medical gases.

4. Respondent's location at 1320 Freeport Blvd., Ste. 114, Sparks, Nevada 89431 operates as a Wholesaler by distributing medical gases to business customers, including: dental

offices, surgery centers, small medical offices, skilled nursing facilities, veterinary clinics, fire departments, and homecare companies.

5. On or about April 11, 2022, Respondent was served with a CEASE-and-DESIST ORDER pursuant to NRS 639.2895 for Respondent and/or Respondent's employees engaging in the business of furnishing medical devices in Nevada from 1320 Freeport Blvd., Ste. 114, Sparks, Nevada 89431 without a license.

6. Respondent's authorized representatives subsequently represented to Board staff that Respondent had ceased operations at 1320 Freeport Blvd., Ste. 114, Sparks, Nevada 89431.

7. On or about April 14, 2022, Board staff received Respondent's application for a Wholesaler license at its 1320 Freeport Blvd., Ste. 114, Sparks, Nevada 89431 location.

8. On or about April 15, 2022, Respondent applied for and was issued a temporary Wholesaler license, effective from April 15, 2022, through June 2, 2022.

APPLICABLE LAW

11. Any person, including a wholesaler or manufacturer, who engages in the business of wholesale distribution or furnishing medical devices that are restricted by federal law to sale by or on the order of a physician to any person located within this State shall obtain a license pursuant to the provisions of this chapter. NRS 639.233(1).

12. It is unlawful for any wholesaler or manufacturer to furnish, sell, offer for sale, or deliver any medical devices, other than those referred to in NRS 639.270, to any person not authorized by the laws of this state to handle, sell, possess or deal in such devices. NRS 639.288.

13. It is unlawful for any person to manufacture, engage in wholesale distribution, compound, sell or dispense, or permit to be manufactured, distributed at wholesale, compounded, sold or dispensed, any drug, poison, medicine or chemical, or to dispense or compound, or permit to be dispensed or compounded, a prescription of a practitioner, unless the person holds the appropriate certificate, license or permit required by this chapter or chapter 453 or 454 of NRS and complies with the regulations adopted by the Board. NRS 639.100(1)(a) and (b). An applicant for

a license to engage in business as a medical products wholesaler must submit an application to the Board on a form furnished by the Board. NAC 639.6942(1).

14. Performing any duties as the owner of a business or an entity licensed by the Board or as the employee of any such business in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

15. Aiding or abetting a person not licensed in the State of Nevada constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(j) and is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

16. Performing any act, task or operation for which licensure is required without the required license constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

17. Violating any law or regulation relating to the practices of a medical products provider constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.6941(1)(a) and is grounds for suspension or revocation of any license issued by the Board. NRS 639.210(4).

18. The Board may suspend or revoke a license if the holder has violated, attempted to violate, assisted or abetted in the violation of or conspired to violate any provision of Chapter 639 of the Nevada Revised Statutes. NRS 639.210(12).

19. The owner of a medical products wholesaler is responsible for the acts of his or her business administrator and employees. NAC 639.6941(3); NAC 639.945(2).

COUNT ONE
Violations of State Law

20. By engaging in the business of furnishing medical devices in Nevada from 1320 Freeport Blvd., Ste. 114, Sparks, Nevada 89431 as alleged herein, Respondent and/or

Respondent's employees violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 639.233(1), NRS 639.288, NRS 639.100(1)(a) and (b), NAC 639.6942(1). Respondent is therefore subject to discipline pursuant to NAC 639.6941(2), NAC 639.945(2) and NRS 639.210(12).

COUNT TWO

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

21. By engaging in the business of furnishing medical devices in Nevada from 1320 Freeport Blvd., Ste. 114, Sparks, Nevada 89431 as alleged herein, Respondent and/or Respondent's employees performed the duties of a licensed medical products wholesaler in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct as defined in NRS 639.100(1)(a) and/or NAC 639.6941(1)(a) and NAC 639.945(1)(i), and Respondent is therefore subject to discipline pursuant to NAC 639.6941(2), NAC 639.945(2) and NRS 639.210(4).

COUNT THREE

Unprofessional Conduct – Aiding and Abetting Unlicensed Practice

22. By engaging in the business of furnishing medical devices in Nevada from 1320 Freeport Blvd., Ste. 114, Sparks, Nevada 89431 as alleged herein, Respondent and/or Respondent's employees aided and abetted unlicensed activity and engaged in unprofessional conduct as defined in NAC 639.6941(1)(a) and NAC 639.945(1) (j), and Respondent is therefore subject to discipline pursuant to NAC 639.6941(2), NAC 639.945(2) and NRS 639.210(4).

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COUNT FOUR

Unprofessional Conduct –
Operating as Medical Products Provider Without the Required License

23. By engaging in the business of furnishing medical devices in Nevada from 320 Freeport Blvd., Ste. 114, Sparks, Nevada 89431 as alleged herein, Respondent and/or Respondent's employees performed acts, tasks and/or operations for which licensure is required without the required license and engaged in unprofessional conduct as defined in NAC 639.6941(1)(a), and/or NAC 639.6942(1), and/or NAC 639.945(1)(k), and Respondent is therefore subject to discipline pursuant to NAC 639.6941(2), NAC 639.945(2) and NRS 639.210(4).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to license of this Respondent.

Signed this 27th day of April 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **AIRTEC GASES, LLC,** **License No. MP00262,** **Respondent.**	**CASE NO. 22-080-MP-S** **STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has scheduled your hearing on this matter for Wednesday, June 1, 2022, at 9:00 AM PST or soon thereafter at the following location:**

Hilton Garden Inn Las Vegas Strip South
7830 S. Las Vegas Blvd
Las Vegas, NV 89123

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 27th day of APRIL, 2022.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, **Petitioner,** **v.** **AIRTEC GASES, LLC,** **License No. MP00262,** **Respondent.**	**Case No. 22-080-MP-S** **ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2022.

_____

TYPE OR PRINT NAME

_____

AUTHORIZED REPRESENTATIVE FOR AIRTEC GASES, LLC

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 28 day of April, 2022, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Airtec Gases
2900 South Highland Drive, #19A
Las Vegas, NV 89109

Darlene Nases

DARLENE NASES

Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521
(775) 850-1440 • FAX (775) 850-1444
Web Page: bop.nv.gov

April 11, 2022

VIA CERTIFIED U.S. MAIL

AIRTEC GASES, LLC
1320 Freeport Blvd.,
Sparks, NV 89431

AIRTEC GASES, LLC
2900 South Highlands Dr., #19
Las Vegas, NV 89109

CEASE AND DESIST ORDER: UNLICENSED ACTIVITY: CASE NO. 22-080-N

Messrs. Tim Grohs & Chuck Grohs:

The Nevada State Board of Pharmacy ("Board") has determined that your facility located at 1320 Freeport Blvd. supplies oxygen tanks to various businesses in northern Nevada without a Wholesaler license required by Nevada Revised Statutes ("NRS") 639.100, NRS 639.500, and Nevada Administrative Code ("NAC") 639.6942. Board staff has determined that Airtec Gases, LLC has been operating at its 1320 Freeport Blvd. location without a Wholesaler license since 2018. This constitutes a violation of state law including, without limitation, NRS 639.100(1)(b), NRS 639.233(1), NRS 639.288, and NRS 639.310.

Therefore, you are hereby ordered pursuant to NRS 639.2895(1) to CEASE and DESIST dispensing oxygen from your facility at 1320 Freeport Blvd. until such time as your facility has obtained the necessary Wholesaler license. If you have already obtained a Wholesalers license for your Freeport Blvd. location, please disregard this CEASE-and-DESIST ORDER.

Please be aware that the forgoing does not preclude further investigation or the filing of civil or criminal charges. If you have any questions, please do not hesitate to contact me at 775-850-1440 ext. 123 or p.keegan@pharmacy.nv.gov.

Best regards,

Peter Keegan
Assistant General Counsel
Nevada State Board of Pharmacy

Nevada State Board Of Pharmacy

(Firm mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 04/14/2022
Amount: $ 525.00
License #: WH03164

Airtec Gases, LLC
1320 Freeport Blvd Suite 114/115
Sparks NV 89431

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Wholesaler
Effective Date:04/15/2022
Expires:06/02/2022

Airtec Gases, LLC
1320 Freeport Blvd Suite 114/115
Sparks NV 89431

License #
WH03164
Temporary

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim lD Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Wholesaler

Expires: 06/02/2022
STATUS: Temporary

License Type: Wholesaler
License #: WH03164
Effective Date: 04/15/2022
DEA #:
Managing Pharmacist :

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENCED

Airtec Gases, LLC
1320 Freeport Blvd Suite 114/115
Sparks NV 89431

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

6

6A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

CONTROLLED SUBSTANCE APPLICATION

Non-Refundable $200 fee

Rev (05/19/2021)

Y

(This application cannot be used by PA's or APRN's)

Section 1: Personal Information

First: IVAN Middle: LEE Last: GOLDSMITH

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Home Address: [redacted] HAMPTON CIR [redacted], NAPLES, FL 34105

City: NAPLES State: FL Zip: 34105

Telephone: [redacted] Email: IGOLDSMITH@IHNV.COM

Degree: MD Practitioner License #: G1166 Specialty: IM

(You MUST have a current and active license with your respective BOARD to apply for and maintain a controlled substance registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name (if any): IVAN GOLDSMITH MD

Practice Address: 8565 S. EASTERN AVE Suite #: 150

City: LAS VEGAS State: NV Zip: 89123

Telephone: 702.533.4484 Fax: 1-888-702-1960 Email: IGOLDSMITH@IHNV.COM

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		N/A

Section 5: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? SEE NABP report	✓	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✓

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

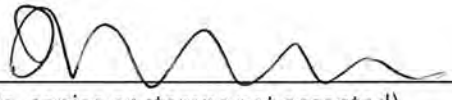
Board Administrative Action:	State:	Date:	Case #:
1) NV Board of Medical Examiners		2/6/2022	18-E756-1

Criminal Action:	State:	Date:	Case #:	County:	Court:
N/A					

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Ivan Li Goldsmith MD — Print Name (First, Last)

2.6.2022 — Date



Original Signature (electronic, copies or stamps not accepted)

7.6.2022 — Date

2) Medical Board of California Case # 800.2019.051547
"Stipulated Surrender of License
October 22, 2019

Board Use Only: Date Processed:	Amount: 200	CHECK # 0201



NATIONAL PRACTITIONER DATA BANK

NPDB

National Practitioner Data Bank
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
https://www.npdb.hrsa.gov

5500000178186558
Process Date: 07/27/2021
Page: 1 of 1

To: GOLDSMITH, IVAN LEE
[redacted] BISCAYNE BLVD STE 2226
AVENTURA, FL 33160-2149

From: National Practitioner Data Bank
Re: Response to Your Self-Query

This self-query response is released by the National Practitioner Data Bank (NPDB) for restricted use under the provisions of Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986, as amended; Section 1921 of the Social Security Act; and Section 1128E of the Social Security Act.

Title IV established the NPDB as an information clearinghouse to collect and release certain information related to malpractice payment history and professional competence or conduct of physicians, dentists, and other licensed health care practitioners.

Section 1921 of the Social Security Act expanded the scope of the NPDB. Section 1921 was enacted to protect program beneficiaries from unfit health care practitioners, and to improve the anti-fraud provisions of federal and state health care programs. Section 1921 authorizes the NPDB to collect certain adverse actions taken by state licensing and certification authorities, peer review organizations, and private accreditation organizations, as well as final adverse actions taken by state law or fraud enforcement agencies (including, but not limited to, state law enforcement agencies, state Medicaid Fraud Control Units, and state agencies administering or supervising the administration of a state health care program), against health care practitioners, health care entities, providers and suppliers.

Section 1128E of the Social Security Act was added by Section 221(a) of Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996. The statute established a national data collection program (formerly known as the Healthcare Integrity and Protection Data Bank) to combat fraud and abuse in health care delivery and to improve the quality of patient care. Section 1128E information is now collected and disclosed by the NPDB as a result of amendments made by Section 6403 of the Affordable Care Act of 2010, Public Law 111-148. Section 1128E information includes certain final adverse actions taken by federal agencies and health plans against health care practitioners, providers, and suppliers.

Regulations governing the NPDB are codified at 45 CFR part 60. Responsibility for operating the NPDB resides with the Secretary of the U.S. Department of Health and Human Services (HHS), and HRSA, Division of Practitioner Data Banks.

Reports from the NPDB contain limited summary information and should be used in conjunction with information from other sources in granting privileges, or in making employment, affiliation, contracting or licensure decisions. NPDB responses may contain more than one report on a particular incident, if two or more actions were taken as a result of a single incident (e.g., an exclusion from a federal or state health care program and an adverse licensure action). The NPDB is a flagging system, and a report may be included for a variety of reasons that do not necessarily reflect adversely on the professional competence or conduct of the subject named in the report.

The response received from a self-query belongs to the subject of the self-query. Subjects may share the information contained in their own self-query responses with whomever they choose.

If you require additional assistance, visit the NPDB web site (https://www.npdb.hrsa.gov) or contact the NPDB Customer Service Center at 1-800-767-6732 (TDD: 1-703-802-9395). Information Specialists are available to speak with you weekdays from 8:30 a.m. to 6:00 p.m. (5:30 p.m. on Fridays) Eastern Time. The NPDB Customer Service Center is closed on all Federal holidays.

National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
https://www.npdb.hrsa.gov

5500000178186558
Process Date: 07/27/2021

GOLDSMITH, IVAN LEE - SELF-QUERY RESPONSE

A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

Practitioner Name: GOLDSMITH, IVAN LEE
Date of Birth: [redacted] **Gender:** MALE
Shipping Address: [redacted] BISCAYNE BLVD STE 2226, AVENTURA, FL 33160-2149
Social Security Number: [redacted]
License: PHYSICIAN (MD), 6116, NV, INTERNAL MEDICINE
Professional School(s): UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE (1986)

B. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 07/27/2021

The following report types have been searched:

Medical Malpractice Payment Report	**Yes, See Below**	Health Plan Action(s):	No Reports
State Licensure or Certification Action	**Yes, See Below**	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports
Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Clinical Privileges Action(s):	No Reports	Peer Review Organization Action(s):	No Reports

Copies of these reports are provided for restricted/limited use as prescribed by statutes listed on the preceding cover page.

MEDICAL BOARD OF CALIFORNIA

STATE LICENSURE OR CERTIFICATION
Basis for Action: - LICENSE REVOCATION, SUSPENSION OR OTHER DISCIPLINARY ACTION TAKEN BY A FEDERAL, STATE OR LOCAL LICENSING AUTHORITY
Initial Action: - VOLUNTARY SURRENDER OF LICENSE **Date of Action:** 10/22/2019
DCN: 5500000152819073

NEW YORK STATE DEPARTMENT OF HEALTH

STATE LICENSURE OR CERTIFICATION
Basis for Action: - LICENSE REVOCATION, SUSPENSION OR OTHER DISCIPLINARY ACTION TAKEN BY A FEDERAL, STATE OR LOCAL LICENSING AUTHORITY
Initial Action: - SUSPENSION OF LICENSE **Date of Action:** 08/01/2019
- VOLUNTARY LIMITATION OR RESTRICTION ON LICENSE
DCN: 5500000150243219

NEVADA STATE BOARD OF MEDICAL EXAMINERS

STATE LICENSURE OR CERTIFICATION
Basis for Action: - OTHER, SEE SECTION C. OF THE REPORT FOR DETAILS - SUBSTANDARD OR INADEQUATE CARE - FAILURE TO MAINTAIN ADEQUATE OR ACCURATE RECORDS - FAILURE TO MAINTAIN ADEQUATE OR ACCURATE RECORDS
Initial Action: - PROBATION OF LICENSE **Date of Action:** 11/30/2018
- REPRIMAND OR CENSURE
- PUBLICLY AVAILABLE FINE/MONETARY PENALTY
- OTHER LICENSURE ACTION, SEE SECTION C. OF THE REPORT FOR DETAILS
DCN: 5500000142072120

National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
https://www.npdb.hrsa.gov

NEVADA STATE BOARD OF PHARMACY

STATE LICENSURE OR CERTIFICATION
Basis for Action: - BREACH OF CONFIDENTIALITY

Initial Action: - REVOCATION OF LICENSE
- PROBATION OF LICENSE
- PUBLICLY AVAILABLE FINE/MONETARY PENALTY
- OTHER LICENSURE ACTION, SEE SECTION C. OF THE REPORT FOR DETAILS

Date of Action: 09/13/2018
DCN: 5500000139685732

MEDICUS INSURANCE COMPANY

MEDICAL MALPRACTICE PAYMENT
Basis for Action: - IMPROPER MANAGEMENT

Initial Action: - SETTLEMENT
Date of Action: 11/01/2010
DCN: 5500000065236264

---------- **Unabridged Report(s) Follow** ----------

National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
https://www.npdb.hrsa.gov

GOLDSMITH, IVAN L.

MEDICAL BOARD OF CALIFORNIA

STATE LICENSURE OR CERTIFICATION ACTION

Date of Action: 10/22/2019

Initial Action	Basis for Initial Action
- VOLUNTARY SURRENDER OF LICENSE	- LICENSE REVOCATION, SUSPENSION OR OTHER DISCIPLINARY ACTION TAKEN BY A FEDERAL, STATE OR LOCAL LICENSING AUTHORITY

A. REPORTING ENTITY

Entity Name:	MEDICAL BOARD OF CALIFORNIA
Address:	2005 EVERGREEN ST STE 1200
City, State, Zip:	SACRAMENTO, CA 95815-5401
Country:	
Name or Office:	CHRISTINA HAYDON
Title or Department:	DISCIPLINE COORDINATION UNIT
Telephone:	(916) 263-2370
Entity Internal Report Reference:	8002019051547
Type of Report:	INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name:	GOLDSMITH, IVAN L.
Other Name(s) Used:	
Gender:	MALE
Date of Birth:	[redacted]
Organization Name:	
Work Address:	5375 S FORT APACHE RD
City, State, ZIP:	LAS VEGAS, NV 89148-7623
Organization Type:	
Home Address:	
City, State, ZIP:	
Deceased:	NO
Federal Employer Identification Numbers (FEIN):	
Social Security Numbers (SSN):	[redacted]
Individual Taxpayer Identification Numbers (ITIN):	
National Provider Identifiers (NPI):	
Professional School(s) & Year(s) of Graduation:	UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE (1986)
Occupation/Field of Licensure:	PHYSICIAN (MD)
State License Number, State of Licensure:	G 129512, CA
Specialty:	UNSPECIFIED
Drug Enforcement Administration (DEA) Numbers:	
Unique Physician Identification Numbers (UPIN):	
Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action):	
Business Address of Affiliate:	
City, State, ZIP:	
Nature of Relationship(s):	

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U.S. Department of Health and Human Services
P.O. Box 10832
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DCN: 5500000152819073
Process Date: 10/18/2019

GOLDSMITH, IVAN L.

C. INFORMATION REPORTED

Type of Adverse Action:	STATE LICENSURE OR CERTIFICATION
Basis for Action:	LICENSE REVOCATION, SUSPENSION OR OTHER DISCIPLINARY ACTION TAKEN BY A FEDERAL, STATE OR LOCAL LICENSING AUTHORITY (39)
Name of Agency or Program That Took the Adverse Action Specified in This Report:	MEDICAL BOARD OF CALIFORNIA
Adverse Action Classification Code(s):	VOLUNTARY SURRENDER OF LICENSE (1145)
Date Action Was Taken:	10/15/2019
Date Action Became Effective:	10/22/2019
Length of Action:	INDEFINITE
Total Amount of Monetary Penalty, Assessment and/or Restitution:	
Is the subject automatically reinstated after the adverse action period is completed?:	
Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken by Reporting Entity:	SURRENDER OF LICENSE.
Is the adverse action specified in this report based on the subject's professional competence or conduct, which adversely affected, or could have adversely affected, the health or welfare of patient(s)?:	YES

☐ Subject identified in Section B has appealed the reported adverse action.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

☐ This report has been disputed by the subject identified in Section B.

☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission:	10/18/2019
Date of Most Recent Change:	10/18/2019

F. SUPPLEMENTAL SUBJECT INFORMATION ON FILE WITH DATA BANK

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

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DCN: 5500000152819073
Process Date: 10/18/2019

GOLDSMITH, IVAN L.

Social Security Numbers (SSN): [redacted]
National Provider Identifiers (NPI): 1073614095
Occupation/Field of Licensure: Physician (MD)
State License Number, State of Licensure: 25649, KY

This report is maintained under the provisions of: Title IV; Section 1921

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, Section 1921 of the Social Security Act, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

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GOLDSMITH, IVAN L

NEW YORK STATE DEPARTMENT OF HEALTH

STATE LICENSURE OR CERTIFICATION ACTION

Date of Action: 08/01/2019

Initial Action	Basis for Initial Action
- SUSPENSION OF LICENSE - VOLUNTARY LIMITATION OR RESTRICTION ON LICENSE	- LICENSE REVOCATION, SUSPENSION OR OTHER DISCIPLINARY ACTION TAKEN BY A FEDERAL, STATE OR LOCAL LICENSING AUTHORITY

A. REPORTING ENTITY

Entity Name:	NEW YORK STATE DEPARTMENT OF HEALTH
Additional Name:	OFFICE OF PROFESSIONAL MEDICAL CONDUCT
Address:	150 BROADWAY STE 355 RIVERVIEW CENTER - OPMC
City, State, Zip:	MENANDS, NY 12204-2751
Country:	
Name or Office:	MEGHAN VANAUKEN
Title or Department:	ADMINISTRATIVE ASSISTANT
Telephone:	(518) 473-2986
Entity Internal Report Reference:	
Type of Report:	INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name:	GOLDSMITH, IVAN L
Other Name(s) Used:	
Gender:	MALE
Date of Birth:	[redacted]
Organization Name:	
Work Address:	
City, State, ZIP:	
Organization Type:	
Home Address:	[redacted] BISCAYNE BLVD STE 2226
City, State, ZIP:	AVENTURA, FL 33160-2149
Deceased:	NO
Federal Employer Identification Numbers (FEIN):	
Social Security Numbers (SSN):	[redacted]
Individual Taxpayer Identification Numbers (ITIN):	
National Provider Identifiers (NPI):	
Professional School(s) & Year(s) of Graduation:	UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE (1986)
Occupation/Field of Licensure:	PHYSICIAN (MD)
State License Number, State of Licensure:	267573, NY
Specialty:	INTERNAL MEDICINE
Drug Enforcement Administration (DEA) Numbers:	
Unique Physician Identification Numbers (UPIN):	
Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action):	
Business Address of Affiliate:	
City, State, ZIP:	
Nature of Relationship(s):	

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C. INFORMATION REPORTED

Type of Adverse Action:	STATE LICENSURE OR CERTIFICATION
Basis for Action:	LICENSE REVOCATION, SUSPENSION OR OTHER DISCIPLINARY ACTION TAKEN BY A FEDERAL, STATE OR LOCAL LICENSING AUTHORITY (39)
Name of Agency or Program That Took the Adverse Action Specified in This Report:	OPMC
Adverse Action Classification Code(s):	SUSPENSION OF LICENSE (1135) VOLUNTARY LIMITATION OR RESTRICTION ON LICENSE (1146)
Date Action Was Taken:	07/25/2019
Date Action Became Effective:	08/01/2019
Length of Action:	INDEFINITE
Total Amount of Monetary Penalty, Assessment and/or Restitution:	
Is the subject automatically reinstated after the adverse action period is completed?:	
Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken by Reporting Entity:	Indefinite suspension until Nevada medical license is unrestricted and until he can prove fitness to practice to the NYS Board of Professional Medical Conduct. During the period of suspension, they physician is precluded from the reliance on his license to practice medicine to exempt him from the license, certification or other requirements for the practice of any other profession licensed, regulated, or certified by the Board of Regents, Department of Education, Department of Health or the Department of State. Upon compliance with all conditions, the physician may petition for a modification order staying the suspension. The physician agreed not to contest the charges of having been found guilty of professional misconduct and having disciplinary action taken by the Board of Medical Examiners of the State of Nevada for using his Nevada Prescription Monitoring Program account to access confidential patient information which was published by the media.
Is the adverse action specified in this report based on the subject's professional competence or conduct, which adversely affected, or could have adversely affected, the health or welfare of patient(s)?:	NO

☐ Subject identified in Section B has appealed the reported adverse action.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

☐ This report has been disputed by the subject identified in Section B.

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DCN: 5500000150243219
Process Date: 08/09/2019

GOLDSMITH, IVAN L

☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 08/09/2019
Date of Most Recent Change: 08/09/2019

F. SUPPLEMENTAL SUBJECT INFORMATION ON FILE WITH DATA BANK

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

Social Security Numbers (SSN): [redacted]
National Provider Identifiers (NPI): 1073614095
Occupation/Field of Licensure: Physician (MD)
State License Number, State of Licensure: 25649, KY

This report is maintained under the provisions of: Section 1921

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Section 1921 of the Social Security Act, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

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GOLDSMITH, IVAN LEE

NEVADA STATE BOARD OF MEDICAL EXAMINERS

STATE LICENSURE OR CERTIFICATION ACTION **Date of Action:** 11/30/2018

Initial Action

- PROBATION OF LICENSE
- REPRIMAND OR CENSURE
- PUBLICLY AVAILABLE FINE/MONETARY PENALTY
- OTHER LICENSURE ACTION, SEE SECTION C. OF THE REPORT FOR DETAILS

Basis for Initial Action

- OTHER, SEE SECTION C. OF THE REPORT FOR DETAILS
- SUBSTANDARD OR INADEQUATE CARE
- FAILURE TO MAINTAIN ADEQUATE OR ACCURATE RECORDS
- FAILURE TO MAINTAIN ADEQUATE OR ACCURATE RECORDS

A. REPORTING ENTITY

Entity Name:	NEVADA STATE BOARD OF MEDICAL EXAMINERS *
Address:	1105 TERMINAL WAY STE 301
City, State, Zip:	RENO, NV 89502-2144
Country:	
Name or Office:	ERNESTO DIAZ
Title or Department:	CHIEF OF INVESTIGATIONS
Telephone:	(775) 324-9370
Entity Internal Report Reference:	
Type of Report:	INITIAL

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 04/06/2020:

Entity Name:	NEVADA STATE BOARD OF MEDICAL EXAMINERS
Address:	9600 GATEWAY DR
City, State, Zip:	RENO, NV 89521-8953
Country:	

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name:	GOLDSMITH, IVAN LEE
Other Name(s) Used:	
Gender:	MALE
Date of Birth:	[redacted]
Organization Name:	
Work Address:	5375 S FORT APACHE RD STE 102-103
City, State, ZIP:	LAS VEGAS, NV 89148-7623
Organization Type:	
Home Address:	5375 S FORT APACHE RD STE 102-103
City, State, ZIP:	LAS VEGAS, NV 89148-7623
Deceased:	NO
Federal Employer Identification Numbers (FEIN):	
Social Security Numbers (SSN):	[redacted]
Individual Taxpayer Identification Numbers (ITIN):	
National Provider Identifiers (NPI):	
Professional School(s) & Year(s) of Graduation:	UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE (1986)
Occupation/Field of Licensure:	PHYSICIAN (MD)
State License Number, State of Licensure:	6116, NV
Specialty:	INTERNAL MEDICINE
Drug Enforcement Administration (DEA) Numbers:	

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Unique Physician Identification Numbers (UPIN):
Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action):
Business Address of Affiliate:
City, State, ZIP:
Nature of Relationship(s):

C. INFORMATION REPORTED

Type of Adverse Action: STATE LICENSURE OR CERTIFICATION
Basis for Action: OTHER - NOT CLASSIFIED, SPECIFY (99)
Other, as Specified: ENGAGING IN CONDUCT THAT VIOLATED PHARMACY BOARD REGULATIONS
SUBSTANDARD OR INADEQUATE CARE (F6)
FAILURE TO MAINTAIN ADEQUATE OR ACCURATE RECORDS (50)
FAILURE TO MAINTAIN ADEQUATE OR ACCURATE RECORDS (50)

Name of Agency or Program That Took the Adverse Action Specified in This Report: NEVADA STATE BOARD OF MEDICAL EXAMINERS

Adverse Action Classification Code(s): PROBATION OF LICENSE (1125)
REPRIMAND OR CENSURE (1140)
PUBLICLY AVAILABLE FINE/MONETARY PENALTY (1173)
OTHER LICENSURE ACTION - NOT CLASSIFIED, SPECIFY (1199)

Other, as Specified: 22 HRS CME'S PRESCRIBING OF CS
Date Action Was Taken: 11/30/2018
Date Action Became Effective: 11/30/2018
Length of Action: INDEFINITE
Total Amount of Monetary Penalty, Assessment and/or Restitution: $ 11,168.05
Is the subject automatically reinstated after the adverse action period is completed?: NO

Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken by Reporting Entity:

On October 17, 2018, in Case No. 18-8756-1, the Investigative Committee (IC) of the Nevada State Board of Medical Examiners' (Board) filed a formal Complaint (Complaint) charging Practitioner with violating the Medical Practice Act (MPA). Specifically, the Complaint alleges: Count I, violation of Nevada Revised Statute (NRS) 630.306 (1)(b)(3) (Engaging in Conduct That Violated Pharmacy Board Regulations); Count II, violation of NRS 630.301(9)(Disreputable Conduct); Count III, violation of NRS 630.306(1)(r) (Failure to Adequately Supervise a Medical Assistant); Count IV, violation of NRS 630.306(1)(b)(3) (Engaging in Conduct That Violated Pharmacy Board Regulations); Count V, violation of NRS 630.306(1)(b)(2) (Violation of Standards of Practice); Count VI, violation of NRS 630.3062(1)(a) (Failure to Maintain Complete Medical Records); Count VII, violation of NRS 630.306(1)(p) (Unsafe or Unprofessional Conduct); Count VIII, violations of NRS 630.306(c) (Unauthorized Dispensing); Count IX, violations of NRS 630.306(c) (Unauthorized Prescribing); Count X, violation of NRS 630.3062 (1)(a) (Failure to Maintain Complete Medical Records). On November

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30, 2018, the Board accepted and approved a Settlement Agreement which allowed an order to be entered finding Practitioner violated NRS 630.306 (1)(b)(3), as set forth in Count I of the Complaint, NRS 630.306(1)(b)(2), as set forth in Count V of the Complaint, and NRS 630.3062(1)(a), as set forth in Counts VI and X of the Complaint, and ordering that he receive a public reprimand and his license to practice medicine in the State of Nevada be placed on probation for a period of time not to exceed 24 months, subject to various terms and conditions, including payment of a fine; completion of 22 hours of CME, in addition to his statutory CME requirements for licensure, and reimbursement of the Board's fees and costs incurred in the investigation and prosecution of the case against him. Practitioner's license shall be placed in "Inactive" status immediately upon signing the Settlement Agreement until successful completion of the terms of his probationary period. Counts II, III, IV, VII, VIII and IX of the Complaint shall be dismissed with prejudice.

Is the adverse action specified in this report based on the subject's professional competence or conduct, which adversely affected, or could have adversely affected, the health or welfare of patient(s)?: YES

☐ Subject identified in Section B has appealed the reported adverse action.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

☐ This report has been disputed by the subject identified in Section B.

☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 12/28/2018
Date of Most Recent Change: 12/28/2018

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DCN: 5500000142072120
Process Date: 12/28/2018
Page: 4 of 4
GOLDSMITH, IVAN LEE

F. SUPPLEMENTAL SUBJECT INFORMATION ON FILE WITH DATA BANK

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

Social Security Numbers (SSN): [redacted]
National Provider Identifiers (NPI): 1073614095
Occupation/Field of Licensure: Physician (MD)
State License Number, State of Licensure: 25649, KY

This report is maintained under the provisions of: Title IV; Section 1921

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, Section 1921 of the Social Security Act, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

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DCN: 5500000139685732
Process Date: 10/11/2018
Page: 1 of 3
GOLDSMITH, IVAN LEE

GOLDSMITH, IVAN LEE

NEVADA STATE BOARD OF PHARMACY

STATE LICENSURE OR CERTIFICATION ACTION

Date of Action: 09/13/2018

Initial Action	Basis for Initial Action
- REVOCATION OF LICENSE - PROBATION OF LICENSE - PUBLICLY AVAILABLE FINE/MONETARY PENALTY - OTHER LICENSURE ACTION, SEE SECTION C. OF THE REPORT FOR DETAILS	- BREACH OF CONFIDENTIALITY

A. REPORTING ENTITY

Entity Name:	NEVADA STATE BOARD OF PHARMACY *
Address:	431 W PLUMB LN
City, State, Zip:	RENO, NV 89509-3766
Country:	
Name or Office:	SHIRLEY HUNTING
Title or Department:	BOARD COORDINATOR
Telephone:	(775) 850-1440
Entity Internal Report Reference:	
Type of Report:	INITIAL

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 07/23/2021:

Entity Name:	NEVADA STATE BOARD OF PHARMACY
Address:	985 DAMONTE RANCH PKWY STE 206
City, State, Zip:	RENO, NV 89521-4881
Country:	

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name:	GOLDSMITH, IVAN LEE
Other Name(s) Used:	
Gender:	MALE
Date of Birth:	[redacted]
Organization Name:	
Work Address:	
City, State, ZIP:	
Organization Type:	
Home Address:	5375 S. FT. APACHE RD., #102/103
City, State, ZIP:	LAS VEGAS, NV 89148
Deceased:	NO
Federal Employer Identification Numbers (FEIN):	
Social Security Numbers (SSN):	***-**-8002
Individual Taxpayer Identification Numbers (ITIN):	
National Provider Identifiers (NPI):	
Professional School(s) & Year(s) of Graduation:	OTHER - UNKNOWN (1984)
Occupation/Field of Licensure:	OTHER PHARMACY SERVICE OCCUPATION - NOT CLASSIFIED, SPECIFY
State License Number, State of Licensure:	CS20816, NV
Description:	PRACTITIONER DISPENSING REGISTRATION
Drug Enforcement Administration (DEA) Numbers:	
Unique Physician Identification Numbers (UPIN):	

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Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action):
Business Address of Affiliate:
City, State, ZIP:
Nature of Relationship(s):

C. INFORMATION REPORTED

Type of Adverse Action:	STATE LICENSURE OR CERTIFICATION
Basis for Action:	BREACH OF CONFIDENTIALITY (C3)
Name of Agency or Program That Took the Adverse Action Specified in This Report:	NEVADA STATE BOARD OF PHARMACY
Adverse Action Classification Code(s):	REVOCATION OF LICENSE (1110) PROBATION OF LICENSE (1125) PUBLICLY AVAILABLE FINE/MONETARY PENALTY (1173) OTHER LICENSURE ACTION - NOT CLASSIFIED, SPECIFY (1199)
Other, as Specified:	IMPLEMENT INTERNAL CONTROLS AND PROCEDUR
Date Action Was Taken:	09/13/2018
Date Action Became Effective:	09/13/2018
Length of Action:	INDEFINITE
Total Amount of Monetary Penalty, Assessment and/or Restitution:	$ 10,000.00
Is the subject automatically reinstated after the adverse action period is completed?:	NO
Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken by Reporting Entity:	Respondent accessed his Prescription Monitoring Program (PMP) account for an unauthorized purpose. He retrieved confidential patient information of a patient that was deceased and never his patient. Respondent disclosed the information to a newspaper who published the information. Respondents controlled substance registration and practitioner dispensing registrations are revoked. The revocation is stayed and the Respondent is placed on probation for one year with conditions. Respondent must pay a $10,000.00 fine; $16,000.00 in attorneys fees and costs; implement internal controls and procedures on PMP use as authorized by law.

☐ Subject identified in Section B has appealed the reported adverse action.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

☐ This report has been disputed by the subject identified in Section B.

☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

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DCN: 5500000139685732
Process Date: 10/11/2018
Page: 3 of 3
GOLDSMITH, IVAN LEE

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 10/11/2018
Date of Most Recent Change: 10/11/2018

F. SUPPLEMENTAL SUBJECT INFORMATION ON FILE WITH DATA BANK

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

Social Security Numbers (SSN): [redacted]
National Provider Identifiers (NPI): 1073614095
Occupation/Field of Licensure: Physician (MD)
State License Number, State of Licensure: 25649, KY

This report is maintained under the provisions of: Section 1921

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Section 1921 of the Social Security Act, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

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DCN: 5500000065236264
Process Date: 11/02/2010
Page: 1 of 3
GOLDSMITH, IVAN

GOLDSMITH, IVAN

MEDICUS INSURANCE COMPANY

MEDICAL MALPRACTICE PAYMENT REPORT

Date of Action: 11/01/2010

Initial Action	Basis for Initial Action
- SETTLEMENT	- IMPROPER MANAGEMENT

A. REPORTING ENTITY

Entity Name:	MEDICUS INSURANCE COMPANY *
Address:	4807 SPICEWOOD SPRINGS RD.
	BLDG. 4-100
City, State, Zip:	AUSTIN, TX 78759
Country:	
Name or Office:	STEVEN DOWD
Title or Department:	CLAIMS OPERATIONS DIRECTOR
Telephone:	(415) 735-2193
Entity Internal Report Reference:	MIC-GHC-08P-79083
Type of Report:	INITIAL

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 08/14/2020:

Entity Name:	MEDICUS INSURANCE COMPANY
Additional Name:	NORCAL GROUP
Address:	6034 W COURTYARD DR STE 310
City, State, Zip:	AUSTIN, TX 78730-5087
Country:	

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name:	GOLDSMITH, IVAN
Other Name(s) Used:	
Gender:	MALE
Date of Birth:	[redacted]
Organization Name:	INNOVATIVE CARE PHYSICIANS
Work Address:	
City, State, ZIP:	
Home Address:	[redacted] W. TROPICANA AVENUE
	SUITE [redacted]
City, State, ZIP:	LAS VEGAS, NV 89103
Deceased:	NO
Social Security Numbers (SSN):	
National Provider Identifiers (NPI):	
Professional School(s) & Year(s) of Graduation:	UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE (1986)
Occupation/Field of Licensure:	PHYSICIAN (MD)
State License Number, State of Licensure:	6116, NV
Drug Enforcement Administration (DEA) Numbers:	
Hospital Affiliation(s):	INNOVATIVE CARE PHYSICIANS
	LAS VEGAS,NV

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
https://www.npdb.hrsa.gov

C. INFORMATION REPORTED

Date of Report: 11/02/2010
Relationship of Entity to This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment for This Practitioner: $ 40,000.00
Date of This Payment: 11/01/2010
This Payment Represents: A SINGLE FINAL PAYMENT
Total Amount Paid or to Be Paid by This Payer for This Practitioner: $ 40,000.00
Payment Result of: SETTLEMENT
Date of Settlement, if Any: 09/14/2010
Adjudicative Body Case Number:
Adjudicative Body Name:
Court File Number:
Description of Settlement and Any Conditions, Including Terms of Payment: SETTLED BY PARTIES.

PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE

Total Amount Paid or to Be Paid by This Payer for All Practitioners in This Case: $ 40,000.00
Number of Practitioners for Whom This Payer Has Paid or Will Pay in This Case: 1

PAYMENTS BY OTHERS FOR THIS PRACTITIONER

Has a State Guaranty Fund or State Excess Judgment Fund Made a Payment for This Practitioner in This Case, or Is Such a Payment Expected to Be Made?: NO
Amount Paid or Expected to Be Paid by the State Fund:
Has a Self-Insured Organization and/or Other Insurance Company/Companies Made Payment(s) for This Practitioner in This Case, or Is/Are Such Payment(s) Expected to Be Made?: NO
Amount Paid or Expected to Be Paid by Self-Insured Organization(s) and/or Other Insurance Company/Companies:

CLASSIFICATION OF ACT(S) OR OMISSION(S)

Patient's Age at Time of Initial Event: 34 YEARS
Patient's Gender: MALE
Patient's Type: OUTPATIENT
Description of the Medical Condition With Which the Patient Presented for Treatment: 34 YEAR OLD MALE PRESENTED TO SUBJECT OF THIS REPORT FOR THE PURPOSE OF LOSING WEIGHT.
Description of the Procedure Performed: SUBJECT OF THIS REPORT DIAGNOSED PATIENT WITH EXOGENOUS OBESITY AND TREATED PATIENT VARIOUS MEDICATIONS, SHOTS AND DIET.
Nature of Allegation: TREATMENT RELATED (060)
Specific Allegation: IMPROPER MANAGEMENT (305)
Date of Event Associated With Allegation or Incident: 01/01/2008
Outcome: EMOTIONAL INJURY ONLY (01)
Description of the Allegations and Injuries or Illnesses Upon Which the Action or Claim Was Based: PLAINTIFF ALLEGING NEGLIGENT TREATMENT FOR WEIGHT LOSS R/I PAIN & SUFFERING

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

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DCN: 5500000065236264
Process Date: 11/02/2010
Page: 3 of 3
GOLDSMITH, IVAN

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

☐ This report has been disputed by the subject identified in Section B.

☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 11/02/2010
Date of Most Recent Change: 11/02/2010

F. SUPPLEMENTAL SUBJECT INFORMATION ON FILE WITH DATA BANK

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

Social Security Numbers (SSN): ***-**-8002
National Provider Identifiers (NPI): 1073614095
Occupation/Field of Licensure: Physician (MD)
State License Number, State of Licensure: 25649, KY

This report is maintained under the provisions of: Title IV

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

FILED
SEP 13 2018
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	**CASE NO. 17-101-CS-S**
	)	
Petitioner,	)	
v.	)	**ORDER**
	)	
IVAN GOLDSMITH, M.D.,	)	
Certificate of Registration Nos. CS20816, PD00413	)	
	)	
Respondent.	/	

This matter came before the Nevada State Board of Pharmacy (Board) at its regularly scheduled meeting on Wednesday, September 5, 2018, in Reno, Nevada. Brett Kandt, Esq., appeared and prosecuted the case before the Board. Respondent Ivan Goldsmith, M.D. (Goldsmith), Certificate of Registration Nos. CS20816 and PD00413, appeared with counsel, E. Brent Bryson, Esq. The Board heard the case and, based on the evidence presented, the Board makes the following Findings of Fact, Conclusions of Law and Order.

FINDINGS OF FACT

The allegations against Goldsmith, as stated in the Accusation on file herein, and upon which the Board makes findings of fact, are as follows:

1. Goldsmith held both a Controlled Substance Registration, Certificate No. CS20816, and a Practitioner Dispensing Registration, Certificate No. PD00413, issued by the Board at the time of the events set forth herein.

2. On December 9, 2013, the Board granted Goldsmith an account for Internet access to the Nevada Prescription Monitoring Program (PMP) for purposes authorized under federal and state law.

3. Before receiving access, Goldsmith signed a Practitioner Certification Statement on December 6, 2013, stating that he understood and agreed under penalty of perjury that he was responsible for all patient information transmitted from his account, that he would treat PMP information as confidential, that he would protect any PMP information in his possession or

control in accordance with federal and state laws governing health care information, and that he would safeguard his password and not share his login credentials with any other person.

4. Stephen Paddock (Paddock) was the perpetrator of the October 1, 2017, Las Vegas mass shooting, and committed suicide immediately after the incident sometime before midnight.

5. On or about October 2, 2017, Goldsmith verified through his office electronic medical records system (EMR) that Paddock was never his patient.

6. From October 2, 2017 at 9:25 a.m. to October 3, 2017 at 2:20 p.m., Goldsmith's PMP account was used to query the PMP database five separate times using different search parameters for each query, to access Paddock's confidential patient information, and to obtain patient utilization reports detailing Paddock's prescription-controlled substance utilization history.

7. The fourth search, conducted on October 3, 2017 at 10:18 a.m., yielded specific prescription information regarding two prescriptions for Paddock filled at Evergreens Drugs in Henderson, Nevada in 2016, and at a Walgreens pharmacy in Reno, Nevada in 2017.

8. On October 3, 2017 at 9:00 p.m., the Las Vegas Review-Journal published an article written by reporter Paul Harasim. That article purported to include Paddock's confidential patient information, including information about the two prescriptions, which the reporter attributed to and obtained from the Nevada Prescription Monitoring Program (PMP).

9. The Las Vegas Review-Journal updated the article on October 4, 2017 at 10:00 a.m. to reference specific prescription data and prescriber information related to Paddock from June 7, 2016 and June 21, 2017.

10. Goldsmith's PMP account is the only possible source for the details in the Las Vegas Review Journal article that are attributed to the PMP, because only the fourth search from his PMP account corresponds to the dates and time frames specified in the article.

11. On or about November 8, 2017, Goldsmith, through his counsel, Jacob L. Hafter, Esq., filed an Amended Declaration with the Eighth Judicial District Court of Clark County Nevada in Case No. A-17-762877-W in which Goldsmith admits to directing his office staff to use his PMP account to query Paddock's confidential patient information and to obtain patient utilization reports on October 2, 2017, and again on October 3, 2017.

12. In his Amended Declaration, Goldsmith also admits to routinely allowing his staff to use his PMP account to query the PMP on his behalf.

13. Board staff incurred at least $8,574.60 in attorney's fees and $7,556.08 in recoverable costs from investigating and prosecuting this matter. The attorney's fees are reasonable based upon legal counsel's professional qualities, the nature of this administrative enforcement action, the work performed, and the result as evidenced by this Order.

CONCLUSIONS OF LAW

Based on the forgoing findings of fact, the Board concludes as a matter of law:

1. The Board has jurisdiction over this matter and this respondent, because at the time of the events herein, Goldsmith held both a Controlled Substance Registration, Certificate No. CS20816, and a Practitioner Dispensing Registration, Certificate No. PD00413, issued by the Board.

2. By accessing or directing his staff to access Paddock's confidential data in the PMP database when Paddock was deceased and never his patient and by obtaining Paddock's patient utilization report, Goldsmith performed his duties as the holder of a Nevada Controlled Substance Registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i). Goldsmith's Controlled Substance Registration, Certificate of Registration No. CS20816, and Practitioner Dispensing Registration, Certificate No. PD00413, are therefore subject to discipline pursuant to NRS 639.210(4) and NRS 639.255.

3. By accessing or directing his staff to access Paddock's confidential data in the

PMP database when Paddock was deceased and never his patient and by obtaining Paddock's patient utilization report, Goldsmith violated the HIPAA Privacy Rule. His Controlled Substance Registration, Certificate of Registration No. CS20816, and Practitioner Dispensing Registration, Certificate No. PD00413, are therefore subject to discipline pursuant to NRS 639.210(11) and NRS 639.255.

4. By accessing or directing his staff to access Paddock's confidential data in the PMP database when Paddock was deceased and never his patient and by obtaining Paddock's patient utilization report, Goldsmith violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.164(7) and/or the HIPAA Privacy Rule. His Controlled Substance Registration, Certificate of Registration No. CS20816, and Practitioner Dispensing Registration, Certificate No. PD00413, are therefore subject to discipline pursuant to NRS 639.210(12) and NRS 639.255.

5. By disclosing or allowing to be disclosed to the press—Las Vegas Review Journal and/or writer Paul Harasim—Paddock's confidential PMP data and patient utilization report, which were accessed only by Goldsmith's PMP account on October 2 and October 3, 2017, Goldsmith violated state and federal law, including the HIPAA Privacy Rule and NRS 639.164(7). His Controlled Substance Registration, Certificate of Registration No. CS20816, and Practitioner Dispensing Registration, Certificate No. PD00413, are therefore subject to discipline pursuant to NRS 639.210(4), (11) and (12) as well as NRS 639.255.

6. By accessing or directing his staff to access Paddock's confidential data in the PMP database when Paddock was deceased and never his patient and by obtaining Paddock's patient utilization report, Goldsmith committed an act that would render his Nevada Controlled Substance Registration inconsistent with the public interest pursuant to NRS 453.231, and is subject to discipline pursuant to NRS 453.236(1)(d) and NRS 453.241(1).

ORDER

THEREFORE, THE BOARD HEREBY ORDERS AS FOLLOWS:

1. Dr. Goldsmith's Certificate of Registration Nos. CS20816 and PD00413, are revoked upon entry of a written order. The revocation is stayed, and Dr. Goldsmith's Certificate of Registration Nos. CS20816 and PD00413 are placed on probation for one (1) year subject to the following conditions. Goldsmith shall:

A. Implement and provide to Board Staff internal controls and procedures within thirty (30) days of the effective date of this Order to ensure that his staff does not use his PMP account to query the PMP on his behalf except as authorized by law;

B. Pay a fine of Two-Thousand Dollars ($2,000.00) for each of the five (5) violations of law, for a total of Ten-Thousand Dollars ($10,000.00). Payment shall be made by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within thirty (30) days of the effective date of this Order; and

C. Pay Sixteen-Thousand Dollars ($16,000.00) to partially reimburse the Board for reasonable attorney's fees and costs incurred in investigating and prosecuting this matter. Payment shall be made by *cashier's check*, *certified check* or *money order* made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within thirty (30) days of the effective date of this Order.

2. If Goldsmith complies with the terms of his probation, at the end of the probationary period the Executive Secretary is granted authority, at his sole discretion, to terminate Goldsmith's probation.

3. Any failure by Goldsmith to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause directing Goldsmith to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. If such a

hearing results in a finding of a violation of this Order, the Board may impose additional discipline not inconsistent with the provisions of NRS Chapter 639.

4. This Order is effective on the date it is executed below.

IT IS SO ORDERED.

Entered this 13 day of September, 2018.

Leo Basch, President
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 14th day of September, 2018, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

E. Brent Bryson, Esq.
7730 West Sahara Avenue – Suite 109
Las Vegas, NV 89117
ebbesqltd@yahoo.com

SHIRLEY HUNTING

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against IVAN LEE GOLDSMITH, M.D., Respondent.	**Case No. 18-8756-1**

FILED
OCT 17 2018
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

COMPLAINT

The Investigative Committee[1] (IC) of the Nevada State Board of Medical Examiners (Board) hereby issues this formal Complaint (Complaint) against Ivan Lee Goldsmith, M.D. (Respondent), a physician licensed in Nevada. After investigating this matter, the IC has a reasonable basis to believe that Respondent has violated provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act). The IC alleges the following facts:

A. Respondent's Violations of Nevada Prescribing Laws, and the Nevada State Board of Pharmacy's Disciplinary Action.

1. Respondent is a physician licensed to practice medicine in the State of Nevada (License No. 6116). He has been continuously licensed by the Board since August 25, 1990.

2. Respondent held both a Controlled Substance Registration, Certificate No. CS20816, and a Practitioner Dispensing Registration, Certificate No. PD00413, issued by the Nevada State Board of Pharmacy (Pharmacy Board) at the time of the events set forth herein in this Section A.

3. On Wednesday, September 5, 2018, in Reno, Nevada, the Pharmacy Board held a formal disciplinary hearing in Pharmacy Board Case No. 17-101-CS-S, pertaining to allegations by the Pharmacy Board against Respondent. Pursuant to the final disciplinary order of the

[1] The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), at the time this formal Complaint was authorized for filing, was composed of Board members Wayne Hardwick, M.D., Chairman, Mr. M. Neil Duxbury, and Aury Nagy, M.D.

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

Pharmacy Board, dated September 13, 2018 (Pharmacy Board Order), the Pharmacy Board made formal findings of fact, *inter alia*, as follows:

a. On December 9, 2013, the Pharmacy Board granted Respondent an account for Internet access to the Nevada Prescription Monitoring Program (PMP) for purposes authorized under federal and state law.

b. Before receiving access, Respondent signed a Practitioner Certification Statement on December 6, 2013, stating that he understood and agreed under penalty of perjury that he was responsible for all patient information transmitted from his account, that he would treat PMP information as confidential, that he would protect any PMP information in his possession or control in accordance with federal and state laws governing health care information, and that he would safeguard his password and not share his login credentials with any other person.

c. Stephen Paddock (Paddock) was the perpetrator of the October 1, 2017, Las Vegas mass shooting, and committed suicide immediately after the incident, sometime before midnight.

d. On or about October 2, 2017, Respondent verified through his office electronic medical records system (EMR) that Paddock was never his patient.

e. From October 2, 2017, at 9:25 a.m., to October 3, 2017, at 2:20 p.m., Respondent's PMP account was used to query the PMP database five separate times using different search parameters for each query, to access Paddock's confidential patient information, and to obtain patient utilization reports detailing Paddock's prescription-controlled substance utilization history.

f. The fourth search, conducted on October 3, 2017, at 10:18 a.m., yielded specific prescription information regarding two prescriptions for Paddock filled at Evergreen Drugs in Henderson, Nevada in 2016, and at a Walgreens pharmacy in Reno, Nevada, in 2017.

g. On October 3, 2017 at 9:00 p.m., the Las Vegas Review-Journal published an article written by reporter Paul Harasim. That article purported to include

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Paddock's confidential patient information, including information about the two prescriptions, which the reporter attributed to and obtained from the PMP.

h. The Las Vegas Review-Journal updated the article on October 4, 2017, at 10:00 a.m., to reference specific prescription data and prescriber information related to Paddock from June 7, 2016, and June 21, 2017.

i. Respondent's PMP account is the only possible source for the details in the Las Vegas Review-Journal article that are attributed to the PMP, because only the fourth search from his PMP account corresponds to the dates and time frames specified in the article.

j. On or about November 8, 2017, Respondent, through his counsel, Jacob L. Hafter, Esq., filed an Amended Declaration with the Eighth Judicial District Court of Clark County, Nevada, in Case No. A-17-762877-W, in which Respondent admits to directing his office staff to use his PMP account to query Paddock's confidential patient information and to obtain patient utilization reports on October 2, 2017, and again on October 3, 2017.

k. In his Amended Declaration, Respondent also admits to routinely allowing his staff to use his PMP account to query the PMP on his behalf.

4. Pursuant to the Pharmacy Board Order, the Pharmacy Board made conclusions of law, *inter alia*, as follows:

a. By accessing or directing his staff to access Paddock's confidential data in the PMP database, when Paddock was deceased and never his patient, and by obtaining Paddock's patient utilization report, Respondent performed his duties as the holder of a Nevada Controlled Substance Registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(l)(i). Respondent's Controlled Substance Registration, Certificate of Registration No. CS20816, and Practitioner Dispensing Registration, Certificate No. PD00413, are therefore subject to discipline pursuant to NRS 639.210(4) and NRS 639.255.

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b. By accessing or directing his staff to access Paddock's confidential data in the PMP database, when Paddock was deceased and never his patient, and by obtaining Paddock's patient utilization report, Respondent violated the HIPAA Privacy Rule. His Controlled Substance Registration, Certificate of Registration No. CS20816, and Practitioner Dispensing Registration, Certificate No. PD00413, are therefore subject to discipline pursuant to NRS 639.210(11) and NRS 639.255.

c. By accessing or directing his staff to access Paddock's confidential data in the PMP database, when Paddock was deceased and never his patient, and by obtaining Paddock's patient utilization report, Respondent violated, attempted to violate, assisted or abetted in the violation of, or conspired to violate NRS 453.164(7) and/or the HIPAA Privacy Rule. His Controlled Substance Registration, Certificate of Registration No. CS20816, and Practitioner Dispensing Registration, Certificate No. PD00413, are therefore subject to discipline pursuant to NRS 639.210(12) and NRS 639.255.

d. By disclosing, or allowing to be disclosed, to the Las Vegas Review-Journal and/or writer Paul Harasim Paddock's confidential PMP data and patient utilization report, which were accessed only by Respondent's PMP account on October 2 and October 3, 2017, Respondent violated state and federal law, including the HIPAA Privacy Rule and NRS 639.164(7). His Controlled Substance Registration, Certificate of Registration No. CS20816, and Practitioner Dispensing Registration, Certificate No. PD00413, are therefore subject to discipline pursuant to NRS 639.210(4), (11) and (12) as well as NRS 639.255.

e. By accessing or directing his staff to access Paddock's confidential data in the PMP database, when Paddock was deceased and never his patient, and by obtaining Paddock's patient utilization report, Respondent committed an act that would render his Nevada Controlled Substance Registration inconsistent with the public interest pursuant to NRS 453.231, and is subject to discipline pursuant to NRS 453.236(l)(d) and NRS 453.241(1).

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5. Based on the foregoing, pursuant to the Pharmacy Board Order, the Pharmacy Board ordered, *inter alia*, that Respondent's Certificates of Registration Nos. CS20816 and PD00413, be revoked, with the revocation stayed, and Respondent's Certificates of Registration Nos. CS20816 and PD00413 were placed on probation for one (1) year subject to the following conditions. Respondent shall:

a. Implement and provide to Board Staff internal controls and procedures within thirty (30) days of the effective date of this Order to ensure that his staff does not use his PMP account to query the PMP on his behalf except as authorized by law;

b. Pay a fine of Two Thousand Dollars ($2,000.00) for each of the five (5) violations of law, for a total of Ten Thousand Dollars ($10,000.00). Payment shall be made by cashier's check or certified check or money order made payable to "State of Nevada, Office of the Treasurer" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within thirty (30) days of the effective date of this Order; and

c. Pay Sixteen Thousand Dollars ($16,000.00) to partially reimburse the Board for reasonable attorney's fees and costs incurred in investigating and prosecuting this matter. Payment shall be made by cashier's check, certified check or money order made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509, within thirty (30) days of the effective date of this Order.

COUNT I

NRS 630.306(1)(b)(3) (Engaging in Conduct That Violated Pharmacy Board Regulations)

6. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

7. Pursuant to NRS 630.346(4), in any disciplinary hearing, a certified copy of the record of a licensing agency showing a conviction or plea of nolo contendere or the suspension, revocation, limitation, modification, denial or surrender of a license to practice medicine is conclusive evidence of its occurrence.

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8. NRS 630.306(1)(b)(3) provides that engaging in conduct that violates a regulation adopted by the Pharmacy Board is grounds for initiating disciplinary action.

9. By the misconduct set forth in the Pharmacy Board Order, which order is conclusive evidence of its occurrence, Respondent engaged in conduct that violates regulations adopted by the Pharmacy Board, specifically including but not limited to NAC 639.945(1)(i).

10. By reason of the foregoing, Respondent is subject to discipline by the Nevada State Board of Medical Examiners as provided in NRS 630.352.

COUNT II

NRS 630.301(9) (Disreputable Conduct)

11. All of the allegations in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

12. Pursuant to NRS 630.346(4), in any disciplinary hearing, a certified copy of the record of a licensing agency showing a conviction or plea of nolo contendere or the suspension, revocation, limitation, modification, denial or surrender of a license to practice medicine is conclusive evidence of its occurrence.

13. Conduct that brings the medical profession into disrepute is grounds for discipline pursuant to NRS 630.301(9), including, without limitation, conduct that violates any provision of a code of ethics adopted by the Board by regulation based on a national code of ethics.

14. By the misconduct set forth in the Pharmacy Board Order, which order is conclusive evidence of its occurrence, Respondent engaged in conduct that brings the medical profession into disrepute.

15. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT III

NRS 630.306(1)(r) (Failure to Adequately Supervise a Medical Assistant)

16. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

17. NRS 630.306(1)(r) provides that a failure to adequately supervise a medical

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(775) 688-2559

assistant pursuant to the regulations of the Board is an act that constitutes grounds for initiating disciplinary action.

18. Pursuant to NAC 630.830, a delegating practitioner retains responsibility for the safety and performance of each task which is delegated to a medical assistant.

19. By the misconduct set forth in the Pharmacy Board Order, which order is conclusive evidence of its occurrence, Respondent failed to adequately supervise his medical assistants in their performance of medical tasks.

20. By reason of the foregoing, Respondent is subject to discipline by the Nevada State Board of Medical Examiners as provided in NRS 630.352.

B. Respondent's Dispensing of Controlled Substances to Himself.

21. Pursuant to NRS 453.256(7), an individual practitioner may not dispense a substance included in schedule II, III or IV for the practitioner's own personal use except in a medical emergency.

22. Pursuant to NAC 453.010(2), a medical "emergency" within the meaning of NRS 453.256 and Nevada State Board of Pharmacy regulations means a situation in which a prescribing practitioner determines that:

> (a) Immediate administration of the controlled substance is necessary for the proper treatment of the patient;
> (b) No appropriate alternative treatment is available, including administration of a drug which is not a controlled substance under schedule II of the Uniform Controlled Substances Act; and
> (c) It is not reasonably possible for the prescribing practitioner to provide a written prescription to be presented to the person dispensing the substance before he or she dispenses it.

23. Respondent prescribed and dispensed Phentermine 37.5 mg tablets to himself for his own personal, non-emergency use on December 1, 2014, March 27, 2015, July 27, 2015, and October 19, 2015.

24. Phentermine is a Schedule IV controlled substance pursuant to NAC 453.540(5).

25. Respondent prescribed and dispensed Phendimetrazine 35 mg tablets to himself for his own personal, non-emergency use on on June 29, 2015.

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26. Phendimetrazine is a Schedule III controlled substance pursuant to NAC 453.530(2)(e).

COUNT IV

NRS 630.306(1)(b)(3) (Engaging in Conduct That Violated Pharmacy Board Regulations)

27. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

28. NRS 630.306(1)(b)(3) provides that engaging in conduct that violates a regulation adopted by the Pharmacy Board is grounds for initiating disciplinary action.

29. By the conduct described in this Section B, Respondent engaged in conduct that violates regulations adopted by the Pharmacy Board, specifically including but not limited to NAC 453.010(2).

30. By reason of the foregoing, Respondent is subject to discipline by the Nevada State Board of Medical Examiners as provided in NRS 630.352.

COUNT V

NRS 630.306(1)(b)(2) (Violation of Standards of Practice)

31. All of the allegations in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

32. Violation of a standard of practice adopted by the Board is grounds for disciplinary action pursuant to NRS 630.306(1)(b)(2).

33. The Board adopted by reference the *Dietary Guidelines for Americans, 2010*, 7th edition, published jointly by the United States Department of Health and Human Services and the Department of Agriculture pursuant to 7 U.S.C. § 5341 (Dietary Guidelines).

34. NAC 630.205 sets forth the professional standards for the prescription of appetite suppressants, which specifially incorporates the Dietary Guidelines.

35. Respondent prescribed appetite suppresants to himself in a manner that violated the professional standards for the prescription of appetite suppressants, and the Dietary Guidelines.

36. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

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Count VI

NRS 630.3062(1)(a) (Failure to Maintain Complete Medical Records)

37. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

38. NRS 630.3062(1)(a) provides that the failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient is grounds for initiating discipline against a licensee.

39. Respondent failed to maintain complete medical records relating to the diagnosis, treatment and care of himself.

40. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT VII

NRS 630.306(1)(p) (Unsafe or Unprofessional Conduct)

41. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

42. Engaging in any act that is unsafe or unprofessional conduct in accordance with regulations adopted by the Board is grounds for disciplinary action against a licensee pursuant to NRS 630.306(1)(p).

43. As demonstrated by, but not limited to, the above-outlined facts, Respondent wrote prescriptions and dispensed appetite suppressants to himself in a manner that violated the professional standards for the prescription of appetite suppressants, and the Dietary Guidelines.

44. Respondent's conduct was unsafe and unprofessional.

45. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

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C. Respondent's Violation of, and Failure to Ensure Compliance With, Nevada Pharmacy Laws.

46. Respondent's physician assistants, Lindsay Hoffman, PA-C, and Adam Luckette, PA-C, dispensed controlled substances and dangerous drugs to patients of Respondent, from Respondent's store of medications, while he was out of the country.

47. Respondent's physician assistants, Lindsay Hoffman, PA-C, and Adam Luckette, PA-C, prescribed medication to patients of Respondent, without a bona fide therapeutic relationship with said patients.

48. No person may prescribe and dispense controlled substances in Nevada except as authorized by law. NRS 453.226; NRS 453.375(1); NRS 453.377; NRS 639.235(1); NAC 639.742(1), (3) and (4); 21 CFR § 1301.11; 21 CFR § 1306.03.

49. NAC 639.742 states in relevant part:

> 1. A practitioner who wishes to dispense controlled substances or dangerous drugs must apply to the Board on an application provided by the Board for a certificate of registration to dispense controlled substances or dangerous drugs.
>
> . . .
>
> 3. Except as otherwise provided in NRS 639.23277 and NAC 639.395, the dispensing practitioner and, if applicable, the owner or owners of the facility, shall ensure that:
>
> (a) All drugs are ordered by the dispensing practitioner;
>
> (b) All drugs are received and accounted for by the dispensing practitioner;
>
> (c) All drugs are stored in a secure, locked room or cabinet to which the dispensing practitioner has the only key or lock combination;
>
> (d) All drugs are dispensed in accordance with NAC 639.745;
>
> (e) No prescription is dispensed to a patient unless the dispensing practitioner is on-site at the facility;
>
> (f) All drugs are dispensed only to the patient personally at the facility;
>
> . . .
>
> 4. With regard to the filling and dispensing of a prescription at a facility, only the dispensing practitioner or a dispensing technician may:
>
> (a) Enter the room or cabinet in which drugs are stored;
>
> (b) Remove drugs from stock;
>
> (c) Count, pour or reconstitute drugs;

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(d) Place drugs into containers;
(e) Produce and affix appropriate labels to containers that contain or will contain drugs;
(f) Fill containers for later use in dispensing drugs; or
(g) Package or repackage drugs.

50. NAC 639.945(1) provides, in pertinent part, that the following acts or practices by a holder of any license, certificate or registration issued by the Pharmacy Board or any employee of any business holding any such license, certificate or registration are declared to be, specifically but not by way of limitation, unprofessional conduct and conduct contrary to the public interest:

(i) Performing any of his or her duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner.

(n) Dispensing a drug as a dispensing practitioner to a patient with whom the dispensing practitioner does not have a bona fide therapeutic relationship.

(o) Prescribing a drug as a prescribing practitioner to a patient with whom the prescribing practitioner does not have a bona fide therapeutic relationship.

51. NAC 639.945(2) provides that the owner of any business or facility licensed, certified or registered by the Pharmacy Board is responsible for the acts of all personnel in his or her employ.

52. NAC 639.945(3) provides that, for purposes of applying Pharmacy Board regulations, a bona fide therapeutic relationship between the patient and practitioner shall be deemed to exist if the patient was examined in person, electronically or telephonically by the practitioner within the 6 months immediately preceding the date the practitioner dispenses or prescribes a drug to the patient and, as a result of the examination, the practitioner diagnosed a condition for which a given drug therapy is prescribed.

53. Pursuant to NAC 630.370(1)(d)(1)-(2), a supervising physician is responsible for all the medical activities of his or her physician assistant and shall ensure strict compliance with the provisions of the certificate of registration issued to his or her physician assistant by the Pharmacy Board, and Pharmacy Board regulations regarding controlled substances and dangerous drugs.

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Count VIII

NRS 630.306(1)(c) (Unauthorized Dispensing)

54. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

55. Pursuant to NRS 630.306(1)(c), dispensing any controlled substance, or any dangerous drug as defined in chapter 454 of NRS, to others except as authorized by law is grounds for discipline.

56. By allowing his physician assistants to dispense controlled substances and dangerous drugs to patients when he was not on-site at his medical facility, Respondent violated NAC 639.742 and NAC 639.945.

57. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

Count IX

NRS 630.306(1)(c) (Unauthorized Prescribing)

58. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

59. Pursuant to NRS 630.306(1)(c), dispensing any controlled substance, or any dangerous drug as defined in chapter 454 of NRS, to others except as authorized by law is grounds for discipline.

60. By allowing his physician assistants to prescribe medication to patients of Respondent, without a bona fide therapeutic relationship with said patients, Respondent, pursuant to NAC 630.370(1)(d)(1)-(2), violated NAC 639.945.

61. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

Count X

NRS 630.3062(1)(a) (Failure to Maintain Complete Medical Records)

62. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

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63. NRS 630.3062(1)(a) provides that the failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient is grounds for initiating discipline against a licensee.

64. Respondent failed to maintain complete and accurate medical records relating to the diagnosis, treatment and care of the patients to whom Respondent and Respondent's staff dispensed and prescribed controlled substances and dangerous drugs as described in this Section C.

65. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

WHEREFORE, the Investigative Committee prays:

1. That the Board give Respondent notice of the charges herein against him and give him notice that he may file an answer to the Complaint herein as set forth in NRS 630.339(2) within twenty (20) days of service of the Complaint;

2. That the Board set a time and place for a formal hearing after holding an Early Case Conference pursuant to NRS 630.339(3);

3. That the Board determine what sanctions to impose if it determines there has been a violation or violations of the Medical Practice Act committed by Respondent;

4. That the Board make, issue and serve on Respondent its findings of fact, conclusions of law and order, in writing, that includes the sanctions imposed; and

5. That the Board take such other and further action as may be just and proper in these premises.

DATED this 17 day of October, 2018.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____
Aaron Bart Fricke, Esq., Deputy General Counsel
Attorney for the Investigative Committee

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Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

VERIFICATION

STATE OF NEVADA)
: ss.
COUNTY OF WASHOE)

Wayne Hardwick, M.D., having been duly sworn, hereby deposes and states under penalty of perjury that he is the Chairman of the Investigative Committee of the Nevada State Board of Medical Examiners that authorized the Complaint against the Respondent herein; that he has read the foregoing Complaint; and that based upon information discovered in the course of the investigation into a complaint against Respondent, he believes that the allegations and charges in the foregoing Complaint against Respondent are true, accurate and correct.

DATED this 17th day of October, 2018.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

Wayne Hardwick

Wayne Hardwick, M.D., Chairman

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against IVAN LEE GOLDSMITH, M.D., Respondent.	**Case No. 18-8756-1**

FILED
DEC - 3 2018
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

SETTLEMENT AGREEMENT

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), by and through Aaron Bart Fricke, Esq., Deputy General Counsel for the Board and attorney for the IC, and Ivan Lee Goldsmith, M.D. (Respondent), a licensed Physician in Nevada, assisted by his attorney, E. Brent Bryson, Esq., hereby enter into this Settlement Agreement (Agreement) based on the following:[1]

A. Background

1. Respondent is a medical doctor currently licensed (License No. 6116) in active status by the Board pursuant to Chapter 630 of the Nevada Revised Statutes (NRS) and Chapter 630 of the Nevada Administrative Code (NAC) (collectively, the Medical Practice Act), to practice medicine in Nevada since August 25, 1990.

2. On October 17, 2018, in Case No. 18-8756-1, the IC filed a formal Complaint (Complaint) charging Respondent with violating the Medical Practice Act. Specifically, the Complaint alleges: Count I, violation of NRS 630.306(1)(b)(3) (Engaging in Conduct That Violated Pharmacy Board Regulations); Count II, violation of NRS 630.301(9) (Disreputable

[1] All agreements and admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, Respondent's agreements and admissions are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, state or federal civil or criminal proceeding, any state or federal court proceeding, or any credentialing or privileges matter.

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Conduct); Count III, violation of NRS 630.306(1)(r) (Failure to Adequately Supervise a Medical Assistant); Count IV, violation of NRS 630.306(1)(b)(3) (Engaging in Conduct That Violated Pharmacy Board Regulations); Count V, violation of NRS 630.306(1)(b)(2) (Violation of Standards of Practice); Count VI, violation of NRS 630.3062(1)(a) (Failure to Maintain Complete Medical Records); Count VII, violation of NRS 630.306(1)(p) (Unsafe or Unprofessional Conduct); Count VIII, violations of NRS 630.306(c) (Unauthorized Dispensing); Count IX, violations of NRS 630.306(c) (Unauthorized Prescribing); Count X, violation of NRS 630.3062(1)(a) (Failure to Maintain Complete Medical Records).

3. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

4. Respondent was properly served with a copy of this Complaint, has reviewed and understands this Complaint, and has had the opportunity to consult with competent counsel concerning the nature and significance of this Complaint.

5. Respondent is hereby advised of his rights regarding this administrative matter, and of his opportunity to defend against the allegations in the Complaint. Specifically, Respondent has certain rights in this administrative matter as set out by the United States Constitution, the Nevada Constitution, the Medical Practice Act, the Nevada Open Meeting Law (OML), which is contained in NRS Chapter 241, and the Nevada Administrative Procedure Act (APA), which is contained in NRS Chapter 233B. These rights include the right to a formal hearing on the allegations in the Complaint, the right to representation by counsel, at his own expense, in the preparation and presentation of his defense, the right to confront and cross-examine the witnesses and evidence against him, the right to written findings of fact, conclusions of law and order reflecting the final decision of the Board, and the right to judicial review of the Board's order, if the decision is adverse to him.

6. Respondent understands that, under the Board's charge to protect the public by regulating the practice of medicine, the Board may take disciplinary action against Respondent's license, including license probation, license suspension, license revocation and imposition of administrative fines, as well as any other reasonable requirement or limitation, if the Board concludes that Respondent violated one or more provisions of the Medical Practice Act.

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7. Respondent understands and agrees that this Agreement, by and between Respondent and the IC, is not with the Board, and that the IC will present this Agreement to the Board for consideration in open session at a duly noticed and scheduled meeting. Respondent understands that the IC shall advocate for the Board's approval of this Agreement, but that the Board has the right to decide in its own discretion whether or not to approve this Agreement. Respondent further understands and agrees that if the Board approves this Agreement, then the terms and conditions enumerated below shall be binding and enforceable upon him and the Board.

B. Terms & Conditions

NOW, THEREFORE, in order to resolve the matters addressed herein, i.e., the matters with regard to the Complaint, Respondent and the IC hereby agree to the following terms and conditions:

1. **Jurisdiction**. Respondent is, and at all times relevant to the Complaint has been, a physician licensed to practice medicine in Nevada subject to the jurisdiction of the Board as set forth in the Medical Practice Act.

2. **Representation by Counsel/Knowing, Willing and Intelligent Agreement**. Respondent acknowledges he is represented by counsel, and wishes to resolve the matters addressed herein with said counsel. Respondent agrees that if representation by counsel in this matter materially changes prior to entering into this Agreement and for the duration of this Agreement, that counsel for the IC will be timely notified of the material change. Respondent agrees that he knowingly, willingly and intelligently enters into this Agreement after deciding to have a full consultation with and upon the advice of legal counsel.

3. **Waiver of Rights**. In connection with this Agreement, and the associated terms and conditions, Respondent knowingly, willingly and intelligently waives all rights in connection with this administrative matter. Respondent hereby knowingly, willingly and intelligently waives all rights arising under the United States Constitution, the Nevada Constitution, the Medical Practice Act, the OML, the APA, and any other legal rights that may be available to him or that may apply to him in connection with the administrative proceedings resulting from the Complaint filed in this matter, including defense of the Complaint, adjudication of the allegations set forth in

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the Complaint, and imposition of any disciplinary actions or sanctions ordered by the Board. Respondent agrees to settle and resolve the allegations of the Complaint as set out by this Agreement, without a hearing or any further proceedings and without the right to judicial review.

4. **Acknowledgement of Reasonable Basis to Proceed**. Respondent acknowledges that the IC believes it has a reasonable basis to allege that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. The Board acknowledges Respondent is not admitting that the Board's claims/counts as alleged in the Complaint have merit and Respondent is agreeing to resolve this matter to avoid the costs of hearing and potential subsequent litigation. Respondent asserts if this matter were to proceed to hearing, he has evidence, witnesses, expert witness(es) and defenses to the counts/claims alleged in the Complaint, but for the purposes of resolving the matter and for no other purpose, Respondent waives the presentation of evidence, witnesses, expert witnesses, and defenses in order to effectuate this Agreement.

5. **Consent to Entry of Order**. In order to resolve this Complaint pending against Respondent, Respondent hereby agrees that the Board may issue an order finding that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. Accordingly, the following terms and conditions are hereby agreed upon:

A. While not admitting that the Board's allegations as alleged in Count I have merit, Respondent acknowledges that Nevada State Board of Pharmacy (Pharmacy Board) has entered a final order so finding, and based solely thereon, admits to Count I.

B. Respondent admits to Counts V, VI and X.

C. Respondent's license to practice medicine in the state of Nevada shall be placed on probation, and his license placed on "Inactive" status immediately upon signing this Agreement until successful completion of the terms set forth in Paragraph D immediately following.

D. Respondent's license shall be subject to a term of probation for a period of time not to exceed twenty-four (24) months from the date of the Board's acceptance, adoption and approval of this Agreement (Probationary Period). Respondent must complete the following terms and conditions within the Probationary Period and demonstrate compliance to the good faith

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satisfaction of the Board within twenty-four (24) months, or before Respondent resumes the practice of medicine in Nevada during this probationary period, whichever is first; if Respondent fails to demonstrate compliance with the terms and conditions of this Agreement within twenty-four (24) months, or otherwise violates the terms of this Agreement or the Medical Practice Act, then the IC shall be authorized to immediately suspend Respondent's license to practice medicine in Nevada pending an Order To Show Cause Hearing on immediate revocation of his license, which hearing will be duly noticed. The following terms and conditions shall apply during Respondent's probationary period:

(1) Respondent shall complete the University of San Diego, Physician Assessment and Competency Evaluation Program (PACE), Competency Assessment, and, if recommended by PACE, the Fitness For Duty (FFD) evaluation, and pass all of the above to the satisfaction of the Board;

(2) Respondent will pay the costs and expenses incurred in the investigation and prosecution of the above-referenced matter within sixty (60) days of the Board's acceptance, adoption and approval of this Agreement, the current amount being $7,168.05, not including any costs that may be necessary to finalize this Agreement.

(3) Respondent shall take twenty-two (22) hours of continuing medical education (CME) related to best practices in the prescribing of controlled substances within three (3) months from the date of the Board's acceptance, adoption and approval of this Agreement. The aforementioned hours of CME shall be in addition to any CME requirements that are regularly imposed upon Respondent as a condition of licensure in the state of Nevada and shall be approved by the Board to meet this requirement prior to their completion.

(4) Respondent shall pay a fine of $1,000 per count admitted to hereby, consisting of four (4) counts, for a total of $4,000, within one hundred eighty (180) days of the Board's acceptance, adoption and approval of this Agreement.

(5) During the probationary period, Respondent shall successfully complete all requirements and comply with all orders, past or future, of the Pharmacy Board,

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specifically including but limited to, the Pharmacy Board's Order issued on September 13, 2018, in its Case Numbered 17-101-CS-S, unless said Order is reversed or modified on Judicial Review, in which case, Respondent shall comply with any subsequent order, if any.

(6) During the probationary period, Respondent shall comply with all terms and conditions of any criminal sanctions incurred before or during the period of this agreement, if any, including probation or parole.

(7) During the probationary period, Respondent shall not supervise any Physician Assistant, or collaborate with any Advanced Practice Registered Nurse.

(8) Within twenty-four (24) months, or before Respondent resumes the practice of medicine in Nevada during this probationary period, whichever is first, Respondent shall appear before the Board at a public meeting and demonstrate compliance with all the terms and conditions of this Agreement, at which time, Respondent may complete an application for a change of status to "Active," and petition the Board to allow him to resume the practice of medicine. Provided that Respondent has fulfilled all the aforementioned terms and conditions as set for in this subsection D, committed no new violations of the Medical Practice Act from the date of this Agreement, and there exist at the time of his application no pending formal complaints or disciplinary actions against Respondent, and Respondent otherwise fulfills the requirements set forth in NRS 630.255, in such case, his application to return to active status shall be granted in good faith.

E. This Agreement shall be reported to the appropriate entities and parties as required by law, including, but not limited to, the National Practitioner Data Bank.

F. Respondent shall receive a Public Letter of Reprimand.

G. The other counts of the Complaint, and any other claims arising from Board Investigation Nos. 16-16726 and 18-18143, shall be dismissed with prejudice.

6. **Release From Liability**. In execution of this Agreement, Respondent understands and agrees that the State of Nevada, the Board, and each of its members, staff, counsel,

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investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents are immune from civil liability for any decision or action taken in good faith in response to information acquired by the Board. NRS 630.364(2)(a). Respondent agrees to release the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known and unknown, in law or equity, that Respondent ever had, now has, may have or claim to have, against any or all of the persons, government agencies or entities named in this paragraph arising out of, or by reason of, this investigation, this Agreement or the administration of the case referenced herein.

7. **Procedure for Adoption of Agreement**. The IC and counsel for the IC shall recommend approval and adoption of the terms and conditions of this Agreement by the Board in resolution of this Complaint. In the course of seeking Board acceptance, approval and adoption of this Agreement, counsel for the IC may communicate directly with the Board staff and the adjudicating members of the Board.

Respondent acknowledges that such contacts and communications may be made or conducted ex parte, without notice or opportunity to be heard on his part until the public Board meeting where this Agreement is discussed, and that such contacts and communications may include, but may not be limited to, matters concerning this Agreement, the Complaint and any and all information of every nature whatsoever related to this matter. The IC and its counsel agree that Respondent may appear at the Board meeting where this Agreement is discussed and, if requested, respond to any questions that may be addressed to the IC or the IC's counsel.

8. **Effect of Acceptance of Agreement by Board**. In the event the Board accepts, approves and adopts this Agreement, the Board shall issue a final order, making this Agreement an order of the Board, and, pending full compliance with the terms herein, the case shall be closed and the remaining counts of the Complaint shall be dismissed with prejudice.

9. **Effect of Rejection of Agreement by Board**. In the event the Board does not accept, approve and adopt this Agreement, this Agreement shall be null, void and of no force and

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effect except as to the following agreement regarding adjudications: (1) Respondent agrees that, notwithstanding rejection of this Agreement by the Board, nothing contained in this Agreement and nothing that occurs pursuant to efforts of the IC to seek the Board's acceptance of this Agreement shall disqualify any member of the adjudicating panel of the Board from considering this Complaint and from participating in disciplinary proceedings against Respondent, including adjudication of this case; and (2) Respondent further agrees that he shall not seek to disqualify any such member absent evidence of bad faith.

10. Binding Effect. If approved by the Board, Respondent understands that this Agreement is a binding and enforceable contract upon Respondent and the Board.

11. Forum Selection Clause. The parties agree that in the event either party is required to seek enforcement of this Agreement in district court, the parties consent to such jurisdiction and agree that exclusive jurisdiction shall be in the Second Judicial District Court, State of Nevada, Washoe County.

12. Attorneys' Fees and Costs. The parties agree that in the event an action is commenced in district court to enforce any provision of this Agreement, the prevailing party shall be entitled to recover reasonable attorneys' fees and costs.

13. Failure to Comply with Terms. Should Respondent fail to comply with any term or condition of this Agreement once the Agreement has been accepted, approved and adopted by the Board, the IC shall be authorized to immediately suspend Respondent's license to practice medicine in Nevada pending an Order To Show Cause Hearing on immediate revocation of his license, which will be duly noticed. Failure to comply with the terms of this Agreement, including failure to pay any fines, costs, expenses or fees owed to the Board, is a failure to comply with an order of the Board, which may result in additional disciplinary action being taken against Respondent. NRS 630.3065(2)(a).

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Further, Respondent's failure to remit payment to the Board for monies agreed to be paid as a condition of this Agreement may subject Respondent to civil collection efforts.

Dated this 23 day of October, 2018.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____
Aaron Bart Fricke, Esq., Deputy General Counsel
Attorney for the Investigative Committee

Dated this 17th day of October, 2018.

By: _____
Richard Schonfeld, Esq.,
Attorneys for Respondent

Dated this _____ day of _____, 2018.

10/17/2018 8:49:13 AM PDT

_____
Ivan Lee Goldsmith, M.D., Respondent

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Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

IT IS HEREBY ORDERED that the foregoing Settlement Agreement is approved and accepted by the Nevada State Board of Medical Examiners on the 30th day of November, 2018, with the final total amount of costs due of $7,168.05.

D Prabhu Rachakonda MD

Rachakonda D. Prabhu, M.D., President
NEVADA STATE BOARD OF MEDICAL EXAMINERS

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 895521
(775) 688-2559

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against IVAN LEE GOLDSMITH, M.D., Respondent.	**Case No. 18-8756-1**

FILED

JUN 12 2020

NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:

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Nevada State Board of Medical Examiners
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STIPULATION AND ORDER ON SATISFACTION OF TERMS OF PROBATION, AND ADDITIONAL CONDITIONS

Ivan Lee Goldsmith, M.D., License No. 6116 (Licensee), through his counsel of record, John Hunt, Esq., of Clark Hill PLC, appeared via a Zoom audio meeting before the Nevada State Board of Medical Examiners (Board) at its regularly scheduled meeting on June 5, 2020, requesting a determination that he has satisfied the terms and conditions set forth in Section 5(D) of that Settlement Agreement entered into between Licensee and the Investigative Committee of the Board, and made an Order of the Board on November 30, 2018. Licensee also requested that the Board consider placing additional conditions on his license, as it deemed appropriate. After considering Licensee's request, and based on an accord reached with Licensee at the meeting, and good cause appearing, the Board enters the following Order:

IT IS HEREBY ORDERED that:

(1) The Board finds that Licensee has satisfied the terms and conditions of his probation as set forth in Section 5(D) of the Settlement Agreement; pursuant to the Settlement Agreement, he remains on probation until December 2, 2020. Accordingly, with all such terms and conditions satisfied, Dr. Goldsmith may file a Physician Application for Status Change to Active. Once that application is completed and the regular conditions for that application are met, Dr. Goldsmith may obtain an active license and may return to practice, with the following conditions, which follow the

recommendations of certain experts consulted in evaluating Dr. Goldsmith's readiness for practice. Those conditions are:

(a) Dr. Goldsmith shall complete 40 additional hours of continuing medical education (CME) related to proper medical recordkeeping and clinical decision-making, all to the satisfaction of the Board, within 6 months. This requirement shall be in addition to the regular CMEs required for licensure.

(b) Dr. Goldsmith shall receive individual therapy at least once every two weeks, to continue to address ongoing stressors as he reenters practice, to help him continue to develop coping skills and address other previously identified issues.

(c) Dr. Goldsmith shall submit to the Board for the next year, quarterly reports apprising the Board of:

i. his personal and professional activities and practice plans; and

ii. his progress toward addressing the issues described in his evaluations.

(d) In one year, Dr. Goldsmith shall undergo a follow-up neuro-psychological evaluation, and may see the same practitioner as he saw before, to assess his progress, with a practitioner report submitted to the Board.

(e) Upon compliance with the foregoing, after one year, Dr. Goldsmith will appear before the Board, at which time the Board will consider lifting these remaining conditions.

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Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

Dated this 12th day of June, 2020.

NEVADA STATE BOARD OF MEDICAL EXAMINERS

D Prabhu Rachakonda MD

Rachakonda D. Prabhu, M.D., President
Nevada State Board of Medical Examiners

THE UNDERSIGNED HEREBY STIPULATES:

Dated this 11 day of June, 2020.

Clark Hill PLC

By: _____
John Hunt, Esq.
Attorneys for Licensee

Dated this 11th day of June, 2020.

_____
Ivan Lee Goldsmith, M.D., Licensee

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

6B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

CONTROLLED SUBSTANCE APPLICATION

Non-Refundable $200 fee

Rev (05/19/2021)

(This application cannot be used by PA's or APRN's)

Section 1: Personal Information

First: SHERMAN Middle: _____ Last: WASHINGTON

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Home Address: [redacted] N GREEN VALLEY PARK WAY STE [redacted]

City: HENDERSON State: NV Zip: 89014

Telephone: [redacted] Email: SWASHINGTON@IUVENTUSMEDICAL.COM

Degree: MD Practitioner License #: 15168 Specialty: EMERGENCY

(You MUST have a current and active license with your respective BOARD to apply for and maintain a controlled substance registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name (if any): IUVENTUS MEDICAL CENTER

Practice Address: 3365 E FLAMINGO ROAD Suite #: 2

City: LAS VEGAS State: NV Zip: 89121

Telephone: 702-457-3888 Fax: 702-974-2199 Email: ADMIN@IUVENTUSMEDICAL.COM

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)	✓	
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	✓	

Section 5: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	✓	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	✓	

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:
NV State Board MD	N.V	12/3/2021	21-41427-1

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sherman Washington — 02/07/2022

Print Name (First, Last) — Date

02/07/2022

Original Signature (electronic, copies or stamps not accepted) — Date

Board Use Only: Date Processed: _____ Amount: 200 check # 4457

6C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Y

CONTROLLED SUBSTANCE APPLICATION

Non-Refundable $200 fee

Rev (05/19/2021)

(This application cannot be used by PA's or APRN's)

Section 1: Personal Information

First: SHERMAN Middle: _____ Last: WASHINGTON

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Home Address: [redacted] N GREEN VALLEY PARK WAY STE [redacted]

City: HENDERSON State: NV Zip: 89014

Telephone: [redacted] Email: SWASHINGTON@IUVENTUSMEDICAL.COM

Degree: MD Practitioner License #: 15168 Specialty: EMERGENCY

(You MUST have a current and active license with your respective BOARD to apply for and maintain a controlled substance registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name (if any): IUVENTUS MEDICAL CENTER

Practice Address: 4966 S RAINBOW BLVD Suite #: 100

City: LAS VEGAS State: NV Zip: 89118

Telephone: 702-475-4898 Fax: 702-974-2199 Email: ADMIN@IUVENTUSMEDICAL.COM

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)	✓	
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?	✓	

Section 5: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?	✓	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?	✓	

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:
N.V. State Board of FMD	N.V	12/3/2021	21-4727-1

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sherman Washington — Print Name (First, Last) — 02/07/2022 — Date

Original Signature (electronic, copies or stamps not accepted) — 02/07/2022 — Date

Board Use Only: Date Processed: _____ Amount: 200 Check # 4458

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Temporary Pharmacist Registration Request Application

Rev (08/04/2021)

Section 1: General Information

First: Christina Middle: Heidi Last: Chalikias

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted] Veteran Ave.

City: Los Angeles State: CA Zip: 90034

Telephone: [redacted] Email: [redacted]

Reason for Temporary License: Providing service to patients in Nevada

Section 2: Employment Information

Pharmacy Name: MedRx Infusion Clinical Pharmacy NV Pharmacy License # (if applicable): PH0406

Address: 415-417 N. Oak Street

City: Inglewood State: CA Zip: 90302

Telephone: 310-671-2600 Email: pharmacist2@medrxinfusion.com

Section 3: License/Registration Reciprocation Information.

Original State of licensure/registration you will be reciprocating from must be active and issued by exam (passing NAPLEX and that state's MPJE).

State: California Date of issuance: 07/01/2013

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I attest to the knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. NRS 639.132

I understand that Nevada law requires a registered pharmacist who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

H. Chalikias — 3/8/2022

Original Signature, no copies or stamps accepted — Date

Board Use Only	Date Received: _____ Temporary License Issued: _____ Temporary License Expiry: _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

APPLICATION BY RECIPROCATION AS A PHARMACIST

Y

If you are requesting licensure by reciprocation (i.e. You have a current pharmacist license from another state and wish to transfer license information and only need to take the Nevada MPJE), complete this application:

Total Fee: $250.00 (Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)

Made payable to: **Nevada State Board of Pharmacy**

Complete Name (no abbreviations):

First: Christina Middle: Heidi Last: Chalikias

Mailing Address: [redacted] Veteran Ave.

City: Los Angeles State: CA Zip Code: 90034

Telephone: [redacted] E-mail Address: [redacted]

Date of Birth: [redacted] Place of Birth: Korbach (Germany)

SS# or ITIN: [redacted] Sex: ☐ M or ☒ F

(Full Number Required)

Original State of Licensure you are reciprocating from must be active and issued by exam; State:

California Date of Issuance: 07/01/2013

College of Pharmacy Information

Graduation Date: 05/01/2008 (mm/dd/yy)

Degree Received: ☐ PharmD ☒ BS in Pharmacy ☐ Other (check one)

Name of Pharmacy School: Technical University Braunschweig

Location of School: Braunschweig (Germany)

If you are a **foreign graduate** you must attach a copy of your FPGEC certificate to THIS APPLICATION. You also need to complete the college of pharmacy information

Board Use Only

Processed: _____ Amount: _____ Entity #: _____

Email _____ MPJE _____

Other states where you are (or were) licensed as a pharmacist or print "none"

State	Lic#	Is the license Active?	State	Lic #	Is the License Active?
none	none	Yes ☐ No ☐	none	none	Yes ☐ No ☐
none	none	Yes ☐ No ☐	none	none	Yes ☐ No ☐

**Attach separate sheet if needed

Have you ever served in the military, either active, reserve or retired? Yes ☐ No ☒

Branch: N/A
Military Occupation/Specialty: _____
Dates of Service: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

	Yes	No
1. Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Been charged, arrested or convicted of a felony or misdemeanor in any state?		X
3. Been the subject of a board citation or an administrative action or board citation whether completed or pending in any state?	X	
4. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	X	

If you marked **YES** to any of the numbered questions (**1-3**) above, include the following information & **provide an explanation & documentation**:

Board Administrative Action:	State	Date:	Case #:
Probation	CA	09/26/2019	AC201700637100

Criminal Action:	State	Date:	Case #:	County	Court
N/A		/ /			

FEDERALLY MANDATED REQUIREMENTS

In response to Federally mandated requirements, the Nevada Legislature and Attorney General require that we include this questions as part of all applications.

4. Are you the subject of a court order for the support of a child?.....Yes No X
4a. If you marked Yes, to the question 4, are you in compliance with the court order?.....Yes No

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of my business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, its members, servants or employees because or by reason of the use of the authorization.

I attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

I understand that Nevada law requires a licensed pharmacist who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

A. Chavez — 3/8/2022

Original Signature, no copies or stamps accepted — Date

FPGEC CERTIFICATE

FOREIGN PHARMACY GRADUATE EXAMINATION COMMITTEE

I hereby affix the seal of the National Association of Boards of Pharmacy® (NABP®) for the Foreign Pharmacy Graduate Examination Committee™ (FPGEC®), and certify that

CHRISTINA HEIDI CHALIKIAS

whose photograph and name have been affixed to this Certificate has been determined to have met the requirements established by NABP for its FPGEC Certification Program as set forth in the FPGEC Application Bulletin and has passed the Foreign Pharmacy Graduate Equivalency Examination®. Details of the candidate's performance in achieving such requirements are only available through NABP or its recognized vendor, as applicable.

This FPGEC Certificate is not an official identification document and it is not a license to practice pharmacy. Boards of pharmacy and other entities that rely upon FPGEC Certification are asked to verify this Certificate's authenticity by directly contacting NABP.



CHRISTINA HEIDI CHALIKIAS

EE# 211-0681

Carmen A. Catizone, Executive Director/Secretary

DECEMBER 06, 2011

Date

Christina Chalikias
RPh 68840
[redacted]Veteran Ave.
Los Angeles, CA 90034
Cell: [redacted]
email: [redacted]

November 21, 2021

California State Board of Pharmacy
2720 Gateway Oaks Dr #100
Sacramento, CA 95833

Re: Christina Chalikias' Petition of Early Termination of Probation, Case No. AC 6371

Dear California State Board of Pharmacy,

Pursuant to Section 4309 of the California Business and Professions Code, I, Christina Chalikias, Pharmacist License RPH 68840, hereby petitions the California State Board of Pharmacy (BoP) for the early termination of Christina Chalikias' BOP imposed probation, which commenced on Sep 26th, 2019, pursuant to a Stipulated Settlement and Disciplinary Order between myself and the BoP in Case Number AC 6371. Petition for Early Termination of Probation, BoP Form 17R-3, is attached to this letter as Exhibit A. In this letter, I provide information responsive to questions 6 through 13 of the BoP Form 17R-3, as well as provide further justification and evidence in support for the BoP granting my Petition for Early Termination of Probation.

SUMMARY

I, Christina Chalikias, was placed on probation on September 26th, 2019, based on events and issues arose in 2017. After receiving my accusation in the mail and fully understanding what the accusation was about, I quit my position as principal pharmacist in October 2018. After 15 months of unemployment, I started working as a clinical pharmacist at Complete Infusion Care in February 2020. Since September 2021 I am also working at MedRx Infusion Pharmacy as a clinical pharmacist. During the last 2 years while on probation and even before probation commenced, I have striven to improve every aspect of my performance as a pharmacist with the optimum goal of providing the best healthcare to my patients. In striving to obtain these goals, I attended a PBI Pharmacy Ethics and Professionalism program in October 2020, as well as successfully completing a 6-months and 12-months follow-up evaluation with Professional Boundaries, Inc. On 08/24/2021, I received my certification of completion of the ethics program, which is attached as Exhibit B. I also completed 10 hours of remedial education related to sterile compounding and the role of PIC each year of probation. Those hours were completed in addition to my continuing education classes requested for license renewal.

The cost of investigation and prosecution for my accusation was $1352.00. I am attaching receipt of payment in full from the Board of Pharmacy, dated October 29th, 2020 as Exhibit C to this petition.

Questions to be answered according to "Petition For Early Termination of Probation"

6. List the date of disciplinary action taken against your license and explain fully the cause of the disciplinary action.

On September 2nd, 2018 the Board of Pharmacy issued an Accusation against Fusion IV Pharmaceuticals Inc. (Pharmacy Permit No. PHY 53726, License Sterile Compounding No. LSC 100855), Navid Vahedi (Pharmacist License No. RPh 59537) and myself, Christina Chalikias (Pharmacist License No. RPh 68840). The accusation contained twelve causes for discipline, I was named in the last six, which pertained to imitation of another drug, failure to have a master formula, failure to support BUD assigned and failure to have complete compounding records. I was the Pharmacist-in-Charge when a commercially available drug, Ziconitide Acetonide 100mcg/mL, had been compounded at Fusion IV. The drug was not on the FDA shortage list, therefore should have not been compounded. The owner, Navid Vahedi, had provided signed affidavits from the ordering physicians that their attempt to order the drug from the manufacturer has failed. Since the drug was not officially on the FDA shortage list, the compounding was an imitation of a commercially available drug.
Furthermore, the BUD declared in the master formula of Ziconitide 100mcg/mL was not matching the BUD on the compounding logs.
In March 2019 the Board of Pharmacy and myself agreed in principle to a stipulated settlement, and my license was put on probation effective September 26th, 2019. A copy of the Board's Decision and Order, Stipulated Settlement and Disciplinary Order and Accusation are attached hereto as Exhibit D.

7. Explain fully why you feel your license should be restored, or the disciplinary penalty reduced.

After receiving and fully understanding the accusation sent by the Board of Pharmacy and learning about the Board's denial of FUSION IV's attempt to receive 503B license, I decided to quit my position as principal pharmacis and to leave FUSION IV. There was no other option than leaving the company although I didn't have another job. Navid Vahedi had sponsored my work visa and I was depending on him in order to work. Knowing about the wrong-doing and the license issues, there was no other option. I was in shock, had I never intended to do anything against the law. I had a lot of time to think about what had happened and especially during the ethics course, things became very clear to me. A lot of different factors had an influence on my wrong-doing.
Co-dependence has played a significant part. Navid Vahedi sponsored my work visa and I wasn't able to work for any other employer within the U.S. at the time. Fortunately, I am now holding a green card and am independent. I am actively observing myself to assure independent judgment in my daily work life without co-dependence. I always wanted to please people, especially my employer but am now making compliance to pharmacy law and patient safety a priority. Avoiding dual relationship and saying "no" / speaking up to physicians as well as to employers has been a process for me to be learned. I have learned to analyze my professional acting and judgment, so that I now am able to recognize when boundaries are about to be crossed and how to protect myself from working

unethically. I watch out for warning signs and intervene right away. From a compliance point of view I am documenting my work in more detail, e.g. when I am consulting with a physician or a patient, I make detailed notes on what has been said. I triple-check my work, keep boundaries with patients and say "no" when appropriate.
The medical ethic course has been very helpful. Both days have deepened and strengthened my knowledge in compliance and laws. I was also able to gain plenty of new knowledge about the various laws and regulations applicable to the duties and responsibilities of a pharmacist. The Protection Plan at the end of the 2-days class was motivational and helped to structure professional and personal life moving forward.
Personally I think being trustworthy and putting the patient's needs/health as first priority is one of the most important ethical codes. As a pharmacist you are responsible for the patient's well being. I need to make sure he/she is getting the most appropriate and save medication therapy. I must be honest at all times, communicate with all involved parties of medication therapy and build a relationship with the patient in which he/she can trust me.
It is crucial that I take responsibility for what I have done. If you don't think it is your fault, you will never be able to regret and repair. Regret is the process of knowing you did something wrong and you are regretting that you did what you did. Taking responsibility and regretting my violation will give me the chance to repair. It takes a lot of time to reflect and pursue changes but this process is the only way to seek forgiveness.
I have learned that it is important to realize my own risk factors in order to learn from the violation I have committed and avoid any violations from happening again in the future. I have definitely analyzed my personality and personal life in detail to find out what had triggered me to violate my ethical codes. This was a huge help in moving forward and in avoiding this from happening again.

8. Describe fully your activities and occupation since the date of the disciplinary action, include dates, employers, and locations.

I started working as a Clinical Pharmacist at Complete Infusion Care, a home infusion pharmacy, in February 2020. The pharmacy is located at 2310 S Sepulveda Blvd, Los Angeles, CA 90064. My employers are Nicki Naghme Saedi, PIC (License Number: 49051) and Ali Pourmola (License Number 48035).
Attached as Exhibit E: Employee Performance Evaluation

Duties and responsibilities:
Review charts, lab results for patients receiving specialized, complex infusion therapy (antibiotics, IVIG, hydration) and TPN care.

•Formulate PPN, IDPN and TPN and adjust formulation depending on lab results and patient's condition. Program curlin pump according to therapy and dosing regimen.

•Dose vancomycin depending on trough levels and kidney function.

•Monitor ESR, CRP and CPK (daptomycin) for patients on antibiotic therapy

•Communicate routinely with the patient and care givers, answering questions, gathering information and discuss updates and course recommendations with physician.

•Collect, interpret and evaluate all physician medication orders for therapeutic appropriateness, cost effectiveness, accuracy, safety and completeness.

•Ensure compliance with all state and federal laws (USP 797, USP 800, California Law Book).

•Support remote patients on a routine schedule and as needed.

•Monitor the patient's progress and assessment results to communicate clinical and technical information with physician and other members of healthcare team.

•Directly supervise pharmacy technicians and support personnel in the appropriate compounding, packaging and labeling of compounded sterile products.

Since September 2021 I am also working as a Clinical Pharmacist at MedRx Infusion Pharmacy. The pharmacy is located at 415-417 N. Oak Street, Inglewood, CA 90302. The pharmacy manager is Simon Javaheri.

Duties and responsibilities:
Provide compounding, dispensing, and clinical monitoring services prescribed by physicians or other authorized medical personnel for specialty infusion and oral drugs, hydration and TPN.

•Comply with all local, state and federal accrediting rules and regulations regarding the practice of pharmacy.

•Provide direct supervision to pharmacy technicians and pharmacy support personnel ensuring compliance in all areas as outlined above.

•Coordinate pharmacy services utilizing a team model with nursing, intake/admissions, reimbursement, sales and marketing in order to ensure an efficient customer focused approach and optimal clinical patient outcomes.

•Embrace Quality Assurance and Performance Improvement initiatives, and plays an active role in supporting these programs.

•Project manager for URAC Accreditation

•Clinical resource to Sales and Marketing

•Supports and complies with company's procurement and inventory control procedures.

•Ensures pharmacy dispensing is compliant with insurance authorization procedures relative to each patient dispense, and provides support to the reimbursement team for insurance audits needs relative to pharmacy documentation.

•Maintain accurate clinical records, including those required to ensure comply with state and federal reporting on all controlled substances dispensed.

9. Describe any rehabilitative or corrective measures you have taken since your license was disciplined to support your petition. List dates, nature of programs, and current status. You may include any community service or volunteer work.

When I started working at Complete Infusion Care, I initially volunteered working as a clinical pharmacist. They were looking for a pharmacist-in-charge and since I was not able to fill that position, I offered to come in as a volunteer. I was eager to get back to my profession. I love my work and providing service to patients in need, has always been a major part in my life. After my license was put on probation, it was very difficult to find an employer who was willing to give me a second chance. I had volunteered in the past at the Venice Family Clinic, a non-profit organization for homeless and low income people and knew how important it was to give back to the community and people in need.
When the COVID-19 pandemic hit the world in March 2020, I volunteered right away to obtain my immunization certificate. I have had this strong intention of being a part in helping to end this pandemic. Giving COVID-19 vaccines to the public and saving people from death. This meant a lot to me.

10. List all post-graduate or refresher courses, with dates, location and type of course, you have taken since your license was disciplined.

- 4/26/2021: USP General Chapter <800>: A Pharmacy Professional's Guide to Handling and Compounding Hazardous Drugs (Postgraduate) – Virtual Course in Home Setting
- 4/5/2021: Immunization Injection Technique Assessment (Postgraduate) - Virtual Assessment at Complete Infusion Care, 2310 S Sepulveda Blvd, Los Angeles, CA 90064
- 10/14/2020: USP General Chapter <797> 2019 Update: A Guide to Sterile Compounding for Pharmacy Personnel (Postgraduate) - Virtual Course in Home Setting
- 8/29-8/30/2020: PBI Law and Ethics Course (Postgraduate) – Virtual Course in Home Setting
- 03/15/2020: Improving Outcomes in Pancreatic Cancer: Pharmacist Updates on the Expanding Treatment Landscape (Postgraduate) - Virtual Course in Home Setting

11. List all pharmaceutical literature you have studied during the last year.

- APhA Pharmacy Today newslettersw
- PBI Pharmacy Ethics and Professionalism Course WORKBOOK
- BofP email subscription – notifications
- Board of Pharmacy website: Pharmacy Law Changes for 2020
- DCA Waiver regarding Pharmacy Technicians administering COVID-19 vaccinations
- Medscape: New Laws regarding Security Prescription Form Requirements and CURES reporting
- Medscape: COVID-19 vaccine trials and emergency approval by FDA
- Parenteral Nutrition Clinical Guidelines and Recommendations: ASPEN
- Strategies for Successful Parenteral Nutrition Order Writing – ASHP
- New Proposed Guidelines for Rheumatoid Arthritis

- New Prostate Screening Options
- COVID-19 treatment guidelines
- Medscape: Skin Symptoms common in COVID
- Medscape: Novel Alzheimer's Treatment
- Medscape: Vitamin D for COVID
- USP.org: USP 797 Compounding Standards and Beyond-Use-Dates (BUDs)
- 2019: USP General Chapter <800> Hazardous Drugs– Handling in Healthcare Settings
- 2019: USP General Chapter <797> Pharmaceutical Compounding – Sterile Preparations
- 2019: USP General Chapter <795> Pharmaceutical Compounding – Nonsterile Preparations
- COVID-19 vaccine update for pharmacists
- Medscape: Aspirin for Cardioprevention – What's new?
- Medscape: Treatment of IBD
- Medscape: COVID-19 Virus may prompt body to attack itself
- Medscape: 2021 Adult Vaccine Schedule
- The Script Newsletter: Changes in Pharmacy Laws
- Medscape email notifications / newsletters
- Intradialytic Total Parenteral Nutrition (IDPN): Evidence-Based Recommendations
- Provincial Standards & Guidelines for IDPN – BC Renal Agency
- Daptomycin: Therapeutic Drug Monitoring
- Antibiotic-Induced Increase in Inflammatory Markers
- Treating Influenza in the Pediatric Population
- NCBI: Erythrocyte sedimentation rate and C-reactive protein
- COVID-19 Update: Delta Variant Increases Hospitalization but Vaccines continue to protect
- Drug Supply Chain Security Act (DSCSA)
- Proposed Laws Aimed to Reduce Opioid Abuse
- Pharmacists and Hormonal Contraception Prescribing
- Medscape - Current updates on the Interaction between COVID-19 Vaccines and MS Therapeutics
- PubMed - Use of TPN in terminally ill cancer patients
- Pharmacy Law Waiver – Sterile Compounding Renewal Requirements for Facilities located within a Hospital
- Curlin 6000 – Clinician Instructions
- PubMed - A systematic review of diagnostic tests for small intestinal bacterial overgrowth
- PubMed - Comparison of lactulose and glucose breath test for diagnosis of small intestinal bacterial overgrowth in patients with irritable bowel syndrome
- Advances in Prevention and Management of COVID-19
- US Pharmacists: Iron Deficiency Anemia in Women
- ASHP: Gene Replacement and Gene Modifying Therapies: Therapeutics and Safety for Pharmacists
- ASHP: Neuromuscular Blockade and Reversal: Patient Safety Considerations for the Interprofessional Team
- ASHP: USP Chapter <800>: Focus on Approaches to Addressing Surface Contamination in Healthcare Settings
- ASHP: The Evidence of What Works in Managing Chronic Heart Failure
- ASHP: New Approaches for Reversing Oral Factor Xa Inhibitors: Examining the Evidence
- ASHP: Practical Approaches to Safe and Appropriate Use of Parenteral Nutrition Therapy

- ASHP: Emerging Treatment Options for Relapsed/Refractory Hodgkin Lymphoma
- ASHP: Evolving Role of Immunotherapy in Cancer Treatment
- ASHP: Improving the Lives of Patients with Clostridium difficile Infection One Case at a Time
- Improving Outcomes in Ovarian Cancer: Focus on PARP Inhibitors and Pharmacist Implications

12. List all continuing education courses you have completed since your license was disciplined . Attach copies of the certificates (Exhibit F).

- Taking USP Chapter 800 to the next level with Surface Monitoring
- Addressing barriers to biosimilar integration in cancer care
- The Controlled Substance Dilemma: Health Care or Health Threat?
- Recent Changes to the Regulatory Environment for compounding sterile Chemotherapy Agents
- Improving Outcomes in Pancreatic Cancer
- Current Issues in IV Injectable Safety
- Examining the Evolving Landscape of Multiple Myeloma and the Pharmacist's Role in Treatment
- PBI Law and Ethics Course
- COVID-19 Essentials for Pharmacists and What You Need to Know Right Now
- Incorporating the use of Biosimilars into Clinical Practice: Opportunities for Pharmacists to Intervene
- Exploring the Clinical Benefits of Antiviral Therapies to Improve Patient Outcomes and Reduce Influenza-Related Complications
- Influenza Vaccination: Opportunities for Pharmacists as Patient Advocates, Educators, and Administrators
- A Pharmacists Perspective in Hyperkalemia: Improving Clinical Outcomes With Safe And Effective Treatment Options
- Use of Fixed-Ratio GLP-1 Receptor Agonist and Basal Insulin Combination Therapies to Safely and Effectively Meet Glycemic Targets
- Managing Therapy in Heart Failure: Updates for Pharmacists
- Identifying and Managing Immune-Related Adverse Effects Associated With Immune Checkpoint Inhibitor Therapies
- Compounding Sterile Preparations 2020 Update
- Applying USP <800> Requirements in a Community Pharmacy
- Pharmacy Managers Toolbox: Emergency Preparedness Pharmacy Basics
- Augmenting Awareness and Preventing Herpes Zoster: The Multiple Roles of the Pharmacist
- Medication Error Prevention for Practicing Pharmacists
- USP General Chapter <797> 2019 Update: A Guide to Sterile Compounding for Pharmacy Personnel
- PBI Pharmacists Ethics and Professionalism Class – 6 month follow-up (see attached letter)
- Immunization Administration Training for Pharmacists- Immunization Assessment
- CPR training: American Red Cross
- COVID-19 Vaccine Update: Guidance for Pharmacists
- Immunization Injection Technique Assessment
- Selecting and Compounding Medications for Ophthalmic Use
- USP General Chapter <800>: A Pharmacy Professional's Guide to Handling and Compounding Hazardous Drugs - Board of Pharmacy: Preventing Prescription Drug Abuse and Drug Diversion
- Vancomycin Monitoring: The ABCs of AUCs

- USP Compounding Chapter Updates

13. List names, addresses, and telephone numbers of persons submitting the letters of recommendation accompanying this petition (Exhibit G).

Ali Pourmola: 140 Homewood Road, Los Angeles, CA 90035, phone: 310-995-7693
Nicki Naghme Saedi: 508 Walden Dr., Beverly Hills, CA 90210, phone: 310-710-2786
Michael Houske: 1739 Alvira Street, Los Angeles, CA 90035, phone: 310-488-1120
Leslie Ziontz: 212 Alta Avenue, Santa Monica, CA 90402, phone: 310-600-5017

I declare, under penalty of perjury, under the laws of the Stat of California, that the foregoing is true and correct.

C. Chalikias , Date: 11/21/2024

Christina Chalikias, RPh 68840

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **NAVID VAHEDI** **2001 Westwood Blvd., Ste. A** **Los Angeles, CA 90025** **Pharmacist License No. RPH 59537,** **CHRISTINA CHALIKIAS** **[redacted]Veteran Ave** **Los Angeles, CA 90034** **Pharmacist License No. RPH 68840,** **and** **FUSION IV PHARMACEUTICALS INC.** **DBA AXIA PHARMACEUTICAL** **1990 Westwood Blvd., #135** **Los Angeles, CA 90025** **Pharmacy Permit No. PHY 53726** **License Sterile Compounding License No. LSC 100855** Respondents.	Case No. 6371 OAH No. 2018101123

DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Board of Pharmacy, Department of Consumer Affairs, as its Decision in this matter.

This Decision shall become effective at 5:00 p.m. on September 26, 2019.

It is so ORDERED on August 27, 2019.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

By

Greg Lippe
Board Vice President (Acting President)

XAVIER BECERRA
Attorney General of California
MARC D. GREENBAUM
Supervising Deputy Attorney General
GILLIAN E. FRIEDMAN
Deputy Attorney General
State Bar No. 169207
300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
Telephone: (213) 269-6294
Facsimile: (213) 897-2804
Attorneys for Complainant

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **NAVID VAHEDI** **2001 Westwood Blvd., Ste. A** **Los Angeles, CA 90025** **Pharmacist License No. RPH 59537,** **CHRISTINA CHALIKIAS** **[redacted]Veteran Ave** **Los Angeles, CA 90034** **Pharmacist License No. RPH 68840,** **and** **FUSION IV PHARMACEUTICALS INC.** **DBA AXIA PHARMACEUTICAL** **1990 Westwood Blvd., #135** **Los Angeles, CA 90025** **Pharmacy Permit No. PHY 53726** **License Sterile Compounding License No. LSC 100855** Respondents.	Case No. 6371 OAH No. 2018101123 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER AS TO CHRISTINA CHALIKIAS ONLY**

IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-entitled proceedings that the following matters are true:

PARTIES

1. Anne Sodergren (Complainant) is the Interim Executive Officer of the Board of Pharmacy (Board). She brought this action solely in her official capacity and is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Gillian E. Friedman, Deputy Attorney General.

2. Respondent Christina Chalikias (Respondent) is represented in this proceeding by attorney Samuel P. Plunkett, Esq., whose address is: 1522 W. Glenoaks Blvd., Suite D Glendale, CA 91201.

3. July 1, 2013, the Board of Pharmacy issued Original Pharmacist License Number RPH 68840 to Christina Chalikias (Respondent). The Pharmacist License was in full force and effect at all times relevant to the charges brought in Accusation No. 6371, and will expire on May 31, 2019, unless renewed.

JURISDICTION

4. Accusation No. 6371 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on September 6, 2018. Respondent timely filed her Notice of Defense contesting the Accusation. A copy of Accusation No. 6371 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 6371. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

6. Respondent is fully aware of her legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against her; the right to present evidence and to testify on her own behalf; the right

to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

7. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

8. Respondent understands and agrees that the charges and allegations in Accusation No. 6371, if proven at a hearing, constitute cause for imposing discipline upon her Pharmacist License.

9. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in the Accusation, and that Respondent hereby gives up her right to contest those charges.

10. Respondent agrees that her Pharmacist License is subject to discipline and she agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

CONTINGENCY

11. This stipulation shall be subject to approval by the Board of Pharmacy. Respondent understands and agrees that counsel for Complainant and the staff of the Board of Pharmacy may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or her counsel. By signing the stipulation, Respondent understands and agrees that she may not withdraw her agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

12. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

13. This Stipulated Settlement and Disciplinary Order is intended by the parties to be an integrated writing representing the complete, final, and exclusive embodiment of their agreement. It supersedes any and all prior or contemporaneous agreements, understandings, discussions, negotiations, and commitments (written or oral). This Stipulated Settlement and Disciplinary Order may not be altered, amended, modified, supplemented, or otherwise changed except by a writing executed by an authorized representative of each of the parties.

14. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Pharmacist License No. RPH 68840 issued to Respondent Christina Chalikias is revoked. However, the revocation is stayed and Respondent is placed on probation for three (3) years on the following terms and conditions.

1. **Obey All Laws**

Respondent shall obey all state and federal laws and regulations.

Respondent shall report any of the following occurrences to the board, in writing, within seventy- two (72) hours of such occurrence:

- an arrest or issuance of a criminal complaint for violation of any provision of the Pharmacy Law, state and federal food and drug laws, or state and federal controlled substances laws
- a plea of guilty, or nolo contendere, no contest, or similar, in any state or federal criminal proceeding to any criminal complaint, information or indictment
- a conviction of any crime
- the filing of a disciplinary pleading, issuance of a citation, or initiation of another administrative action filed by any state or federal agency which involves respondent's license or which is related to the practice of pharmacy or the manufacturing, obtaining, handling, distributing, billing, or charging for any drug, device or controlled substance.

Failure to timely report such occurrence shall be considered a violation of probation.

2. **Report to the Board**

Respondent shall report to the board quarterly, on a schedule as directed by the board or its designee. The report shall be made either in person or in writing, as directed. Among other requirements, respondent shall state in each report under penalty of perjury whether there has been compliance with all the terms and conditions of probation.

Failure to submit timely reports in a form as directed shall be considered a violation of probation. Any period(s) of delinquency in submission of reports as directed may be added to the total period of probation. Moreover, if the final probation report is not made as directed, probation shall be automatically extended until such time as the final report is made and accepted by the board.

3. **Interview with the Board**

Upon receipt of reasonable prior notice, respondent shall appear in person for interviews with the board or its designee, at such intervals and locations as are determined by the board or its designee. Failure to appear for any scheduled interview without prior notification to board staff, or failure to appear for two (2) or more scheduled interviews with the board or its designee during the period of probation, shall be considered a violation of probation.

4. **Cooperate with Board Staff**

Respondent shall timely cooperate with the board's inspection program and with the board's monitoring and investigation of respondent's compliance with the terms and conditions of her probation, including but not limited to: timely responses to requests for information by board staff; timely compliance with directives from board staff regarding requirements of any term or condition of probation; and timely completion of documentation pertaining to a term or condition of probation. Failure to timely cooperate shall be considered a violation of probation.

5. **Continuing Education**

Respondent shall provide evidence of efforts to maintain skill and knowledge as a pharmacist as directed by the board or its designee.

6. **Reporting of Employment and Notice to Employers**

During the period of probation, respondent shall notify all present and prospective employers of the decision in case number 6371 and the terms, conditions and restrictions imposed on respondent by the decision, as follows:

Within thirty (30) days of the effective date of this decision, and within ten (10) days of undertaking any new employment, respondent shall report to the board in writing the name, physical address, and mailing address of each of her employer(s), and the name(s) and telephone number(s) of all of her direct supervisor(s), as well as any pharmacist(s)-in- charge, designated representative(s)-in-charge, responsible manager, or other compliance supervisor(s) and the work schedule, if known. Respondent shall also include the reason(s) for leaving the prior employment. Respondent shall sign and return to the board a written consent authorizing the board or its designee to communicate with all of respondent's employer(s) and supervisor(s), and authorizing those employer(s) or supervisor(s) to communicate with the board or its designee, concerning respondent's work status, performance, and monitoring. Failure to comply with the requirements or deadlines of this condition shall be considered a violation of probation.

Within thirty (30) days of the effective date of this decision, and within fifteen (15) days of respondent undertaking any new employment, respondent shall cause (a) her direct supervisor, (b) her pharmacist-in-charge, designated representative-in-charge, responsible manager, or other compliance supervisor, and (c) the owner or owner representative of her employer, to report to the board in writing acknowledging that the listed individual(s) has/have read the decision in case number 6371, and terms and conditions imposed thereby. If one person serves in more than one role described in (a), (b), or (c), the acknowledgment shall so state. It shall be the respondent's responsibility to ensure that these acknowledgment(s) are timely submitted to the board. In the event of a change in the person(s) serving the role(s) described in (a), (b), or (c) during the term of probation, respondent shall cause the person(s) taking over the role(s) to report to the board in writing within fifteen (15) days of the change acknowledging that he or she has read the decision in case number 6371, and the terms and conditions imposed thereby.

If respondent works for or is employed by or through an employment service, respondent must notify the person(s) described in (a), (b), and (c) above at every entity licensed by the board of the decision in case number 6371, and the terms and conditions imposed thereby in advance of respondent commencing work at such licensed entity. A record of this notification must be provided to the board upon request.

Furthermore, within thirty (30) days of the effective date of this decision, and within fifteen (15) days of respondent undertaking any new employment by or through an employment service, respondent shall cause the person(s) described in (a), (b), and (c) above at the employment service to report to the board in writing acknowledging that he or she has read the decision in case number, and the terms and conditions imposed thereby. It shall be respondent's responsibility to ensure that these acknowledgment(s) are timely submitted to the board.

Failure to timely notify present or prospective employer(s) or failure to cause the identified person(s) with that/those employer(s) to submit timely written acknowledgments to the board shall be considered a violation of probation.

"Employment" within the meaning of this provision includes any full-time, part-time, temporary, relief, or employment/management service position as a pharmacist, or any position for which a pharmacist is a requirement or criterion for employment, whether the respondent is an employee, independent contractor or volunteer.

7. **Notification of Change(s) in Name, Address(es), or Phone Number(s)**

Respondent shall further notify the board in writing within ten (10) days of any change in name, residence address, mailing address, e-mail address or phone number.

Failure to timely notify the board of any change in employer, name, address, or phone number shall be considered a violation of probation.

8. **Restrictions on Supervision and Oversight of Licensed Facilities**

During the period of probation, respondent shall not supervise any intern pharmacist, be the pharmacist-in-charge, designated representative-in-charge, responsible manager or other compliance supervisor of any entity licensed by the board, nor serve as a consultant. Assumption of any such unauthorized supervision responsibilities shall be considered a violation of probation.

9. **Reimbursement of Board Costs**

As a condition precedent to successful completion of probation, respondent shall pay to the board its costs of investigation and prosecution in the amount of $1,352.00. Respondent shall make said payments as follows:

Respondent shall be permitted to pay these costs in a payment plan approved by the board or its designee, so long as full payment is completed no later than one (1) year prior to the end date of probation.

10. **Probation Monitoring Costs**

Respondent shall pay any costs associated with probation monitoring as determined by the board each and every year of probation. Such costs shall be payable to the board on a schedule as directed by the board or its designee. Failure to pay such costs by the deadline(s) as directed shall be considered a violation of probation.

11. **Status of License**

Respondent shall, at all times while on probation, maintain an active, current Pharmacist License with the board, including any period during which suspension or probation is tolled. Failure to maintain an active, current Pharmacist License shall be considered a violation of probation.

If respondent's Pharmacist License expires or is cancelled by operation of law or otherwise at any time during the period of probation, including any extensions thereof due to tolling or otherwise, upon renewal or reapplication respondent's license shall be subject to all terms and conditions of this probation not previously satisfied.

12. **License Surrender While on Probation/Suspension**

Following the effective date of this decision, should respondent cease practice due to retirement or health, or be otherwise unable to satisfy the terms and conditions of probation, respondent may relinquish her license, including any indicia of licensure issued by the board, along with a request to surrender the license. The board or its designee shall have the discretion whether to accept the surrender or take any other action it deems appropriate and reasonable. Upon formal acceptance of the surrender of the license, respondent will no longer be subject to

the terms and conditions of probation. This surrender constitutes a record of discipline and shall become a part of the respondent's license history with the board.

Upon acceptance of the surrender, respondent shall relinquish her pocket and/or wall license, including any indicia of licensure not previously provided to the board within ten (10) days of notification by the board that the surrender is accepted if not already provided. Respondent may not reapply for any license from the board for three (3) years from the effective date of the surrender. Respondent shall meet all requirements applicable to the license sought as of the date the application for that license is submitted to the board, including any outstanding costs.

13. **Practice Requirement – Extension of Probation**

Except during periods of suspension, respondent shall, at all times while on probation, be employed as a pharmacist in California for a minimum of sixty (60) hours per calendar month. Any month during which this minimum is not met shall extend the period of probation by one month. During any such period of insufficient employment, respondent must nonetheless comply with all terms and conditions of probation, unless respondent receives a waiver in writing from the board or its designee.

If respondent does not practice as a pharmacist in California for the minimum number of hours in any calendar month, for any reason (including vacation), respondent shall notify the board in writing within ten (10) days of the conclusion of that calendar month. This notification shall include at least: the date(s), location(s), and hours of last practice; the reason(s) for the interruption or reduction in practice; and the anticipated date(s) on which respondent will resume practice at the required level. Respondent shall further notify the board in writing within ten (10) days following the next calendar month during which respondent practices as a pharmacist in California for the minimum of hours. Any failure to timely provide such notification(s) shall be considered a violation of probation.

It is a violation of probation for respondent's probation to be extended pursuant to the provisions of this condition for a total period, counting consecutive and non-consecutive months,

exceeding thirty-six (36) months. The board or its designee may post a notice of the extended probation period on its website.

14. **Violation of Probation**

If respondent has not complied with any term or condition of probation, the board shall have continuing jurisdiction over respondent, and the board shall provide notice to respondent that probation shall automatically be extended, until all terms and conditions have been satisfied or the board has taken other action as deemed appropriate to treat the failure to comply as a violation of probation, to terminate probation, and to impose the penalty that was stayed. The board or its designee may post a notice of the extended probation period on its website.

If respondent violates probation in any respect, the board, after giving respondent notice and an opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If a petition to revoke probation or an accusation is filed against respondent during probation, or the preparation of an accusation or petition to revoke probation is requested from the Office of the Attorney General, the board shall have continuing jurisdiction and the period of probation shall be automatically extended until the petition to revoke probation or accusation is heard and decided.

15. **Completion of Probation**

Upon written notice by the board or its designee indicating successful completion of probation, respondent's license will be fully restored.

16. **Remedial Education**

Within sixty (60) days of the effective date of this decision, respondent shall submit to the board or its designee, for prior approval, an appropriate program of remedial education related to sterile compounding, and the role of a Pharmacist In Charge (PIC). At least 50% of those hours must be in-person training. The program of remedial education shall consist of at least ten (10) hours, which shall be completed each year of probation at respondent's own expense. All remedial education shall be in addition to, and shall not be credited toward, continuing education (CE) courses used for license renewal purposes for pharmacists.

Failure to timely submit for approval or complete the approved remedial education shall be considered a violation of probation. The period of probation will be automatically extended until such remedial education is successfully completed and written proof, in a form acceptable to the board, is provided to the board or its designee.

Following the completion of each course, the board or its designee may require the respondent, at her own expense, to take an approved examination to test the respondent's knowledge of the course. If the respondent does not achieve a passing score on the examination that course shall not count towards satisfaction of this term. Respondent shall take another course approved by the board in the same subject area.

17. **Ethics Course**

Within sixty (60) calendar days of the effective date of this decision, respondent shall enroll in a course in ethics, at respondent's expense, approved in advance by the board or its designee that complies with Title 16 California Code of Regulations section 1773.5. Respondent shall provide proof of enrollment upon request. Within five (5) days of completion, respondent shall submit a copy of the certificate of completion to the board or its designee. Failure to timely enroll in an approved ethics course, to initiate the course during the first year of probation, to successfully complete it before the end of the second year of probation, or to timely submit proof of completion to the board or its designee, shall be considered a violation of probation.

18. **No Ownership or Management of Licensed Premises**

Respondent shall not own, have any legal or beneficial interest in, nor serve as a manager, administrator, member, officer, director, trustee, associate, or partner of any business, firm, partnership, or corporation currently or hereinafter licensed by the board. Respondent shall sell or transfer any legal or beneficial interest in any entity licensed by the board within ninety (90) days following the effective date of this decision and shall immediately thereafter provide written proof thereof to the board. Failure to timely divest any legal or beneficial interest(s) or provide documentation thereof shall be considered a violation of probation.

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Samuel P. Plunkett, Esq.. I understand the stipulation and the effect it will have on my Pharmacist License. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board of Pharmacy.

DATED: 3/6/19

CHRISTINA CHALIKIAS
Respondent

I have read and fully discussed with Respondent Christina Chalikias the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 3/7/19

SAMUEL P. PLUNKETT, ESQ.
Attorney for Respondent

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ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Board of Pharmacy.

Dated:

Respectfully submitted,
XAVIER BECERRA
Attorney General of California
MARC D. GREENBAUM
Supervising Deputy Attorney General

GILLIAN E. FRIEDMAN
Deputy Attorney General
Attorneys for Complainant

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XAVIER BECERRA
Attorney General of California
MARC D. GREENBAUM
Supervising Deputy Attorney General
GILLIAN E. FRIEDMAN
Deputy Attorney General
State Bar No. 169207
300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
Telephone: (213) 269-6294
Facsimile: (213) 897-2804
Attorneys for Complainant

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:	Case No. 6371
FUSION IV PHARMACEUTICALS INC. **DBA AXIA PHARMACEUTICAL** 1990 Westwood Blvd., #135 Los Angeles, CA 90025 **Pharmacy Permit No. PHY 53726** **License Sterile Compounding No. LSC 100855** **NAVID VAHEDI (PIC)** [redacted] Westwood Blvd Ste A. Los Angeles, CA 90025 **Pharmacist License No. RPH 59537** **CHRISTINA CHALIKIAS (PIC)** [redacted] Veteran Avenue, Los Angeles, CA 90034 **Pharmacist License No. RPH 68840** Respondents.	**ACCUSATION**

Complainant alleges:

PARTIES

1. Virginia Herold (Complainant) brings this Accusation solely in her official capacity as the Executive Officer of the Board of Pharmacy, Department of Consumer Affairs.

Fusion IV Pharmaceuticals - PHY 53726

2. On or about October 15, 2015, the Board of Pharmacy issued Pharmacy Permit Number PHY 53726 to Fusion IV Home Infusion Inc DBA Axia Pharmaceutical with Navid Vahedi as the CEO, 100% shareholder, Director, President, Secretary, and Treasurer/Chief Financial Officer. On April 27, 2016, Fusion IV Home Infusion Inc. changed its corporate name to Fusion IV Pharmaceuticals DBA Axia Pharmaceutical (Respondent Fusion IV Pharmacy). Navid Vahedi was also the Pharmacist in Charge from October 15, 2015 to June 6, 2016 and from September 19, 2017 to April 1, 2018. Christina Chalikias was the Pharmacist in Charge from June 6, 2016 to September 18, 2017. The Pharmacy Permit was in full force and effect at all times relevant to the charges brought herein. The license was canceled on April 1, 2018.

Fusion IV Pharmaceuticals - LSC 100855

3. On or about February 4, 2016, the Board of Pharmacy issued Sterile Compounding License Number LSC 100855 to Fusion IV Home Infusion Inc DBA Fusion IV Specialty Pharmacy. On December 8, 2017, Fusion IV Pharmaceuticals Inc. changed its corporate name to Fusion IV Pharmaceuticals Inc. DBA AXIA Pharmaceutical (Respondent Fusion IV LSC). Navid Vahedi was also the Pharmacist in Charge from October 15, 2015 to June 6, 2016 and from September 19, 2017 to April 1, 2018. Christina Chalikias was the Pharmacist in Charge from June 6, 2016 to September 18, 2017. The Sterile Compounding License was in full force and effect at all times relevant to the charges brought herein, except during the period October 1, 2017 to November 8, 2017 when it was in expired status. The license was canceled on April 1, 2018.

Navid Vahedi - RPH 59537

4. On or about May 3, 2007, the Board of Pharmacy issued Original Pharmacist License Number RPH 59537 to Navid Vahedi (Respondent Vahedi). From February 4, 2016 to June 6, 2016, and from September 18, 2017 until August 1, 2018, Respondent Vahedi was PIC for Respondent Fusion IV Pharmacy and Fusion IV LSC. The Original Pharmacist License was in full force and effect at all times relevant to the charges brought herein and will expire on May 31, 2019, unless renewed.

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Christina Chalikias - RPH 68840

5. On or about July 1, 2013, the Board of Pharmacy issued Original Pharmacist License Number RPH 68840 to Christina Chalikias (Respondent Chalikias). On June 6, 2016 and continuing through September 18, 2017, Respondent Chalikias was the PIC for Respondent Fusion IV Pharmacy and Fusion IV LSC. The Original Pharmacist License was in full force and effect at all times relevant to the charges brought herein and will expire on May 31, 2019, unless renewed.

JURISDICTION

6. This Accusation is brought before the Board of Pharmacy (Board), Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

7. Section 4110 of the Code states in pertinent part:

"(a) No person shall conduct a pharmacy in the State of California unless he or she has obtained a license from the board. A license shall be required for each pharmacy owned or operated by a specific person. A separate license shall be required for each of the premises of any person operating a pharmacy in more than one location. The license shall be renewed annually. The board may, by regulation, determine the circumstances under which a license may be transferred."

8. Section 4300.1 of the Code states:

"The expiration, cancellation, forfeiture, or suspension of a board-issued license by operation of law or by order or decision of the board or a court of law, the placement of a license on a retired status, or the voluntary surrender of a license by a licensee shall not deprive the board of jurisdiction to commence or proceed with any investigation of, or action or disciplinary proceeding against, the licensee or to render a decision suspending or revoking the license."

9. Section 4301 of the Code states:

"The board shall take action against any holder of a license who is guilty of unprofessional conduct or whose license has been issued by mistake. Unprofessional conduct shall include, but is not limited to, any of the following:

. . . .

"(f) The commission of any act involving moral turpitude, dishonesty, fraud, deceit, or corruption, whether the act is committed in the course of relations as a licensee or otherwise, and whether the act is a felony or misdemeanor or not.

"(g) Knowingly making or signing any certificate or other document that falsely represents the existence or nonexistence of a state of facts.

. . . . .

"(o) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of or conspiring to violate any provision or term of this chapter or of the applicable federal and state laws and regulations governing pharmacy, including regulations established by the board or by any other state or federal regulatory agency.

. . . .

"(q) Engaging in any conduct that subverts or attempts to subvert an investigation of the board."

10. Section 4307 of the Code states in pertinent part:

"(a) Any person who has been denied a license or whose license has been revoked or is under suspension, or who has failed to renew his or her license while it was under suspension, or who has been a manager, administrator, owner, member, officer, director, associate, partner, or any other person with management or control of any partnership, corporation, trust, firm, or association whose application for a license has been denied or revoked, is under suspension or has been placed on probation, and while acting as the manager, administrator, owner, member, officer, director, associate, partner, or any other person with management or control had knowledge of or knowingly participated in any conduct for which the license was denied, revoked, suspended, or placed on probation, shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, partner, or in any other position with management or control of a licensee as follows:

(1) Where a probationary license is issued or where an existing license is placed on probation, this prohibition shall remain in effect for a period not to exceed five years.

(2) Where the license is denied or revoked, the prohibition shall continue until the license is issued or reinstated.

(b) Manager, administrator, owner, member, officer, director, associate, partner, or any other person with management or control of a license as used in this section and Section 4308, may refer to a pharmacist or to any other person who serves in such capacity in or for a licensee."

11. Section 4127.1 of the Code states in pertinent part:

"(a) A pharmacy shall not compound sterile drug products unless the pharmacy has obtained a sterile compounding pharmacy license from the board pursuant to this section. The license shall be renewed annually and is not transferable."

12. Section 4127.1 of the Code states in pertinent part:

"(a) An outsourcing facility that is licensed with the federal Food and Drug Administration (FDA) and with an address in this state shall also be licensed by the board as an outsourcing facility before doing business within this state. The license shall be renewed annually and is not transferable.'

13. Section 4169 of the Code states in pertinent part:

"(a) A person or entity shall not do any of the following:

"(1) Purchase, trade, sell, warehouse, distribute, or transfer dangerous drugs or dangerous devices at wholesale with a person or entity that is not licensed with the board as a wholesaler, third-party logistics provider, or pharmacy.

"(2) Purchase, trade, sell, or transfer dangerous drugs that the person knew or reasonably should have known were adulterated, as set forth in Article 2 (commencing with Section 111250) of Chapter 6 of Part 5 of Division 104 of the Health and Safety Code.

"(3) Purchase, trade, sell, or transfer dangerous drugs that the person knew or reasonably should have known were misbranded, as defined in Section 111335 of the Health and Safety Code.

"(4) Purchase, trade, sell, or transfer dangerous drugs or dangerous devices after the beyond use date on the label.

"(5) Fail to maintain records of the acquisition or disposition of dangerous drugs or dangerous devices for at least three years."

. . . . .

14. Section 4342 of the Code states:

"(a) The board may institute any action or actions as may be provided by law and that, in its discretion, are necessary, to prevent the sale of pharmaceutical preparations and drugs that do not conform to the standard and tests as to quality and strength, provided in the latest edition of the United States Pharmacopoeia or the National Formulary, or that violate any provision of the Sherman Food, Drug, and Cosmetic Law (Part 5 (commencing with Section 109875) of Division 104 of the Health and Safety Code)."

15. Section 111335 of the Health and Safety Code states:

"Any drug or device is misbranded if its labeling or packaging does not conform to the requirements of Chapter 4 (commencing with Section 110290)."

16. Section 111395 of the Health and Safety Code states:

"Any drug is misbranded in any of the following cases:

(a) It is an imitation of another drug.

(b) It is offered for sale under the name of another drug.

(c) The contents of the original package have been, wholly or partly, removed and replaced with other material in the package."

REGULATIONS

17. 16 California Code of Regulations Section 1735.2 states in pertinent part:

. . . .

"(d) No pharmacy or pharmacist shall compound a drug preparation that:

(1) Is classified by the FDA as demonstrably difficult to compound;

(2) Appears on an FDA list of drugs that have been withdrawn or removed from the market because such drugs or components of such drugs have been found to be unsafe or not effective; or

(3) Is a copy or essentially a copy of one or more commercially available drug products, unless that drug product appears on an ASHP (American Society of Health-System Pharmacists)

or FDA list of drugs that are in short supply at the time of compounding and at the time of dispense, and the compounding of that drug preparation is justified by a specific, documented medical need made known to the pharmacist prior to compounding. The pharmacy shall retain a copy of the documentation of the shortage and the specific medical need in the pharmacy records for three years from the date of receipt of the documentation.

"(e) A drug preparation shall not be compounded until the pharmacy has first prepared a written master formula document that includes at least the following elements:

(1) Active ingredients to be used.

(2) Equipment to be used.

(3) The maximum allowable beyond use date for the preparation, and the rationale or reference source justifying its determination.

(4) Inactive ingredients to be used.

(5) Specific and essential compounding steps used to prepare the drug.

(6) Quality reviews required at each step in preparation of the drug.

(7) Post-compounding process or procedures required, if any.

(8) Instructions for storage and handling of the compounded drug preparation."

. . . . .

"(i) Every compounded drug preparation shall be given a beyond use date representing the date or date and time beyond which the compounded drug preparation should not be used, stored, transported or administered, and determined based on the professional judgment of the pharmacist performing or supervising the compounding.

. . . .

"(3) For sterile compounded drug preparations, extension of a beyond use date is only allowable when supported by the following:

(A) Method Suitability Test,

(B) Container Closure Integrity Test, and

(C) Stability Studies"

. . . .

16. 16 California Code of Regulations Section 1635.3 states in pertinent part:

"(a) For each compounded drug preparation, pharmacy records shall include:

. . . . .

(2) A compounding log consisting of a single document containing all of the following:

(A) Name and Strength of the compounded drug preparation.

(B) The date the drug preparation was compounded.

(C) The identity of any pharmacy personnel engaged in compounding the drug preparation.

(D) The identity of the pharmacist reviewing the final drug preparation.

(E) The quantity of each ingredient used in compounding the drug preparation.

(F) The manufacturer, expiration date and lot number of each component. If the manufacturer name is demonstrably unavailable, the name of the supplier may be substituted. If the manufacturer does not supply an expiration date for any component, the records shall include the date of receipt of the component in the pharmacy, and the limitations of section 1735.2, subdivision (l) shall apply. "

16. 16 California Code of Regulations Section 1751.7 states in pertinent part:

(e) (1) Batch-produced sterile drug preparations compounded from one or more non-sterile ingredients, except as provided in paragraph (2), shall be subject to documented end product testing for sterility and pyrogens and shall be quarantined until the end product testing confirms sterility and acceptable levels of pyrogens. Sterility testing shall be USP chapter 71 compliant and pyrogens testing shall confirm acceptable levels of pyrogens per USP chapter 85 limits, before dispensing. This requirement of end product testing confirming sterility and acceptable levels of pyrogens prior to dispensing shall apply regardless of any sterility or pyrogen testing that may have been conducted on any ingredient or combination of ingredients that were previously non-sterile. Exempt from pyrogen testing are topical ophthalmic and inhalation preparations.

COSTS

18. Section 125.3 of the Code states, in pertinent part, that the Board may request the administrative law judge to direct a licentiate found to have committed a violation or violations of

the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case

FIRST CAUSE FOR DISCIPLINE

(Unlicensed Activity)

19. Respondents Fusion IV LSC, Fusion IV Pharmacy and Vahedi are subject to disciplinary action under section 4127.1 subdivision (a) in that between October 2, 2017 and November 8, 2017, Respondents engaged in sterile compounding while the sterile compounding pharmacy license was in expired status. The circumstances are as follows:

20. Between October 2, 2017 and November 8, 2017, Respondents compounded at least five (5) batches of sterile drug preparations and sold at least 426 prescriptions for sterile drug preparations while its sterile compounding pharmacy license was expired.

SECOND CAUSE FOR DISCIPLINE

(Unlicensed Activity)

21. Respondents Fusion IV LSC, Fusion IV Pharmacy and Vahedi are subject to disciplinary action under section 4129.1 subdivision (a) in that between October 2, 2017 and November 8, 2017, Respondent Fusion IV Pharmacy sold compounded preparations to Fusion Rx Compounding Pharmacy, a licensed pharmacy, owned by Respondent Vahedi, without first obtaining a license from the Board of Pharmacy as an outsourcing facility. The circumstances are as follows:

22. On the following dates, Fusion IV Pharmacy, sold compounded preparations to Fusion Rx Compounding Pharmacy, a licensed pharmacy, without a license therefore: 10/23/17, 10/24/17, 10/25/17, 10/26/17, 10/27/17, 10/30/17, 11/1/17, 11/2/17, 11/3/17, 11/6/17, 11/7/17, and 11/8/17.

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THIRD CAUSE FOR DISCIPLINE

(Unprofessional Conduct - Acts Involving Moral Turpitude, Dishonesty, Fraud, Deceit, Or Corruption)

23. Respondents Fusion IV LSC, Fusion IV Pharmacy and Vahedi are subject to disciplinary action under section 4301 subdivision (f) in that Respondents produced fraudulent documents to the Board. The circumstances are as follows:

24. On or about October 12, 2017, Respondent Vahedi provided the Board with records that fraudulently reported that no product with "zicon" in the name was dispensed from the period of January 1, 2017 to October 12, 2017.

25. On or about October 13, 2017, Respondent Vahedi provided the Board with records that fraudulently reported the batches made from October 1, 2017 through October 10, 2017 were "made with the sole intent of providing experimental samples for use by our Quality department" when in fact they were not.

FOURTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct - Providing False Documents)

26. Respondents Fusion IV LSC, Fusion IV Pharmacy and Vahedi are subject to disciplinary action under section 4301 subdivision (g) in that Respondents knowingly made or signed false documents. The circumstances are as follows:

27. On or about October 12, 2017, Respondent Vahedi knowingly signed and provided records to Board representatives that falsely reported that no product with "zicon" in the name had been dispensed during the period January 1, 2017 to October 12, 2017, when in fact records were received from Respondents on or about November 20, 2017, demonstrating that a product was sold with ziconotide in it on at least sixty-seven (67) occassions.

28. On or about October 13, 2017, Respondent Vahedi knowingly signed and provided records to Board representatives that falsely reported that batches made from the period October 1, 2017 through October 10, 2017 were "made with the sole intent of providing experimental samples for use by our Quality department." However, records were received from Respondents

on or about November 20, 2017 that demonstrated the dispensing of several of the lots that were represented to be used as samples only.

FIFTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct - Providing False Documents)

29. Respondents Fusion IV LSC, Fusion IV Pharmacy and Vahedi are subject to disciplinary action under section 4301 subdivision (q) in that Respondents engaged in conduct that subverts or attempts to subvert an investigation of the Board. Specifically, on or about November 3, 2017 and again on or about November 21, 2017, Respondents failed to respond to requests from the Board to produce certain records described below:

a. All records showing purchasing, compounding, and dispensing for PRIALT, ziconotide, PRIALT INJ 100mcg/ml, and ziconotide acetate 100mcg/ml injectable or any variation of from the period October 16, 2015 to November 3, 2017.

b. A complete list of products compounded or sold from October 16, 2015 to November 3, 2017.

c. Provide the fully executed investigational protocol for at least CA-008 HCL (PF) 0.5mg/ml injectable (investigational drug) Lot 10102017+47838 and CA-008 HCL (PF) 1 mg/ml injectable (investigational drug) Lot 10102017+47840.

30. Respondents Fusion IV LSC, Fusion IV Pharmacy and Vahedi failed to produce records requested by the Board's representatives on November 21, 2017 or at any time thereafter. Specifically, Respondents failed to comply with the following requests:

a. A copy of at least 7 prescriptions: RX 90015156, RX 90015174, RX 90015175, RX 90015178, RX 90015179, RX 90015180, RX 90015181.

b. A profile for all compounded preparations sold to Fusion Rx DEA FF1542617 from October 16, 2015 to November 21, 2017.

c. The authority in which Fusion IV, a California licensed pharmacy, is providing non-patient specific compounding drug preparations to Fusion Rx, a California licensed pharmacy.

d. The certificate of analysis for ziconotide acetate purchased from Attix: Lot A3269A

e. Method Suitability Test, Container Closure Integrity Test, and Stability Studies to support the BUD assigned to ziconotide acetate 100mcg/ml

31. On or about November 21, 2017, Respondents produced documents that had no meaning to the above-described investigation and Respondents failed to clarify the meaning of the documents despite a request to do so.

SIXTH CAUSE FOR DISCIPLINE

(Misbranding Of Compounded Preparations: Imitation Of Another Drug)

32. Respondents Fusion IV LSC, Fusion IV Pharmacy, Vahedi and Chalikias are subject to disciplinary action under California Health and Safety Code sections 111395 subdivision (a) and 111445 in that from at least January 1, 2017 to September 25, 2017, Respondents compounded ziconotide acetate 100 mcg/ml at least seven (7) times and dispensed at least sixty-five (65) prescriptions (approximately 250 vials). Ziconotide acetate 100 mcg/ml is an imitation of PRIALT, a commercially available drug product.

SEVENTH CAUSE FOR DISCIPLINE

(Prohibited Acts: Purchase, Trade, Sell, Or Transfer Of Misbranded Drugs)

33. Respondents Fusion IV LSC, Fusion IV Pharmacy, Vahedi and Chalikias are subject to disciplinary action under Code section 4169 subdivision (a)(3) and Health and Safety Code section 111335 in that from at least January 1, 2017 to September 25, 2017, Respondents dispensed ziconotide acetate 100 mcg/ml, a misbranded drug, sixty-five (65) times (approximately 250 vials).

EIGHTH CAUSE FOR DISCIPLINE

(Failure To Have A Master Formula Prior To Compounding A Drug Preparation)

34. Respondents Fusion IV LSC, Fusion IV Pharmacy, Vahedi and Chalikias are subject to disciplinary action under California Code of Regulations section 1735.2 subdivision (c) in that on or about October 12, 2017, Respondents provided a master formula for ziconotide acetate 100 mcg/ml showing the maximum allowable beyond use date (BUD) of three (3) days and the use of a Millex GV Durapore PVF filter for sterilization. However, the compounding logs for ziconotide acetate 100 mcg/ml varied from the master formula in that they included an

assignment of a BUD of approximately ninety (90) days and the use of Whatman Puradisc 25 filter and MDI Asepticap WA-y inline filters for sterilization rather than the products included in the master formula.

NINTH CAUSE FOR DISCIPLINE

(Compounding Of A Commercially Available Product)

35. Respondents Fusion IV LSC, Fusion IV Pharmacy, Vahedi and Chalikias are subject to disciplinary action under Code section 4301 subdivision (o) and California Code of Regulations section 1735.2 subdivision (d)(3) in that Respondents unlawfully compounded a commercially available product. The circumstances are that from at least January 1, 2017 to September 25, 2017, Respondents compounded ziconotide acetate 100 mcg/ml at least seven (7) times and dispensed at least sixty-five (65) prescriptions (approximately 250 vials). Ziconotide acetate 100mcg/ml is a copy of PRIALT, a commercially available drug product.

TENTH CAUSE FOR DISCIPLINE

(Failure To Support The Beyond Use Date Assigned)

36. Respondents Fusion IV LSC, Fusion IV Pharmacy and Chalikias are subject to disciplinary action under Code section 4301 subdivision (o) and California Code of Regulations section 1735.2 subdivision (i)(3) in that from at least January 1, 2017 to October 1, 2017, Respondents did not have suitable tests, container closure integrity studies or stability studies for ziconotide acetate 100 mcg/ml, non-sterile to sterile preparations, which preparations were assigned a BUD of ninety (90) days. Specifically, Respondents failed to support the BUD assigned for the lots described as follows: 01162017+44322, 02222017+44799, 03242017+45254, 05042017+45886, 05252017+46202, 07052017+46774, 08012017+47101.

ELEVENTH CAUSE FOR DISCIPLINE

(Failure To Have Complete Compounding Records)

37. Respondents Fusion IV LSC, Fusion IV Pharmacy and Chalikias are subject to disciplinary action under Code section 4301 subdivision (o) and California Code of Regulations section 1735.2 subdivision (a)(2) in that for certain lots compounded between October 4, 2017 and October 11, 2017, Respondents failed to maintain complete compounding records.

38. The circumstances are that on the following lots complete compounding records were not maintained:

Date	Lot number	Drug	Missing from compounding record
10/4/17	10042017+47781	Biotin 10mg/ml	No manufacturer noted on biotin No final check noted on batch record or worksheet but dispensed on 10/26/17
10/6/17	10062017+47814	Atropine sulfate monohydrate 0.1% stock solution	No manufacturer noted on sterile water for injection No final check noted on batch record or worksheet.
10/10/17	10102017+47838	CA-008 HCL (PF) 0.5mg/ml injectable	No manufacturer noted on CA-008 HCL powder and lot was listed only as ABCD1234
10/10/17	10102017 + 47840	CA-008 HCL (PF) 1mg/ml injectable	No manufacturer noted on CA-008 HCL powder and lot was listed only as ABCD1234
10/11/17	10112017+47844	B-Complex 110 injectable	No manufacturer noted on Thiamine or niacinamide Assigned BUD on the worksheet is edited 3 times unsure of assigned BUD

TWELFTH CAUSE FOR DISCIPLINE

(Failure To Have Complete Compounding Records)

39. Respondents Fusion IV LSC, Fusion IV Pharmacy and Chalikias are subject to disciplinary action under Code section 4301 subdivision (o) and California Code of Regulations section 1751.7 subdivision (e)(1) in that Respondents failed to perform to product testing for sterility and monitoring of acceptable levels of pryogens prior to dispensing in compliance with testing and monitoring requirements. The circumstances are as follows:

40. On the following lots the nonsterile batched preparations were released before the fourteen (14) day compliant sterility testing confirmed sterility:

a. Respondents released lot number 05042017+45886, made on May 4, 2017, which contained 50 ml on May 3, 2017 and May 8, 2017.

b. Respondents released lot number 07052017+46774, made on July 5, 2017, which contained 50 ml on July 7, 2017.

c. Respondents released lot number 08012017+47101, made on August 1, 2017, which contained 90 ml on August 11, 2017.

DISCIPLINE CONSIDERATIONS

27. To determine the degree of discipline, if any, to be imposed on Respondent Vahedi, Complainant alleges as follows:

a. On or about January 2, 2018, in the Matter of the Accusation against Dr. N. Vahedi Pharmacy Inc. dba Fusion Rx Compounding Pharmacy and Navid Vahdi, Case No. 5899 and OAH No. 2017040451, Board of Pharmacy issued a Decision and Order adopting the Proposed Decision by the Administrative Law Judge where in Respondent Vahedi, among other things, was placed on a four (4) year probation, which included a thirty (30) day suspension. While on probation, Respondent Vahedi was required to complete remedial education, and comply with other reporting, monitoring, and supervision requirements.

b. On or about October 27, 2016, in a prior action, the Board of Pharmacy issued Citation Number CI 2015 67663 based on violations of CCR, Title 16, § 1751.4 subdivision (a) [Respondent served as PIC where Fusion RX Pharmacy, owned by Respondent, did not maintain the compounding environment in accordance to criteria specified in the pharmacy's written policies and procedures for the safe compounding of sterile injectable drug product] Respondent was required to pay $1,500.00. That Citation is now final and is incorporated by reference as if fully set forth.

c. On or about October 27, 2015, in a prior action, the Board of Pharmacy issued Citation Number CI 2015 67653 based on violations of CCR, Title 16, § 1713 [Participating In An Arrangement Where Prescriptions Or Prescription Medications Is Left At, Picked Up From, Accepted By, Or Delivered To Any Place Not Licensed As A Retail Pharmacy] and Bus. & Prof. Code § 4052(a) and CCR, Title 16, § 1735.2 [Compounded medications not for office use and in quantity for advanced male medical in excess of 72-hour supply of compounded medications.] Respondent to pay $2,000.00. That Citation is now final and is incorporated by reference as if fully set forth.

d. On or about September 10, 2015, in a prior action, the Board of Pharmacy issued Citation Number CI 2015 66976 based on violations of Health & Safety Code § 111397 (a) [Compounding with an Unapproved Foreign Drug], Bus. & Prof. Code § 4169(a) and CCR, Title 16, § 1735.3(c) [Prohibited Act/Obtaining Compounding Chemicals from Unreliable Source] , 1735(d) [Compounding Commercially Available Drugs/Patent Infringement] and ordered

Respondent to pay $3,000.00. That Citation is now final and is incorporated by reference as if fully set forth.

e. On or about September 27, 2012, in a prior action, the Board of Pharmacy issued Citation Number CI 2012 53992 based on violations of Bus. & Prof. Code § 4076(a)(9) [Prescription label date beyond manufacturing date], Health & Safety Code § 11165(d) [Failure to Report to Cures], and Title 21 CFR § 1304.11 [Failure to take DEA Inventory] and ordered Respondent to pay $1250.00. That Citation is now final and is incorporated by reference as if fully set forth.

OTHER MATTERS

41. Pursuant to Code section 4307, if discipline is imposed on Pharmacy Permit Number PHY 53726 or Licensed Sterile Compounding No. 100855 issued to Fusion IV Pharmaceuticals DBA Axia Pharmaceutical, Respondent Navid Vahedi shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Pharmacy Permit Number PHY 53726 or Licensed Sterile Compounding No. 100855 is placed on probation or until Pharmacy Permit Number PHY 53726 or Licensed Sterile Compounding No. 100855 is reinstated if it is revoked.

42. Pursuant to Code section 4307, if discipline is imposed on Pharmacy Permit Number PHY 53726 or Licensed Sterile Compounding No. 100855 issued to Fusion IV Pharmaceuticals DBA Axia Pharmaceutical, while Navid Vahedi had been an officer and owner and had knowledge of or knowingly participated in any conduct for which the licensee was disciplined, Respondents Navid Vahedi shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Pharmacy Permit Number PHY 53726 or Licensed Sterile Compounding No. 100855 is placed on probation or until Pharmacy Permit Number PHY 53726 or Licensed Sterile Compounding No. 100855 is reinstated if it is revoked.

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PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Pharmacy issue a decision:

1. Revoking or suspending Pharmacy Permit Number PHY 53726, issued to Fusion IV Pharmaceuticals Inc. DBA AXIA Pharmaceutical with Navid Vahedi as the CEO, 100% shareholder, Director, President, Secretary, and Treasurer/Chief Financial Officer;

2. Revoking or suspending Licensed Sterile Compounding Number LSC 100855 issued Fusion IV Pharmaceuticals Inc. DBA AXIA Pharmaceutical, with Navid Vahedi as the CEO, 100% shareholder, Director, President, Secretary, and Treasurer/Chief Financial Officer;

3. Revoking or suspending Pharmacist License Number RPH 59537, issued to Navid Vahedi;

4. Revoking or suspending Pharmacist License Number RPH 68840, issued to Christina Chalikias;

5. Prohibiting Navid Vahedi from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Pharmacy Permit Number PHY 53726 is placed on probation or until Pharmacy Permit Number PHY 53726 is reinstated if Pharmacy Permit Number 53726 is revoked;

6. Prohibiting Navid Vahedi from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Licensed Sterile Compounding Number LCS 100855 is placed on probation or until Licensed Sterile Compounding Number LCS 100855 is reinstated if Licensed Sterile Compounding Number LCS 100855 is revoked;

7. Ordering Fusion IV Pharmaceuticals Inc. DBA AXIA Pharmaceutical, Navid Vahedi and Christina Chalikias jointly and severally to pay the Board of Pharmacy the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3; and,

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8. Taking such other and further action as deemed necessary and proper.

DATED: 9/2/18

VIRGINIA HEROLD
Executive Officer
Board of Pharmacy
Department of Consumer Affairs
State of California
Complainant

LA2018500802
13067511

BOARD OF PHARMACY

LICENSING DETAILS FOR: RPH 68840

NAME: CHALIKIAS, CHRISTINA

LICENSE TYPE: REGISTERED PHARMACIST

LICENSE STATUS: PROBATION OR PRACTICE RESTRICTION

SECONDARY STATUS: PROBATION

ADDRESS NOT DISCLOSED

ISSUANCE DATE

JULY 1, 2013

EXPIRATION DATE

MAY 31, 2023

CURRENT DATE / TIME

MARCH 10, 2022
3:03:14 PM

PUBLIC RECORDS

DISCIPLINARY ACTIONS (1)

DISCLAIMER: DISCIPLINARY ACTIONS

DESCRIPTION: CURRENT WEB SITE INFORMATION ON BOARD OF PHARMACY DISCIPLINARY ACTIONS ONLY GOES AS FAR BACK AS *JANUARY 1998* FOLLOWING THE EFFECTIVE DATE OF THE DISCIPLINARY PENALTY.
DISCIPLINARY ACTIONS RENDERED BY THE BOARD AND PENALTIES IMPOSED BECOME OPERATIVE ON THE EFFECTIVE DATE OF THE ACTION EXCEPT IN SITUATIONS WHERE THE LICENSEE OBTAINS A COURT-ORDERED STAY THROUGH THE APPEAL PROCESS. THIS MAY OCCUR AFTER THE PUBLICATION OF THE INFORMATION ON THIS WEBSITE.

TO OBTAIN INFORMATION PRIOR TO JANUARY 1998 OR FOR INFORMATION ON SPECIFIC DISCIPLINE LISTED SUBMIT A WRITTEN REQUEST TO THE *STATE BOARD OF PHARMACY, 2720 GATEWAY OAKS DRIVE, SUITE 100, SACRAMENTO, CA¿ 95833, ATTENTION PUBLIC RECORDS DESK.*

PUBLIC DISCLOSURES:

- **CASE NUMBER:** AC201700637100
- **EFFECTIVE DATE OF ACTION:** SEPTEMBER 26, 2019
- **DESCRIPTION OF ACTION:** THROUGH A DISCIPLINARY ACTION OF THE BOARD, THE LICENSE IS REVOKED,THE REVOCATION IS STAYED, AND THE LICENSE IS PLACED ON PROBATION FOR THREE YEARS SUBJECT TO TERMS AND CONDITIONS IN THE DECISION.

PUBLIC DOCUMENTS

DOCUMENTS (1)

CASE NUMBER: AC201700637100 **DOCUMENT:** LINK

8

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 306 – Reno, NV 89521

PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION Registration Fee: $50.00

(Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)

Complete Name (**no abbreviations**):

First: Karen Middle: Lee Last Price

Home Address: [redacted] Sparks Blvd Apt#: 315

City: Sparks State: NV Zip Code: 89434

Telephone [redacted] SS# or ITIN: [redacted]

Date of Birth: [redacted] Place of Birth: San Francisco Sex: ☐ M or ☒ F

E-mail Address: [redacted]

A licensee is not required to have a Nevada State Business License, however, if you, personally, have one, please provide the number. ___

I am requesting registration at the following pharmacy:

Pharmacy: CVS Pharmacy Store #: 17523

Address: 1550 Lincoln Hwy

City: Sparks State: NV Zip Code: 89434

Signature of Managing Pharmacist: [signature] Lic #: 16250 Date: 1/5/22

(Without the signature of the managing pharmacist, the application will be returned.)

1. Are you 18 years of age or older? Yes ☒ No ☐
2. Are you a high school graduate or the equivalent? Yes ☒ No ☐

(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?	☐	☒
3. Been charged, arrested or convicted of a felony or misdemeanor in any state?	☒	☒
4. Been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☒
5. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☒

If you marked **YES** to any of the numbered questions (3-5) above, include the following information & provide an explanation & documentation:

	State	Date:	Case #:	County	Court
Board Administrative Action:	NV	/ /			
Criminal Action:	NV	12/19/2014	15CR-1788	Washoe	Reno municipal

The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)

	Yes	No
Are you the subject of a court order for the support of a child?	☐	☒
IF you marked **YES** to the question, above are you in compliance with the court order?	☐	☐

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PTT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Karen Lee Price 1/6/2022

Original Signature, no copies or stamps accepted Date

Board Use Only Date Processed: ___ Amount: 50 Mo # 1900533478

I was driving Under influence of control substance of Ambian RX and had Alchol in me. all I have is this case # when I went to Rehab-- Too long ago this is all I have.

The other paper I sent in should of had info also of court case #

SS# [redacted]

Reno Municipal Court-Adult Drug Court
TREATMENT PROGRESS REPORT
Case/Docket #: 15CR-17788

Price, Karen Lee
Lynn Dyas, MFT, LCADC
Employment
Employment Category
Current Employer

Report Date	05/20/2016
Admit Date	01/06/2016
Treatment Admit Date	02/24/2016
Days In Program	136

Treatment Analysis

Date	Status	Clinician Name	Type
04/06/2016	Compliant	Lynn Dyas MFT, LCADC	Group Adult
03/30/2016	Compliant	Lynn Dyas MFT, LCADC	Group Adult
03/23/2016	Compliant	Lynn Dyas MFT, LCADC	Group Adult
03/19/2016	Compliant	Lynn Dyas MFT, LCADC	Individual Adult
03/16/2016	Compliant	Lynn Dyas MFT, LCADC	Group Adult
03/12/2016	Compliant	Lynn Dyas MFT, LCADC	Individual Adult
03/09/2016	Compliant	Lynn Dyas MFT, LCADC	Group Adult
03/05/2016	Compliant	Lynn Dyas MFT, LCADC	Individual Adult
03/02/2016	Compliant	Lynn Dyas MFT, LCADC	Group Adult

Urinalysis Results

Date	Result	Drug
04/18/2016	Excused	
04/13/2016	Negative	
04/11/2016	Positive	Ethyl Glucuronide Positive
04/05/2016	Positive	Opiate-Positive Hydrocodone-Pos Creatinine-Positiv
04/04/2016	Positive	Opiate-Positive
03/31/2016	Positive	Creatinine-Positiv
03/29/2016	Positive	Creatinine-Positiv
03/24/2016	Negative	
03/21/2016	Negative	
03/15/2016	Positive	Opiate-Positive
03/14/2016	Positive	Opiate-Positive
03/10/2016	Negative	
03/08/2016	Positive	Opiate-Positive Hydrocodone-Pos Creatinine-Positiv
03/03/2016	Positive	Opiate-Positive Hydrocodone-Pos Creatinine-Positiv
02/29/2016	Positive	Opiate-Positive Hydrocodone-Pos Creatinine-Positiv
02/25/2016	Negative	

9

9A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- ■ Nevada
- ☐ Out-of-State

Type of Application (check applicable box)

- ☐ New Pharmacy
- ■ Ownership Change*
- ☐ Location Change *
- ☐ Name Change*

* If making a change, provide current license number:

PH 03310

Ownership Type (check applicable box)

- ☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
- ☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
- ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
- ■ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: FIRST CLASS RX PHARMACY LLC

Physical Address: 3783 E DESERT INN RD

City: LAS VEGAS State: NV Zip: 89121

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 702-534-0325 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: 702-534-0336 Contact Email: firstclassrxpharmacy@gmail.com

Website: _____

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): THRINH LUU ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 16351 ✓

Type of Pharmacy (check all applicable)

- ■ Retail/Community
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☐ Other: _____

Services the Pharmacy will Provide (check all applicable)

- ☐ Retail/Community
- ☐ Non-sterile Compounding
- ☐ Sterile Compounding
- ☐ Mail-Order Service
- ☐ Off-site Cognitive Services
- ☐ Long Term Care
- ☐ Hospital
- ☐ Other:

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ■ Saturday ☐ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: JAIME DORSETT	NV Pharmacist Registration #: 18900 ✓
Name: JOSHUA JOU	NV Pharmacist Registration #: 20452 ✓
Name: CHERELLE NELSON	NV Pharmacist Registration #: 20627 ✓
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: TTRINH LUU	Credentials: RPH	%: 100
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: NEVADA

Parent Company (if any): _____

Corporation/Organization Name: FIRST CLASS RX PHARMACY LLC

Mailing Address: 3783 E DESERT INN RD

City: LAS VEGAS State: NV Zip: 89121

Telephone: 702-534-0325 Email: firstclassrxpharmacy@gmail.com

Contact Person Name: TRINH LUU

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: TRINH LUU

Business Name: FIRST CLASS RX PHARMACY LLC

Business Address: 3783 E DESERT INN RD

City: LAS VEGAS State: NV Zip: 89121

Telephone: 702-534-0325 Email: firstclassrxpharmacy@gmail.com

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the OWNER (title) for FIRST CLASS RX PHARMACY LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

~~THIRIN LUU~~ TRINH RUU

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

10-21-21

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, TRINH LUU hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the OWNER (title) for FIRST CLASS RX PHARMACY LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 22nd day of October, 20 21

Notary Public

JENILEE GARCIA VEITIA
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 05-24-25
Certificate No: 13-11212-1

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: TRINH LUU Pharmacist Registration #: _____

Pharmacy Name: FIRST CLASS RX PHARMACY LLC

Initial each statement below to indicate you have read and agree with the following:

TL I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

TL I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

TL I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

TL I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

TL I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✔
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✔
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✔

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

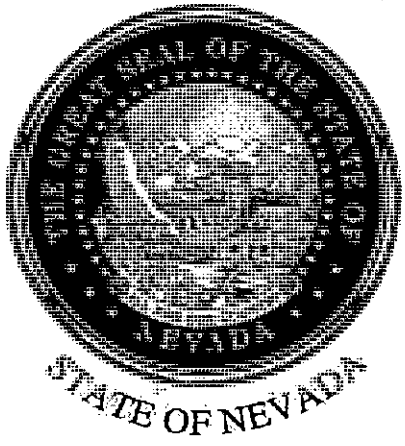
I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

10/22/21
Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right:	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** o **All General Partners;** o **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application found at** http://bop.nv.gov/Services/newapps/Business/ must be completed by: a. **For Non-publicly traded** - The top 4 shareholder/stockholders. b. **For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. c. **For Sole Owner** - The owner.		✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

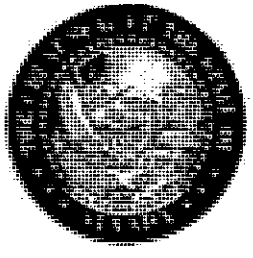
SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **FIRST CLASS RX PHARMACY L.L.C.**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 09/02/2014, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 12/07/2021.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202112072209238
You may verify this certificate online at http://www.nvsos.gov

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler FIRST CLASS RX PHARMACY LLC

Physical Address 3783 E DESERT INN RD

City LAS VEGAS State NV Zip 89121

Mailing Address (if different from physical address) SAME AS ABOVE

City _____ State _____ Zip _____

Telephone 702-534-0325 Website _____

Licensing Company Email firstclassrxpharmacy@gmail.com

Section 2: Personal Information

First TRINH Middle NGOC Last LUU

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] FINTRY HILLS ST

City LAS VEGAS State NV Zip 89141

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials TL

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
UNIVERSITY AT NEW MEXICO COLLEGUE OF PHARMACY		08/1999 - 05/2003	
Address	**City**	**State**	**Zip**
2502 MARBLE AVE	ALBURQUERQUE	NM	87106
Diploma/Degree obtained, if any			
PHARM D			
School Name		From - To (MM/YY – MM/YY)	
CALIFORNIA STATE UNIVERSITY NORTHRIDGE		08/1989 - 05/1993	
Address	**City**	**State**	**Zip**
1811 NORDHOFF ST	NORTHRIDGE	CA	91330
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/05/21 - PRESEN	[redacted] FINTRY HILLS ST	LAS VEGAS	NV	89141
From - To (MM/YY – MM/YY)	Address	City	State	Zip
11/21/18 - 02/05/21	[redacted] MURCARI WAY	LAS VEGAS	NV	89141
From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/25/10 - 11/21/18	[redacted] SPRING RANCHO PKWY	LAS VEGAS	NV	89118
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials TL

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
FIRST CLASS RX PHARMACY LLC			07/19 - PRESENT
Business Address	**City**	**State**	**Zip**
3783 E DESERT INN RD	LAS VEGAS	NV	89121
Phone	**Title**		
702-534-0325	PHARMACY MANAGER		
Description of Duties			
PHARMACY DUTIES			

Business Name			From - To (MM/YY – MM/YY)
ALL CITY PHARMACY			06/20 - 12/20
Business Address	**City**	**State**	**Zip**
821 N LAMB BLVD	LAS VEGAS	NV	89110
Phone	**Title**		
702-834-7704	PHARMACY MANAGER		
Description of Duties			
PHARMACY DUTIES			

Business Name			From - To (MM/YY – MM/YY)
WEST VALLEY PHARMACY			02/19 - 06/19
Business Address	**City**	**State**	**Zip**
6125 W SAHARA AVE # 1 A	LAS VEGAS	NV	89146
Phone	**Title**		
702-248-4119	PHARMACIST		
Description of Duties			
PHARMACY DUTIES			

Business Name			From - To (MM/YY – MM/YY)
QHR PHARMACY			08/17 - 01/19
Business Address	**City**	**State**	**Zip**
765 N NELLIS BLVD	LAS VEGAS	NV	89110
Phone	**Title**		
702-331-6388	PHARMACIST		
Description of Duties			
PHARMACY DUTIES			

Business Name			From - To (MM/YY – MM/YY)
HUNTRIDGE PHARMACY			09/13 - 08/17
Business Address	**City**	**State**	**Zip**
1144 E CHARLESTON BLVD	LAS VEGAS	NV	89104
Phone	**Title**		
702-382-7373	PHARMACIST		
Description of Duties			
PHARMACY DUTIES			

Continue on next page if additional space is needed.

Applicant's initials TL

Business Name			From - To (MM/YY – MM/YY)	
CVS PHARMACY			06/03 - 09/13	
Business Address		**City**	**State**	**Zip**
2425 E DESERT INN RD		LAS VEGAS	NV	89121
Phone	**Title**			
702-734-0258	PHARMACIST			
Description of Duties				
PHARMACY DUTIES				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials TL

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

12/11/2021
Date

Applicant's initials TL

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

TRINH LUU

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/11/2021

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark.

I, TRINH NGOC LUU, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12/16/2021

Date

Subscribed and Sworn to before me this 16th day of December 2021

Notary Public Signature

JENILEE GARCIA VEITIA
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 05-24-25
Certificate No: 13-11212-1

(Seal)

Applicant's initials TL

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler FIRST CLASS RX PHARMACY LLC

Physical Address 3783 E DESERT INN RD

City LAS VEGAS State NV Zip 89121

Mailing Address (if different from physical address) SAME AS ABOVE

City _____ State _____ Zip _____

Telephone 702-534-0325 Website _____

Licensing Company Email firstclassrxpharmacy@gmail.com

Section 2: Personal Information

First TRINH Middle NGOC Last LUU

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted]FINTRY HILLS ST

City LAS VEGAS State NV Zip 89141

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☐ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials TL

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
UNIVERSITY AT NEW MEXICO COLLEGUE OF PHARMACY			08/1999 - 05/2003
Address	**City**	**State**	**Zip**
2502 MARBLE AVE	ALBURQUERQUE	NM	87106
Diploma/Degree obtained, if any			
PHARM D			

School Name			From - To (MM/YY – MM/YY)
CALIFORNIA STATE UNIVERSITY NORTHRIDGE			08/1989 - 05/1993
Address	**City**	**State**	**Zip**
1811 NORDHOFF ST	NORTHRIDGE	CA	91330
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/05/21 - PRESEN	[redacted] FINTRY HILLS ST	LAS VEGAS	NV	89141
11/21/18 - 02/05/21	[redacted] MURCARI WAY	LAS VEGAS	NV	89141
01/25/10 - 11/21/18	[redacted] SPRING RANCHO PKWY	LAS VEGAS	NV	89118

Applicant's initials TL

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
FIRST CLASS RX PHARMACY			07/19 - PRESENT
Business Address	**City**	**State**	**Zip**
3783 E DESERT INN RD	LAS VEGAS	NV	89121
Phone	**Title**	**Number of Employed Hours**	
702-534-0325	PHARMACY MANAGER		
Description of Duties			
PHARMACY DUTIES			

Business Name			From - To (MM/YY – MM/YY)
ALL CITY PHARMACY			06/20 -12/20
Business Address	**City**	**State**	**Zip**
821 N LAMB BLVD	LAS VEGAS	NV	89110
Phone	**Title**	**Number of Employed Hours**	
702-834-7704	PHARMACY MANAGER		
Description of Duties			
PHARMACY DUTIES			

Business Name			From - To (MM/YY – MM/YY)
WEST VALLEY PHARMACY			02/19 - 06/19
Business Address	**City**	**State**	**Zip**
6125 W SAHARA AVE # 1A	LAS VEGAS	NV	89146
Phone	**Title**	**Number of Employed Hours**	
702-248-4119	PHARMACIST		
Description of Duties			
PHARMACY DUTIES			

Business Name			From - To (MM/YY – MM/YY)
QHR PHARMACY			08/17 - 01/19
Business Address	**City**	**State**	**Zip**
765 N NELLIS BLVD	LAS VEGAS	NV	89110
Phone	**Title**	**Number of Employed Hours**	
702-331-6388	PHARMACIST		
Description of Duties			
PHARMACY DUTIES			

Business Name			From - To (MM/YY – MM/YY)
HUNTRIDGE PHARMACY			09/13 -08/17
Business Address	**City**	**State**	**Zip**
1144 E CHARLESTON BLVD	LAS VEGAS	NV	89104
Phone	**Title**	**Number of Employed Hours**	
702-382-7373	PHARMACIST		
Description of Duties			
PHARMACY DUTIES			

Continue on next page if additional space is needed.

Applicant's initials TL

Business Name			From - To (MM/YY – MM/YY)	
CVS PHARMACY			06/03 - 09/13	
Business Address		**City**	**State**	**Zip**
2425 E DESERT INN RD		LAS VEGAS	NV	89121
Phone	**Title**		**Number of Employed Hours**	
702-734-0258	PHARMACIST			
Description of Duties				
PHARMACY DUTIES				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials TL

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

12/11/2021
Date

Applicant's initials TL

I, TRINH LUU, **certify that as the designated representative for**

FIRST CLASS RX PHARMACY LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

TRINH LUU

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/11/21

Date

Applicant's initials TL

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

THRINH LUU

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/11/21

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Trinh Ngoc Luu, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12/16/21

Date

Subscribed and Sworn to before me this 16th day of December 2021

Notary Public Signature

JENILEE GARCIA VEITIA
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 05-24-25
Certificate No: 13-11212-1

(Seal)

Applicant's initials TL

9B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- ■ Nevada
- ☐ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
■ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☐ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH_____	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: NOWRX

Physical Address: 3825 W. CHEYENNE AVENUE, SUITE 601

City: NORTH LAS VEGAS State: NV Zip: 89032

Mailing Address (if different from physical address): 34700 PACIFIC COAST HWY, SUITE 203

City: CAPISTRANO BEACH State: CA Zip: 92624

Telephone: 702-475-8187 Toll Free # (NAC 639.708, NRS 639.23286): 844-466-6979

Fax: 949-606-9212 Contact Email: credentialingNV@nowrx.com

Website: https://nowrx.com/

Nevada Business License # (if applicable) NV20212231833

Supervising/Managing Pharmacist Name (NRS 639.220): JORGE R. RAMIREZ-SILVA

Supervising/Managing Pharmacist NV Pharmacist Registration #: 17092

Type of Pharmacy (check all applicable)

- ■ Retail/Community
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☐ Other: _____

Services the Pharmacy will Provide (check all applicable)

- ■ Retail/Community
- ☐ Non-sterile Compounding
- ☐ Sterile Compounding
- ☐ Mail-Order Service
- ☐ Off-site Cognitive Services
- ☐ Long Term Care
- ☐ Hospital
- ☐ Other:

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ☐ Saturday ☐ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: JORGE R. RAMIREZ-SILVA	NV Pharmacist Registration #: 17092
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: DELAWARE

Parent Company (if any): N/A

Corporation/Organization Name: NOWRX, INC.

Mailing Address: 34700 PACIFIC COAST HWY, SUITE 203

City: CAPISTRANO BEACH State: CA Zip: 92624

Telephone: 949-449-2700 Email: credentialingNV@nowrx.com

Contact Person Name: CHRISTIE HANCOCK, Credentialing Manager (407) 777-7435

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ■ Yes ☐ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the CEO / PRESIDENT (title) for NOWRX (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

CARY BREESE

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

2/15/22

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, CARY BREESE hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the CEO / PRESIDENT (title) for NOWRX (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this _____ day of _____, 20_____

Notary Public

SEE CALIFORNIA
JURAT ATTACHED
INTL YES DATE
2.15.22

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Orange

Subscribed and sworn to (or affirmed) before me on this 15th day of January, 2022, by Cary Breese.

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

VICTORIA E. STRUTT
COMM. # 2316254
NOTARY PUBLIC - CALIFORNIA
ORANGE COUNTY
MY COMM. EXP. DEC. 17, 2023

(Seal)

Signature

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: JORGE RAMIREZ-SILVA Pharmacist Registration #: 17092

Pharmacy Name: NOWRX, INC.

Initial each statement below to indicate you have read and agree with the following:

JRS I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

JRS I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

JRS I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

JRS I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

JRS I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✓

If you marked YES to any questions above, include the following information and provide a

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

01-07-2022
Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	**Publicly Traded**	**Non-publicly Traded**	**Partner-ship**	**Sole Owner**
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** ○ **All General Partners;** ○ **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application found at** http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a. For Non-publicly traded** - The top 4 shareholder/stockholders. **b. For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner.		✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the PHARMACIST IN CHARGE (title) for NOWRX, INC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

JORGE R. RAMIREZ-SILVA

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

07.07.2022

Date

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the CTO / PRESIDENT (title) for NOWRX (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

SUMEET SHEOKAND

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

2/15/22

Date

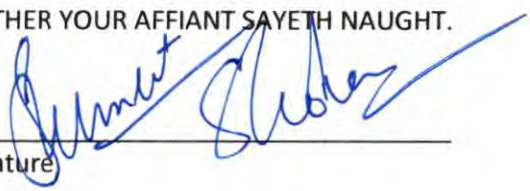
Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, SUMEET SHEOKAND hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the CTO / PRESIDENT (title) for NOWRX (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.



_____
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this _____ day of _____, 20_____

_____
Notary Public

SEE CALIFORNIA JURAT ATTACHED
INTL YES DATE 2.15.22

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Orange

Subscribed and sworn to (or affirmed) before me on this 15th day of February, 2022, by Sumeet Sheokand,
proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

VICTORIA E. STRUTT
COMM. # 2316254
NOTARY PUBLIC - CALIFORNIA
ORANGE COUNTY
MY COMM. EXP. DEC. 17, 2023

(Seal)

Signature Victoria E Strutt

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

SUMEET SHEOKAND, PRESIDENT/ CTO

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

2/15/22

Date

Board Use Only	Date Received: _____	Amount: _____

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NOWRX, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NOWRX, INC." WAS INCORPORATED ON THE NINETEENTH DAY OF FEBRUARY, A.D. 2015.

Jeffrey W. Bullock, Secretary of State

5696057 8300

SR# 20221106713

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203016473

Date: 03-26-22

NEVADA BOARD OF PHARMACY APPLICATION
EXHIBIT - PAGE 8

NOWRX, INC.

LIST OF OFFICERS & DIRECTORS

Cary James Breese- Chief Executive Officer

Sumeet Sheokand- Chief Technology Officer

Barry Wellington Karlin- Board of Directors

NOWRX, INC.

TOP FOUR STOCKHOLDERS

Cary James Breese= 15%

Sumeet Sheokand= 13 %

Barry Wellington Karlin= 8%

Various Other Investors under J.O.B.S Act
(SEC Regulation A)= 64.0 % (Each Owns less than 2.5%)

NOWRX, INC.

STOCKHOLDERS HOLD 10% OR MORE OF THE SHARES

Cary James Breese 15.0 %

Sumeet Sheokand 13.0%

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

CARY BREESE, PRESIDENT/ CEO

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

2/15/22

Date

Board Use Only	Date Received: _____	Amount: 500	Check # 2526

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler NOWRX, INC

Physical Address 3825 W. CHEYENNE AVENUE, SUITE 601

City NORTH LAS VEGAS State NV Zip 89032

Mailing Address (if different from physical address) 34700 Pacific Coast Hwy Suite 203(NV)

City Capistrano Beach State CA Zip 92624

Telephone 702-475-8187 Website www.nowrx.com

Licensing Company Email credentialingNV@nowrx.com

Section 2: Personal Information

First JORGE Middle R. Last RAMIREZ-SILVA

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN _____ Sex ■ M ☐ F ☐ X

Mailing Address [redacted] GROVE PARK ST.

City HENDERSON State NV Zip 89002

Telephone [redacted] Email ~~JorgeRamirezSilva@MTMPharmacovigilance.onmicrosoft.com~~ credentialingNV@nowrx.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials JRS

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
UNIVERSITAT DE VALENCIA (SPAIN)		01/01-03/03	
Address	**City**	**State**	**Zip**
AV. DE VICENT ANDRES ESTELLES S/N 46100 BURJASSOT	VALENCIA (SPAIN)		
Diploma/Degree obtained, if any			
MASTER IN PHARMACEUTICAL CARE (MTM)			
School Name		**From - To (MM/YY – MM/YY)**	
UNIVERSIDAD DE CHILE (SANTIAGO, CHILE)		03/90 - 03/00	
Address	**City**	**State**	**Zip**
DR. CARLOS LORCA # 964, INDEPENDENCIA, SANTIAGO	SANTIAGO (CHILE)		
Diploma/Degree obtained, if any			
DOCTOR IN PHARMACY / PHARMACEUTICAL CHEMIST			
School Name		**From - To (MM/YY – MM/YY)**	
INSTITUTO NACIONAL JOSE MIGUEL CARRERA		03/84 -12/89	
Address	**City**	**State**	**Zip**
ARTURO PRAT # 33 , SANTIAGO CENTRO, SANTIAGO	SANTIAGO, CHILE		
Diploma/Degree obtained, if any			
SECONDARY EDUCATION			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/07 - 02/20	[redacted] GROVE PARK ST	HENDERSON	NV	89002
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials JRS

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.593S) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
WALMART # 10-4203			03/21 - 03	
Business Address		**City**	**State**	**Zip**
5210 HWY. 95		FORT MOJAVE	AZ	86426
Phone	**Title**		**Number of Employed Hours**	
928-768-5988	IMMUNIZER / STAFF PHARMACIST		960	

Description of Duties

Processed and accurately dispensed prescription,counseled, did MTM, counseled prescriptions, maintaining confidential information, maintaining controlled medications, and required documentation per company protocol, state and federal laws

Business Name			From - To (MM/YY – MM/YY)	
CVS/PHARMACY #8977			08/17 - 03/20	
Business Address		**City**	**State**	**Zip**
3501 STOCKTON HILL RD		KINGMAN	AZ	86409
Phone	**Title**		**Number of Employed Hours**	
928-757-1999	PHARMACIST IN CHARGE , PHARMACY MANAGER		1,300	

Description of Duties

Processed and accurately dispensed prescription,counseled, did MTM, counseled prescriptions, maintaining confidential information, maintaining controlled medications, and required documentation per company protocol, state and federal laws

Business Name			From - To (MM/YY – MM/YY)	
WALGREENS CO. # 3845			03/07-06/17	
Business Address		**City**	**State**	**Zip**
2280 N. LAS VEGAS BLVD		NORTH LAS VEGAS	NV	89030
Phone	**Title**		**Number of Employed Hours**	
702-649-1415	STAFF PHARMACIST- PHARMACIST OVERNIGHT		4,840	

Description of Duties

Processed and accurately dispensed prescription,counseled, did MTM, counseled prescriptions, maintaining confidential information, maintaining controlled medications, and required documentation per company protocol, state and federal laws

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Applicant's initials JRS

Business Name			From—To (MM/YY—MM/YY)
Business Address		City	State / Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From—To (MM/YY—MM/YY)
Business Address		City	State / Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From—To (MM/YY—MM/YY)
Business Address		City	State / Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From—To (MM/YY—MM/YY)
Business Address		City	State / Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Business Name			From—To (MM/YY—MM/YY)
Business Address		City	State / Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials JRS

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

02·07·2022
Date

Applicant's initials JRS

I, JORGE R. RAMIREZ- SILVA, **certify that as the designated representative for** NOWRX, INC.,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

JORGE R. RAMIREZ-SILVA

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02-07-2022

Date

Applicant's initials JRS

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

JORGE R. RAMIREZ-SILVA

Print Name ~~(First, Last)~~

Original Signature (electronic, copies or stamps not accepted)

02.07.2022

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Jorge R. Ramirez-Silva, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or ~~revocation~~ of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

02.07.2022

Date

Subscribed and Sworn to before me this 07th day of February 2022

Notary Public Signature

JILL RANCK
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 03-17-25
Certificate No: 09-9722-1

(Seal)

Applicant's initials JRS

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler NOWRX, INC.

Physical Address 3825 W. CHEYENNE AVENUE, SUITE 601

City NORTH LAS VEGAS State NV Zip 89032

Mailing Address (if different from physical address) 34700 PACIFIC COAST HWY, SUITE 203

City CAPISTRANO BEACH State CA Zip 92624

Telephone 702-475-8187 Website https://nowrx.com/

Licensing Company Email credentialingNV@nowrx.com

Section 2: Personal Information

First Cary Middle James Last Breese

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address 34700 PACIFIC COAST HWY, SUITE 203

City CAPISTRANO BEACH State CA Zip 92624

Telephone 949-412-2142 Email cary@nowrx.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: N/A to: N/A

Military Occupation/Specialty N/A

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's initials CJB

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Drexel University		09/84-06/89	
Address	**City**	**State**	**Zip**
3141 Chestnut St	Philadelphia	PA	19104
Diploma/Degree obtained, if any			
Bachelor of Science in Electrical Engineering			
School Name		**From - To (MM/YY – MM/YY)**	
Moorestown High School		09/80 - 06/84	
Address	**City**	**State**	**Zip**
350 Bridgeboro Rd	Moorestown	NJ	08057
Diploma/Degree obtained, if any			
High School Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Not Applicable			
Address	**City**	**State**	**Zip**
Not Applicable			
Diploma/Degree obtained, if any			
Not Applicable			
School Name		**From - To (MM/YY – MM/YY)**	
Not Applicable			
Address	**City**	**State**	**Zip**
Not Applicable			
Diploma/Degree obtained, if any			
Not Applicable			
School Name		**From - To (MM/YY – MM/YY**	
Not Applicable			
Address	**City**	**State**	**Zip**
Not Applicable			
Diploma/Degree obtained, if any			
Not Applicable			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/14 - present	[redacted] Trapani	Laguna Niguel	CA	92677
08/01 - 05/14	[redacted] Via Di Nola	Laguna Niguel	CA	92677
Not Applicable	Not Applicable	Not Applicable		
Not Applicable	Not Applicable	Not Applicable		
Not Applicable	Not Applicable	Not Applicable		
Not Applicable	Not Applicable	Not Applicable		
Not Applicable	Not Applicable	Not Applicable		
Not Applicable	Not Applicable	Not Applicable		
Not Applicable	Not Applicable	Not Applicable		
Not Applicable	Not Applicable	Not Applicable		

Applicant's initials CJB

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
NowRx, Inc.			06/15 - present	
Business Address		**City**	**State**	**Zip**
34700 Pacific Coast Hwy, Suite 203		Capistrano Beach	CA	92624
Phone	**Title**			
949-449-2700	CEO			
Description of Duties				
Responsible for all day-to-day operations.				

Business Name			From - To (MM/YY – MM/YY)	
GenieDB, Inc.			01/11 - 11/14	
Business Address		**City**	**State**	**Zip**
31910 Del Obispo St #100		San Juan Capistrano	CA	92675
Phone	**Title**			
(888) 646-3900	CEO			
Description of Duties				
Responsible for all day-to-day operations.				

Business Name			From - To (MM/YY – MM/YY)	
Not Applicable				
Business Address		**City**	**State**	**Zip**
Not Applicable				
Phone	**Title**			
Not Applicable	Not Applicable			
Description of Duties				
Not Applicable				

Business Name			From - To (MM/YY – MM/YY)	
Not Applicable				
Business Address		**City**	**State**	**Zip**
Not Applicable				
Phone	**Title**			
Not Applicable	Not Applicable			
Description of Duties				
Not Applicable				

Business Name			From - To (MM/YY – MM/YY)	
Not Applicable				
Business Address		**City**	**State**	**Zip**
Not Applicable				
Phone	**Title**			
Not Applicable	Not Applicable			
Description of Duties				
Not Applicable				

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Not Applicable			
Business Address	**City**	**State**	**Zip**
Not Applicable			
Phone	**Title**		
Not Applicable	Not Applicable		
Description of Duties			
Not Applicable			

Business Name		From - To (MM/YY – MM/YY)	
Not Applicable			
Business Address	**City**	**State**	**Zip**
Not Applicable			
Phone	**Title**		
Not Applicable	Not Applicable		
Description of Duties			
Not Applicable			

Business Name		From - To (MM/YY – MM/YY)	
Not Applicable			
Business Address	**City**	**State**	**Zip**
Not Applicable			
Phone	**Title**		
Not Applicable	Not Applicable		
Description of Duties			
Not Applicable			

Business Name		From - To (MM/YY – MM/YY)	
Not Applicable			
Business Address	**City**	**State**	**Zip**
Not Applicable			
Phone	**Title**		
Not Applicable	Not Applicable		
Description of Duties			
Not Applicable			

Business Name		From - To (MM/YY – MM/YY)	
Not Applicable			
Business Address	**City**	**State**	**Zip**
Not Applicable			
Phone	**Title**		
Not Applicable	Not Applicable		
Description of Duties			
Not Applicable			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
N/A	N/A	N/A	Not Applicable	Not Applicable

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
N/A	Not Applicable

Reason/Charge
Not Applicable

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
	Not Applicable

Name of Business/Industry/Entity
Not Applicable

Provide explanation below:

Not Applicable.

Original Signature (electronic, copies or stamps not accepted)

2/8/22

Date

Applicant's initials CJB

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Cary Breese

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/9/2022

Date

Please have this section completed in the presence of a Notary Public.

State of CALIFORNIA, ss. County of ORANGE

I, CARY J. BREESE, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

2/9/22

Date

Subscribed and Sworn to before me this 1st day of February 2022

Notary Public Signature

SEE CALIFORNIA JURAT ATTACHED INTL YES DATE 2.9.22

(Seal)

Applicant's initials CJB

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Orange

Subscribed and sworn to (or affirmed) before me on this 1st day of February, 2022, by Cary Breese,
proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

VICTORIA E. STRUTT
COMM. # 2316254
NOTARY PUBLIC - CALIFORNIA
ORANGE COUNTY
MY COMM. EXP. DEC. 17, 2023

(Seal)

Signature Victoria E Strutt

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler NOWRX, INC.

Physical Address 3825 W. CHEYENNE AVENUE, SUITE 601

City NORTH LAS VEGAS State NV Zip 89032

Mailing Address (if different from physical address) 34700 PACIFIC COAST HWY, SUITE 203

City CAPISTRANO BEACH State CA Zip 92624

Telephone 702-475-8187 Website https://nowrx.com/

Licensing Company Email credentialingNV@nowrx.com

Section 2: Personal Information

First Sumeet Middle _____ Last Sheokand

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] PACIFIC COAST HWY, SUITE 203

City CAPISTRANO BEACH State CA Zip 92624

Telephone [redacted] Email sumeet@nowrx.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials SH

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
UCLA Anderson		07/06-06/08	
Address	**City**	**State**	**Zip**
110 Westwood Plaza	Los Angeles	CA	90095
Diploma/Degree obtained, if any			
Master of Business Administration			

School Name		From - To (MM/YY – MM/YY)	
REC Kurukshetra, India		09/91-06/95	
Address	**City**	**State**	**Zip**
National Institute of Technology	Kurukshetra	Haryana	136119
Diploma/Degree obtained, if any			
Bachelor of Technology, Electrical			

School Name		From - To (MM/YY – MM/YY)	
National Public School, India			
Address	**City**	**State**	**Zip**
12 A Main, HAL II Stage	Bangalore	Karnataka	560008
Diploma/Degree obtained, if any			
High School			

School Name		From - To (MM/YY – MM/YY)	
Not Applicable			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Not Applicable			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/19 - Current	[redacted] Flying Cloud Dr.	Laguna Niguel	CA	92677
07/15-06/19	[redacted] W. Homestead Rd.	Sunnyvale	CA	94087
06/12 - 07/15	[redacted] Via Elevado	Dana Point	CA	92629
01/12-06/12	[redacted] E. Rio Grande St.	Pasadena	CA	91104
12/09-12/11	[redacted] N. Hudson Ave, #419E	Pasadena	CA	91101
Not Applicable				
Not Applicable				
Not Applicable				
Not Applicable				
Not Applicable				

Applicant's initials _____

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
NowRx Inc.			02/15 - Current
Business Address	**City**	**State**	**Zip**
2224 Old Middlefield Way, #J	Mountain View	CA	94043
Phone	**Title**		
650-386-5761	CTO		
Description of Duties			
Oversee technology and operations related to Pharmacy.			

Business Name			From - To (MM/YY – MM/YY)
GenieDB Inc.			07/12 - 12/14
Business Address	**City**	**State**	**Zip**
31920 Del Obispo, #150	San Juan Capistrano	CA	92675
Phone	**Title**		
NA	CTO		
Description of Duties			
This was a starup that has now been dissolved. I was responsible to building Distributed Database technology that the firm marketed.			

Business Name			From - To (MM/YY – MM/YY)
Not Applicable			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Not Applicable			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Not Applicable			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials 

Business Name		From - To (MM/YY – MM/YY)	
Not Applicable			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Not Applicable			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Not Applicable			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Not Applicable			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Not Applicable			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Not Applicable				
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Not Applicable

Original Signature (electronic, copies or stamps not accepted)

2/9/2022

Date

Applicant's initials _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sumeet Sheokand

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/9/2022

Date

Please have this section completed in the presence of a Notary Public.

State of CALIFORNIA, ss. County of ORANGE

I, SUMEET SHEOKAND, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

2/9/2022

Date

Subscribed and Sworn to before me this 9th day of February 2022

Notary Public Signature

SEE CALIFORNIA JURAT ATTACHED
INTL Yes DATE 2.9.22

(Seal)

Applicant's initials SS

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Orange

Subscribed and sworn to (or affirmed) before me on this 9th day of February, 2022, by Sumeet Sheokand,
proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

VICTORIA E. STRUTT
COMM. # 2316254
NOTARY PUBLIC - CALIFORNIA
ORANGE COUNTY
MY COMM. EXP. DEC. 17, 2023

(Seal)

Signature Victoria E Strutt

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler NOWRX, INC.

Physical Address 3825 W. CHEYENNE AVENUE, SUITE 601

City NORTH LAS VEGAS State NV Zip 89032

Mailing Address (if different from physical address) 34700 PACIFIC COAST HWY, SUITE 203

City CAPISTRANO BEACH State CA Zip 92624

Telephone 702-475-8187 Website https://nowrx.com/

Licensing Company Email credentialingNV@nowrx.com

Section 2: Personal Information

First BARRY Middle WELLINGTON Last KARLIN

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] atherton ave

City atherton State CA Zip 94027

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: n/a to:

Military Occupation/Specialty n/a

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Stanford University		04/77 -- 05/1981	
Address	**City**	**State**	**Zip**
450 Jane Stanford Way	Stanford	CA	94305
Diploma/Degree obtained, if any			
M.S. & Ph.D. EES Dept, School of Engineering			
School Name		From - To (MM/YY – MM/YY)	
University of Witwatersrand		01/73 -- 11/76	
Address	**City**	**State**	**Zip**
n/a	Johannesburg, South Africa	n/a	n/a
Diploma/Degree obtained, if any			
B.S. Electrical Engineering			
School Name		From - To (MM/YY – MM/YY)	
Rosebank [high school]		01/68 -- 12/72	
Address	**City**	**State**	**Zip**
n/a	Johannesburg, South Africa	n/a	n/a
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/04 -- current	120 atherton ave	atherton	CA	94027
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
NowRx			2018 -- current
Business Address	**City**	**State**	**Zip**
2224 Old Middlefield Way	Mountain View	CA	94043
Phone	**Title**		
650.499.3000	Board Director & shareholder		

Description of Duties

Typical Director duties

Business Name			From - To (MM/YY – MM/YY)
Prospira PainCare [see description below]			~ 2013 to ~2015
Business Address	**City**	**State**	**Zip**
n/a	n/a	n/a	n/a
Phone	**Title**		
n/a	Former Chairman & CEO		

Description of Duties

Typical duties as CEO & Director --- Company was acquired & no longer exists as a separate entity

Company operated physician based pain management practices

Business Name			From - To (MM/YY – MM/YY)
CRC Health Group			1995 -- 2012
Business Address	**City**	**State**	**Zip**
n/a	n/a	n/a	n/a
Phone	**Title**		
n/a	Former Chairman & CEO		

Description of Duties

Typical duties of Chairman & CEO --- company was acquired & no longer exists as a separate entity
Company operated mental health care facilities

Business Name			From - To (MM/YY – MM/YY)
Averhealth			08/21 --- current
Business Address	**City**	**State**	**Zip**
2916 W Marshall St, ste a	Richmond	VA	23230
Phone	**Title**		
866.680.3106	Board Director		

Description of Duties

Typical duties as a Director -- company owns clinical lab testing business

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Applicant's initials

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
n/a	n/a	n/a	n/a	n/a
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
n/a		n/a		
Reason/Charge				
n/a				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
n/a			n/a	
Name of Business/Industry/Entity				
n/a				

Provide explanation below:

I was CEO of CRC Health Group from 1995 to 2010 [and a Board member for a few years thereafter]. CRC operated ~160 behavioral/mental healthcare treatment facilities in 32 States. Every facility was licensed [several hundred in all].

I have no knowledge of any material or substantive violation of any kind whatsoever regarding any license, nor to the best of my knowledge, was CRC ever sued regarding any license, or ever lose a license. License matters were handled by the regulatory and compliance departments [~5000 employees in the company], and as such, I was never directly involved, especially since any issues pertaining to licenses were always readily resolved with the licensing agencies in each State & never got to the point of a material problem.

I mention this only because Question 6 is phrased in a very broad way which speaks to any interaction with licensing agencies, not specifically situations where there might have been issues.

Original Signature (electronic, copies or stamps not accepted)

February 9, 2022

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Barry Karlin

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

February 9, 2022

Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

2/10/22

Date

Subscribed and Sworn to before me this _____ day of _____.

Notary Public Signature

See Attached
fornia Acknowledgment/Jurat

(Seal)

Applicant's initials

CALIFORNIA JURAT **GOVERNMENT CODE § 8202**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of San Mateo

Subscribed and sworn to (or affirmed) before me on

this 15 day of February, 2022, by

Date *Month* *Year*

(1) Barry Kadin

(and (2) _____),

Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

ELIZABETH TERRY
Notary Public - California
San Francisco County
Commission # 2337270
My Comm. Expires Nov 13, 2024

Place Notary Seal and/or Stamp Above

Signature Elizabeth Terry

Signature of Notary Public

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

©2019 National Notary Association

10

855-28 -352

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **not transferable money order or cashier's check only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ *New Pharmacy or* ☑ ***Ownership Change*** *(Provide current license number if making changes:* ***PH*** 02130

Check box below for type of ownership and complete all required forms.

☐ *Publicly Traded Corporation – Pages 1,2,3,8*
☑ *Partnership - Pages 1,2,6,8*
☐ *Non Publicly Traded Corporation – Pages 1,2,4,8*
☐ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: UpScript Pharmacy, LLC

Physical Address: 9826 S. Jordan Gateway

Mailing Address: 9826 S. Jordan Gateway

City: Sandy State: Utah Zip Code: 84070

Telephone: 855. 289. 3552 Fax: 833. 901. 0116

Toll Free Number: 855. 289. 3552 (Required per NAC 639.708)

E-mail: ldimick@upscripthealth.com Website: N/A

Managing Pharmacist: Lisa Dimick License Number: ~~153881-1701~~ 2/5809 ✓ ok Temp.

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☑	☐ Retail	☐	☑ Off-site Cognitive Services
☐	☑ Hospital (# beds____)	☐	☑ Parenteral **
☐	☑ Internet	☐	☑ Parenteral (outpatient)
☐	☑ Nuclear	☐	☑ Outpatient/Discharge
☐	☑ Ambulatory Surgery Center	☑	☐ Mail Service
☐	☑ Community	☐	☑ Long Term Care
☐	☑ Other: _____	☐	☑ Sterile Compounding **
		☐	☑ Non Sterile Compounding
	All boxes must be checked	☐	☑ Mail Service Sterile Compounding **
	For the application to be complete	☐	☑ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Peter Ax
Print Name of Authorized Person

10·06·21
Date

Board Use Only Date Processed:_____ Amount: 500 CHECK # 7001700

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP General _____ Limited X

Partnership Name: UpScript Health, LLC

Mailing Address: 7033 E. Greenway Pkwy, Suite 310

City: Scottsdale State: AZ Zip Code: 85254

Telephone Number: (480) 707-4534 Fax Number: (480) 707-4534

Contact Person: Peter Ax

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership
Use separate sheet if necessary

Name	G or L	Percentage
See attached document - 'Ownership Details'		

List names of 4 largest partners and percentage of ownership:

Name: See attached document - 'Ownership Details' %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8:00 am 5:00 pm Saturday on call am _____ pm

Sunday on call am _____ pm 24 Hours N/A

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

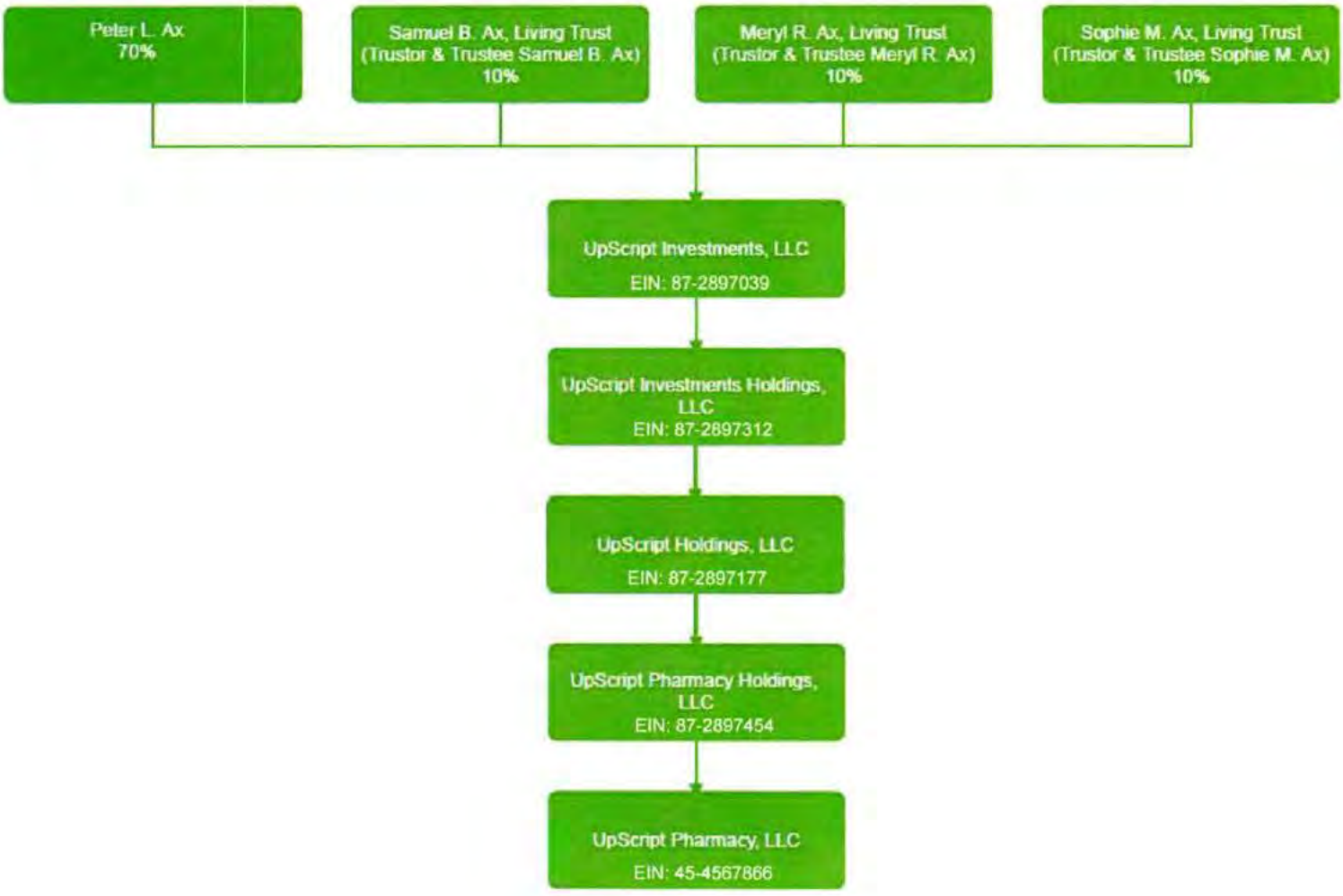
Bella Brands, LLC

Corporate Structure until 11.20.2021



UpScript Pharmacy, LLC

Corporate Structure after Ownership & Name Changes - 11/20/2021



Peter L. Ax - 70%
Social Security [redacted]
DOB: [redacted]

Samuel B. Ax Living Trust - 10%
Trustor: Samuel B. Ax
Trustee: Samuel B. Ax
Created: March 27, 2019
EIN: 35-7240251

Meryl R. Ax Living Trust - 10%
Trustor: Meryl R. Ax
Trustee: Meryl R. Ax
Created: February 27, 2019
EIN: 38-7227577

Sophie M. Ax Living Trust - 10%
Trustor: Sophie M. Ax
Trustee: Sophie M. Ax
Created: April 10, 2019
EIN: 37-6692988

UpScript Pharmacy, LLC

Ownership Details

Owner - Pharmacy Operations Holdings, LLC (100% Ownership)

Office Address

7033 East Greenway Parkway Suite 310

Scottsdale, AZ 85254

Ph: (480) 707-4534

Managing Member - Peter Ax

Social Security: [redacted]

DOB: [redacted]

Email: Pax@upscripthealth.com

Office Address

7033 East Greenway Parkway Suite 310

Scottsdale, AZ 85254

Ph: (480) 707-4534

Home Address

[redacted] East Cactus Wren Road

Scottsdale, AZ 85253

Phone: [redacted]

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Peter Ax

Responsible Person of UpScript Pharmacy, LLC

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Peter Ax
Print Name of Authorized Person

09-21-2021
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Utah)
) ss.
Salt Lake COUNTY)

I, Lisa Dimick, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the PIC for Bella Brands LLC (the Δ UpScript Pharmacy, LLC Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Lisa Dimick, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Lisa Dimick
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
22 day of September, 2021.

NOTARY PUBLIC

JAIME BARBA
Notary Public - State of Utah
Comm. No 715753
My Commission Expires on
Dec 14, 2024

Utah Department of Commerce
Division of Corporations & Commercial Code
160 East 300 South, 2nd Floor, PO Box 146705
Salt Lake City, UT 84114-6705
Service Center: (801) 530-4849
Toll Free: (877) 526-3994 Utah Residents
Fax: (801) 530-6438
Web Site: http://www.commerce.utah.gov

11/12/2021
8353766-016111122021-1689188

CERTIFICATE OF EXISTENCE

Registration Number:	8353766-0161
Business Name:	UPSCRIPT PHARMACY, LLC
Registered Date:	August 20, 2012
Entity Type:	LLC - Foreign
Status:	Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division **(unless Delinquent)**; and, that Articles of Dissolution have not been filed.

L. Veillette

Leigh Veillette
Director
Division of Corporations and Commercial Code

STATE OF ARIZONA

Office of the
CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

UpScript Pharmacy, LLC

ACC file number: L17409450

was incorporated under the laws of the State of Arizona on 02/21/2012, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: **12/20/2021**

Matthew Neubert, Executive Director

STATE OF UTAH
DEPARTMENT OF COMMERCE
ACTIVE LICENSE

UpScript Pharmacy LLC

EFFECTIVE **11/19/2021**
EXPIRATION **09/30/2023**

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

12533283-1704 Pharmacy - Class B

Closed Door

DBA: None Associated

IMPORTANT LICENSURE REMINDERS:

- Your license is valid until the expiration date listed on this form. Approximately 60 days prior to this expiration you will receive a renewal notice in the mail.
- Please note the address listed below. This is your public address of record for the division, and all future correspondence from the division will be mailed to this address. If you move, it is your responsibility to notify us directly of the change. Maintaining your current address with us is the easiest way to ensure continuous licensure.

UPSCRIPT PHARMACY LLC
9826 S JORDAN GATEWAY
SANDY UT 84070

Please visit our web site at www.dopl.utah.gov should you have any questions in the future.

STATE OF UTAH
DEPARTMENT OF COMMERCE
DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING
ACTIVE LICENSE

EFFECTIVE DATE: **11/19/2021**

EXPIRATION DATE: **09/30/2023**

ISSUED TO: **UpScript Pharmacy LLC**
9826 S Jordan Gateway
Sandy UT 84070

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

12533283-1704 **Pharmacy - Class B** **Closed Door**

DBAs: **None Associated**

Form #1

SPENCER J. COX
Governor
DEIDRE M. HENDERSON
Lieutenant Governor

State of Utah
Department of Commerce
Division of Occupational and Professional Licensing

MARGARET W. BUSSE
Executive Director

MARK B. STEINAGEL
Division Director

VERIFICATION OF UTAH LICENSURE

Created On: 03/01/2022

This verification is considered a primary source from the State of Utah.

Name of Licensee (as it appears in our records): UpScript Pharmacy LLC

Classification of License Issued: Pharmacy - Class B

License Number: 12533283-1704

Obtained By: Application

Current Status: Active

Original Date of Licensure: 11/19/2021

Expiration Date: 09/30/2023

Agency and Disciplinary Action: NO

Docket Number: N/A

The information provided on this form is accurate and correct as of the verification creation date listed on the top of this form. Original issue dates listed, as 01/01/1910 and 01/01/1911 were unknown when the division implemented its first licensing database. This verification form does not show a complete history or interruptions in licensure. If you have any questions please contact the division.

Nevada Board of Pharmacy
License #PH02930

UpScript Pharmacy, LLC

Acknowledgment of Pharmacy Practice

UpScript Pharmacy, LLC, does not handle or dispense any controlled substances. Therefore, the pharmacy does not have a DEA number. If that changes in the future, the Pharmacist-in-Charge will contact the board immediately and obtain a controlled substance registration from the board.

UpScript Pharmacy, LLC, does not prepare or dispense compounded products. If that changes in the future, the Pharmacist-in-Charge will contact the board immediately and obtain a sterile compounding modifier registration from the board.

Thank you,

Lisa Dimick

Pharmacist In Charge

State of Utah
Department of Commerce
Division of Occupational and Professional Licensing

160 E 300 S
P.O. Box 16741
Salt Lake City, UT 84114-6741
Email: DOPLInvestigations@utah.gov
Telephone : (801) 530-6628
Toll Free in Utah: (866) 275-3675
Investigation Fax: (801) 530-6301
Website: www.dopl.utah.gov

CLASS B CLOSED DOOR INSPECTION

☐ Random
☒ Opening

INFORMATION

Pharmacy Name: Upscript Pharmacy, UU Date: 1/21/22
License Number: 1253332 83-1704 Exp Date: 5/19/22
C.S. License Number: N/A Exp Date: N/A
DEA Registration: N/A Exp Date: N/A
Pharmacy FEIN # AS- A5678 66
Pharmacy Email: LDimick@upscriptheath.com
Pharmacy Phone: (855 289 3552 Fax: 801 566 5596
Toll Free Number: 801 262 6601 - Local
Affiliated Websites: Upscriptpharmacy.com
Pharmacy Hours: Monday-Friday: 8-5p Saturday: Closed Sunday: Closed/on call
Pharmacy Address: 9826 S Jordan Gateway
City: Sandy State: UT Zip: 84070
Pharmacist In Charge (PIC): Lisa Dimick
PIC License # 153881-1101 Expiration Date: 9/30/23

Personnel

List ALL pharmacists, interns, pharmacy technicians and techs-in-training (attach a separate sheet, if necessary):

Name: See Attached	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:

Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:
Name:	License #	Exp:

INSPECTION

	YES	NO	
1	☒	☐	Class B pharmacy means a pharmacy located in Utah that is authorized to provide pharmaceutical care for patients in an institutional setting; and whose primary purpose is to provide a physical environment for patients to obtain health care services; and includes closed-door, hospital, clinic, nuclear, and branch pharmacies; and pharmaceutical administration and sterile product preparation facilities. [UCA 58-17b-102 (11)(a)(i-ii)(b)(i-ii)]
2	☒	☐	The facility shall maintain a current list of licensed employees involved in the practice of pharmacy at the facility. The list shall include individual licensee names, license classifications, license numbers, and license expiration dates. The list shall be readily retrievable. The list may be maintained in paper or electronic form. [UAC R156-17b-614a (5)]
3	☒	☐	Notification has been provided to the Division in regards to the unique email address used in self audits or alerts for the pharmacy. The pharmacy will notify the Division of any change in the email address within seven days of the change. [UAC R156-17b-603(3)(t) (i-ii)]
4	☒	☐	Notification has been provided to the Division in regards to the assignment of the PIC at the above stated pharmacy. The Division is notified of a change in PIC within 30 days of the change. [UAC R156-17b-603 (3) (s)]
5	☐	☐	If the facility has a pharmacy technician training program, the program and curriculum of education and training, meets standards established by Division rule made in collaboration with the Board. [UAC R156-17b-303a (3)] ☒ N/A
6	☒	☐	A pharmacy technician trainee shall practice only under the direct supervision of a pharmacist, and in a ratio not to exceed one pharmacy technician trainee to one pharmacist. [UAC R156-17b-601(4)(a)]
7	☒	☐	Pharmacy technicians shall have general supervision by a pharmacist. [UCA 58-17b-102 (56)]
8	☒	☐	The operating standards for a Pharmacist acting as a preceptor includes meeting the following criteria by providing direct, on-site supervision to no more than two pharmacy interns during a working shift. [UAC R156-17b-606(1)(d)(i)]
9	☒	☐	In accordance with Subsecton 58-17b-102(71)(b) all supportive personnel shall be under the supervision of a licensed pharmacist or DMP. The licensed pharmacist or DMP shall be present in the area where the person being supervised is performing services and shall be immediately available to assist the person being supervised in the serivces being performed except for the delivery of pre-filled prescriptions as provided in Subsection (1)(g) above. [UAC R156-17b-607 (3)]
10	☒	☐	In accordance with Subsection 58-17b-102(71)(a), supportive personnel may assist in any tasks not related to drug preparation or processing including: stock ordering and restocking; cashiering; billing; filing; receiving a written prescription and delivering it to the pharmacist, pharmacy intern, pharmacy technician, pharmacy technician trainee, DMP, or DMP desigenee; housekeeping; and delivering a pre-filled prescription to a patient. [UAC R156-17b-607 (1)(a-g)]

11 ☒ ☐ The pharmacist-in-charge (PIC) is responsible for assuring that no pharmacy or pharmacist operates the pharmacy or allows operation of the pharmacy with a ratio of pharmacist to pharmacy personnel which, under the circumstances of the particular practice setting, results in, or reasonably would be expected to result in, an unreasonable risk of harm to public health, safety, and welfare. [UAC R156-17b-603 (3) (r)]

12 ☒ ☐ All individuals employed in a pharmacy facility having any contact with the public or patients receiving services from that pharmacy facility does wear on their person a clearly visible and readable identification showing the individual's name and position. [UCA 58-17b-603 (1)]

13 ☒ ☐ When communicating by any means, written, verbal, or electronic, pharmacy personnel do identify themselves as to licensure classification. [UCA 58-17b-603 (2)]

14 ☒ ☐ The facility or parent company does maintain a record for not less than five years of the initials or identification codes that identify each dispensing pharmacist by name. The initials or identification codes shall be unique to ensure that each pharmacist can be identified; therefore identical initials or identification codes shall not be used. [UAC R156-17b-614a (8)]

15 ☒ ☐ The facility does have current and retrievable editions of the following reference publications in print or electronic format and readily available and retrievable to facility personnel: [UAC R156-17b-614a (4) (a-k)]

- ☒ UCA 58-1 (DOPL Licensing Act)
- ☒ UCA 58-17b (Pharmacy Practice Act)
- ☒ UCA 58-37 (Controlled Substance Act)
- ☒ UCA 58-37f (Controlled Substance Database Act)
- ☒ UAC R156-1 (General Rules of DOPL)
- ☐ UAC R156-17b(Pharmacy Practice Act Rules)
- ☒ UAC R156-37(Controlled Substance Act Rules)
- ☐ UAC R156-37f (Controlled Substance Database Act Rule)
- ☒ Code of Federal Regulations Title 21 parts 1300 to end
- ☒ General Drug References
- ☒ FDA Approved Drug Product(Orange Book)

16 ☒ ☐ The facility is well lighted, ventilated, clean and sanitary. [UAC R156-17b-614a (1) (a)]

17 ☒ ☐ If transferring a drug from a manufacturer's or distributor's original container to another container, the dispensing area, shall have a sink with hot and cold culinary water separate and apart from restroom facilities. All required equipment shall be clean and in good operating condition. [UAC R156-17b-614a (1) (b)]

18 ☒ ☐ The facility is equipped to permit the orderly storage of prescription drugs and durable medical equipment in a manner to permit clear identification, separation and easy retrieval of products and an environment necessary to maintain the integrity of the product inventory. [UAC R156-17b-614a (1) (c)]

19 ☒ ☐ The facility is equipped to permit practice within the standards and ethics of the profession as dictated by the usual and ordinary scope of practice to be conducted within that facility. [UAC R156-17b-614a (1) (d)]

20 ☒ ☐ All out of date legend drugs and controlled substances shall be removed from the inventory at regular intervals and in correlation to the beyond use date imprinted on the label. [UAC R156-17b-605 (1)]

21 ☒ ☐ The facility is stocked with the quality and quantity of product necessary for the facility to meet its scope of practice in a manner consistent with the public health, safety and welfare. [UAC R156-17b-614a (1) (e)]

22 ☐ ☐ N/A If dispensing controlled substances, the facility is equipped with a security system to permit detection of entry at all times when the facility is closed, and provide notice of unauthorized entry to an individual, and be equipped with a lock on any entrances to the facility where drugs are stored. [UAC R156-17b-614a (1) (f)(i-ii)(g)]

23 ☒ ☐ If the pharmacy does not store drugs in a locked cabinet and has a drop/false ceiling, the pharmacy's perimeter walls shall extend to the hard deck, or other measures shall be taken to prevent unauthorized entry into the pharmacy. [UAC R156-17b-614a (15)] ☐ N/A

24 ☒ ☐ Only a licensed Utah pharmacist or authorized pharmacy personnel does have access to the pharmacy when the pharmacy is closed. [UAC R156-17b-614a (7)]

25 ☒ ☐ A pharmacy shall not dispense a prescription drug or device to a patient unless a pharmacist is physically present and immediately available in the facility. [UAC R156-17b-614a(6)]

26 ☒ ☐ The temperature of the pharmacy is maintained within a range compatible with the proper storage of the drugs. [UAC R156-17b-614a (2)]

27 ☒ ☐ The temperature of the refrigerator and freezer is maintained within a range compatible with the proper storage of drugs requiring refrigeration or freezing. The pharmacy shall keep a daily written or electronic log of the temperature of the refrigerator or freezer on days of operation. The pharmacy shall retain the log entry for three years. [UAC R156-17b-614a (2)]

28 ☒ ☐ For the purpose of promoting therapeutic appropriateness, a pharmacist shall at the time of dispensing a prescription, or a prescription drug order, review the patient's medication record. Such review shall at a minimum identify clinically significant conditions, situations or items, such as: [UAC R156-17b-611 (2) (a-g)]

- ☒ Inappropriate drug utilization
- ☒ Drug-disease contraindications
- ☒ Incorrect drug dosage
- ☒ Drug-allergy interactions
- ☒ Therapeutic duplications
- ☒ Drug-drug interactions
- ☒ Incorrect duration of drug treatment
- ☒ Clinical abuse or misuse

29 ☒ ☐ Patient counseling shall not be required for inpatients of a hospital or institution where other licensed health care professionals are authorized to administer the patient's drugs. [R156-17b-610 (7)]

30 ☒ ☐ Every pharmacy shall verbally offer to counsel a patient or a patient's agent in a personal face-to-face discussion regarding each prescription drug dispensed. If the patient's agent delivers the prescription in person to the pharmacist or pharmacy intern; or receives the drug in person at the time it is dispensed at the facility. [UCA 58-17b-613 (1)]

31 ☒ ☐ A pharmacist or pharmacy intern that receives a prescription from a patient by means other than personal delivery, and that dispenses prescription drugs to the patient by means other than personal delivery shall provide patient counseling to a patient regarding each prescription drug the pharmacy dispenses and provide each patient with a toll-free telephone number by which the patient can contact the pharmacist or pharmacy intern at the pharmacy for counseling. [UCA 58-17b-613(2)]

32 ☐ ☐ If a prescription drug order is delivered to the patient or the patient's agent at the patient's or other designated location, the following is applicable: [UCA R156-17b-610(6)(a-c)

N/A

☐ the pharmacy shall provide the information specified in R156-17b-610(3) be delivered with the dispensed prescription in writing:
(a) the name and description of the prescription drug;
(b) the dosage form, dose, route of administration and duration of drug therapy;
(c) intended use of the drug, when known, and expected action;
(d) special directions and precautions for preparation, administration and use by the patient;
(e) common severe side or adverse effects or interactions and therapeutic contraindications that may be encountered,
including their avoidance, and the action required if they occur;
(f) techniques for self-monitoring drug therapy;
(g) proper storage;
(h) prescription refill information;
(i) action to be taken in the event of a missed dose;
(j) pharmacist comments relevant to the individual's drug therapy, including any other information specific to the patient or '
drug; and
(k) the date after which the prescription should not be taken or used, or the beyond use date.

☐ if prescriptions are routinely delivered outside the area covered by the pharmacy's local telephone service, the pharmacist shall place on the prescription container or on a separate sheet delivered with the prescription container, the telephone number of the pharmacy and the statement "Written information about this prescription has been provided for you. Please read this information before you take this medication. If you have questions concerning this prescription, a pharmacist is available during normal business hours to answer these questions."

☐ written information provided in Subsection (b) of this section shall be in the form of patient information leaflets similar to USP-NF patient information monographs or equivalent information

33 ☒ ☐ Counseling shall be offered orally in person unless the patient or patient's agent is not at the pharmacy or a specific communication barrier prohibits oral communication [UAC R156-17b-610(1)]

34 ☒ ☐ A pharmacy facility shall orally offer to counsel but shall not be required to counsel a patient or patient's agent when the patient or patient's agent refuses counseling. [UAC R156-17b-610(2)]

35 ☐ ☐ The offer to counsel is documented and said documentation shall be available to the Division. These records must be maintained for a period of five years and be available for inspection within 7-10 business days. [UAC R156-17b-610 (4)]

36 ☒ ☐ A pharmacy may only deliver a prescription drug to a patient or a patient's agent in person at the pharmacy or via the United States Postal Service, a licensed common carrier, or supportive personnel, if the pharmacy takes reasonable precautions to ensure the prescription drug is delivered to the patient or patient's agent or return to the pharmacy. [UCA 58-17b-502 (9)(a)(b)(i-ii)]

37 ☒ ☐ A pharmacy that employs the United States Postal Service or other common carrier to deliver a filled prescription directly to a patient shall, under the direction of the PIC, or other responsible employee [UAC R156-17b-608 (1-5)]

☒ Use adequate storage or shipping containers and shipping processes to ensure drug stability and potency. The shipping processes shall include the use of appropriate packing material and devices, according to the recommendations of the manufacturer or the United States Pharmacopeia Chapter 1079, in order to ensure that the drug is kept at appropriate storage temperatures throughout the delivery process to maintain the integrity of the medication.

☑ Use shipping containers that are sealed in a manner to detect evidence of opening or tampering.

☐ Develop and implement policies and procedures to ensure accountability, safe delivery, and compliance with temperature requirements. The policies and procedures shall address when drugs do not arrive at their destination in a timely manner or when there is evidence that the integrity of a drug was compromised during shipment. In these instances, the pharmacy shall make provisions for the replacement of the drug.

☑ Provide for an electronic, telephonic, or written communication mechanism for a pharmacy to offer counseling to the patient as defined in section 58-17b-613; and provide documentation of such counseling.

☑ Provide information to the patient indicating what the patient should do if the integrity of the package or drug was compromised during shipment.

38 ☑ ☐ Each drug dispensed from the pharmacy does have a label securely affixed to the container indicating the required minimum information, including: [UCA 58-17b-602 (5) (a) (i-viii)]

- ☑ name, address, & phone number of pharmacy
- ☑ filling date or last dispensing date
- ☑ name of the prescriber
- ☑ trade, generic or chemical name *(Unless Otherwise Indicated by Prescriber)*
- ☑ serial number of prescription
- ☑ name of the patient or animal owner/species
- ☑ directions for use & cautionary statements
- ☑ amount dispensed & strength of dosage form
- ☑ beyond use date

39 ☑ ☐ Unless otherwise requested, child-resistant containers will be used for dispensing medications to patients. [UAC 58-1-502(6)& 16 CFR 1700.14]

N/A 40 ☐ ☐ Controlled substances are not accepted back for destruction unless allowed for by state and federal law. [UAC R156-37-606 (1-2) & 21 CFR 1307.21]

N/A 41 ☐ ☐ The registered pharmacy does only processes electronically signed prescriptions for controlled substances under the following conditions: the pharmacy uses a pharmacy application that meets all the applicable requirements; the prescription is otherwise in conformity with the requirements of the Code of Federal Regulations; and Certification Authority (CA) has been obtained. The electronic prescription must be transmitted from the practitioner to the pharmacy in its electronic form and at no time may the prescription be converted to another form *(i.e. facsimile)* for transmission. [UAC R156-17b-613(1) & CFR, Title 21, Chapter 11, Section 1311]

42 ☑ ☐ Prescription files, including refill information, are maintained for a minimum of five years and should be immediately retrievable in written or electronic format. [UAC R156-17b-612 (4)]

43 ☑ ☐ Prescription records may be maintained electronically so long as the original of each prescription, including telephone prescriptions, is maintained in a physical file and contains all of the information required by federal and state law; and an automated data processing system is used for the storage and immediate retrieval of refill information for prescription orders. [UAC R156-37-602 (4) (a-b)]

N/A 44 ☐ ☐ All records relating to Schedule II controlled substances received, purchased, administered or dispensed by the practitioner shall be maintained separately from all other records of the pharmacy or practice. Records shall be maintained by the licensee for a period of five years. [UAC R156-37-602(3) (5)]

N/A 45 ☐ ☐ All records relating to Schedule III, IV, V controlled substances received, purchased, administered or dispensed by the practitioner shall be maintained separately from all other records of the pharmacy or practice. Records shall be maintained by the licensee for a period of five years. [UAC R156-37-602(3) (6)]

N/A 46 ☐ ☐ Requirement for annual controlled substances inventory shall be within 12 months following the inventory date of each year and may be taken within four days of the specified inventory date and shall include all stocks including out-of-date drugs and drugs in automated pharmacy systems. [UAC R156-17b-605 (4)]

47 ☒ ☐ Requirements for taking the initial controlled substances inventory shall include the following: all pharmacies shall take an inventory on the opening day of business. Such inventory shall include all controlled substances including any out-of-date drugs and drugs in automated pharmacy systems. In the event a pharmacy commences business with no controlled substances on hand, the pharmacy shall record this fact as the initial inventory. An inventory reporting no Schedule I and II controlled substances shall be listed separately from an inventory reporting no Schedule III, IV, and V controlled substances. The initial inventory shall serve as the pharmacy's inventory until the next completed inventory as specified in Subsection (4) of this section. [UAC R156-17b-605 (3) (a-c)] ☐ N/A

zero inventory

N/A 48 ☐ ☐ General Requirements for inventory of a pharmacy shall include: [UAC R156-17b-605 (2)(a)(b)(c)(e)(f)(i)(j)]

- ☐ the PIC shall be responsible for taking all required inventories, but may delegate the performance of the inventory to another person or persons;
- ☐ the inventory records shall be maintained for a period of five years and be readily available for inspection
- ☐ the inventory shall be filed separately from all records
- ☐ the inventory may be taken either as the opening of the business or the close of business on the inventory date;
- ☐ the person taking the inventory and the PIC shall indicate the time the inventory was taken and shall sign and date the inventory with the date the inventory was taken. The signature of the PIC and the date of the inventory shall be documented within 72 hours or three working days of the completed initial, annual, change of ownership and closing inventory.
- ☐ the inventory of Schedule I and II controlled substances shall be listed separately from the inventory of Schedule III, IV and V controlled substances;
- ☐ if the pharmacy maintains a perpetual inventory of any of the drugs required to be inventories, the perpetual inventory shall be reconciled on the date of the inventory.

49 ☐ ☐ All pharmacies shall maintain a perpetual inventory of all Schedule II controlled substances. [UAC R156-17b-605(7)]

50 ☐ ☐ The pharmacy does reconcile its controlled substance inventory to account for shortages of controlled substances. [UAC R156-17b-603 (3) (k) & R156-37-502(4)]

51 ☐ ☐ Any facility who experiences any theft, including diversion, or significant loss of controlled substances shall immediately file the appropriate forms with the Drug Enforcement Administration, with a copy to the Division directed to the attention of the Investigation Bureau Division; and report the incident to the local law enforcement agency. [UAC R156-37-602 (2)]

N/A

52 ☐ ☐ Pharmacists or other responsible individuals do verify that the suppliers' invoices of controlled substances, listed on the invoices were actually received by clearly recording their initials and the actual date of receipt of the controlled substances. [UAC R156-17b-614a (11)]

53 ☐ ☐ The facility does maintain a record of suppliers' credit memos for controlled substances. [UAC R156-17b-614a (12)]

54 ☐ ☐ The facility does maintain a copy 3 of DEA order form (form 222) which has been properly dated, initialed, and filed and all copies of each unaccepted or defective order form and any attached statements or other documents. [UAC R156-17b-614a (9)]

N/A 55 ☐ ☐ The Division shall implement on a statewide basis, including non-resident pharmacies as defined in Section 58-17b-102, the following two options for a pharmacist to submit information: real-time submission of the information required to be submitted under this part of the controlled substance database; and 24-hour dail or next business day, whichever is later, batch submission of the information required to be submitted under this part to the controlled substance database. [UCA 58-37f-203(1)(a)(i,ii)]

N/A 56 ☐ ☐ In accordance with 58-37f-203(6), the pharmacist-in-charge and the pharmacist identified in Subsections 58-37f-203(2) and (3) shall provide the following data fields to the Division: the state that issued identification, type of identification used, and identification number used by individual picking up dispensed drug. [UCA R156-37f-203 (4) (aa-cc)]

57 ☐ ☒ The pharmacy maintains emergency kits in nursing homes, long-term care facilities, or other entities (such as hospice, EMT's, ambulances)? If the answer is "yes", note name(s) of facilities or entities.

58 ☐ ☒ The pharmacy maintains automated prescription dispensing devices outside the pharmacy such as Pyxis in a nursing home? If the answer is "yes", note type and location.

59 ☐ ☒ The pharmacy utilizes an Automated Pharmacy System? If the answer is "yes" to this question, a automation questionnaire must be completed. [UAC R156-17b-620]

60 ☐ ☒ Does the pharmacy purchase any compound products from other entities for dispensing to patients? [UAC 58-17b-102(18)(b)(i)]

61 ☐ ☒ The facility is engaged in compounding with hazardous drugs as defined by USP-NF Chapter 800. If you answer "yes" to this question, a compounding questionnaire must be completed.

62 ☐ ☒ The facility is engaged in simple, medium, or complex compounding activities as defined by USP 35 Chapter 795. If you answer "yes" to this question, a compounding questionnaire must be completed. [(UAC R156-17b-614a (3)]

63 ☐ ☒ The facility is engaged in low, medium, or high risk *sterile* compounding as defined by USP 35 Chapter 797. If you answer "yes" to this question, a compounding questionnaire must be completed. [UAC R156-17b-614a (3)]

COMMENTS

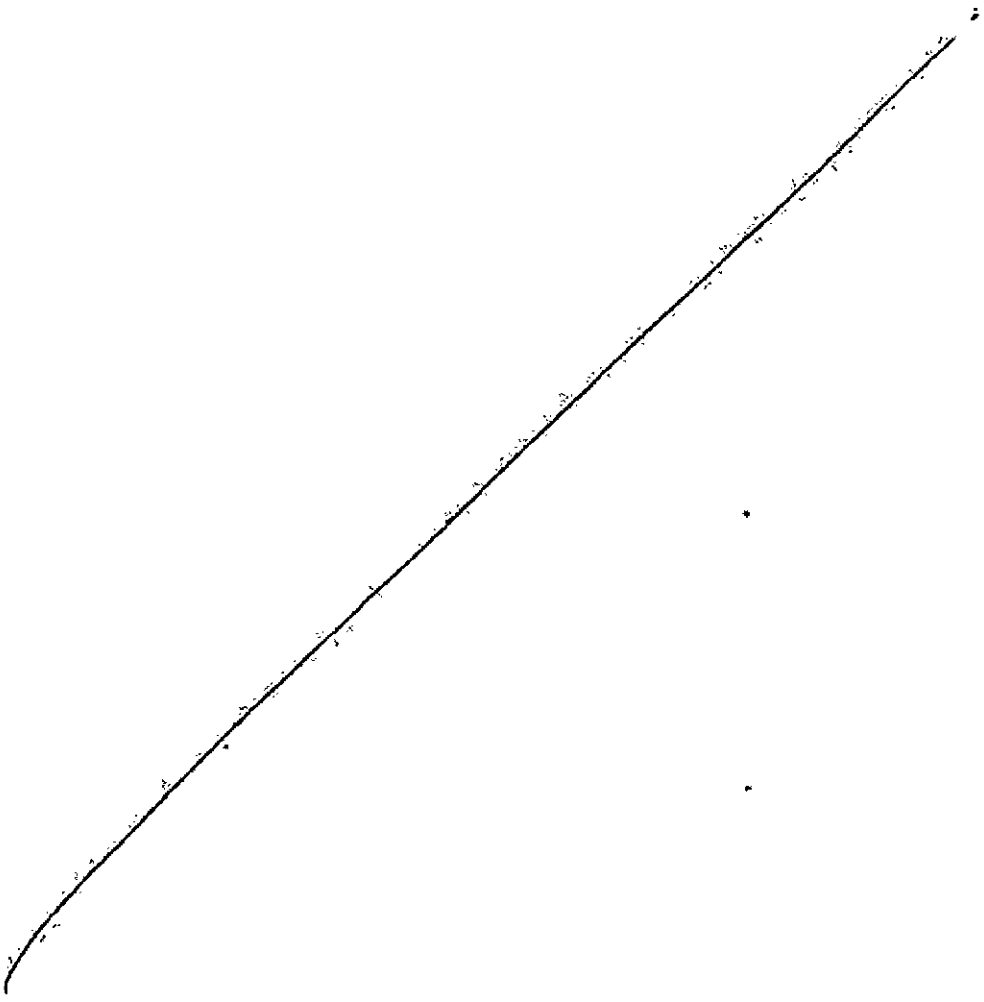
- I was assisted during the inspection by PIC Lisa Dimick.
- The facility does not carry any controlled substance presriptions. No controlled substance license. NO DEA registration.
- NO outdated medications were found in the Pharmacy Stock.
- The facility pre-packages (blister + vials) some medications. Lot # + expiration date are on the packaging.

- The facility does not deliver medications to patients, but they do ship. Policies + procedures are compliant. Would like to see a separate policy + procedure for if a drug was damaged or compromised during shipment vs. a returned or cancelled order. Ms. Dimick stated she will review + add.

- The offer to counsel is documented.

- A zero inventory was recorded for controlled substances.

- The pharmacy does not compound.



☑ By checking this box it is indicated that the undersigned Division Investigator has reviewed the above inspection report and comments made with the undersigned "Responsible Party."

Signature of Responsible Party: Lisa Dimick Date: 1.21.22

Name of Responsible Party (Print): Lisa Dimick

Signature of Division Investigator: Alicia Moran Date: 1/21/22

Name of Division Investigator (Print): Alicia Moran

Revised 4/2020

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Bella Brands, LLC (undergoing name change to UpScript Pharmacy, LLC)

Physical Address 9826 South Jordan Gateway

City Sandy State UT Zip 84070

Mailing Address (if different from physical address) Same as physical address

City _____ State _____ Zip _____

Telephone (855) 289-3552 Website N/A

Licensing Company Email ldimick@upscripthealth.com

Section 2: Personal Information

First Lisa Middle Fife Last Dimick

Alias(es, nicknames, name changes, etc.) Brewer, Fife

Date of Birth [redacted] SSN or ITIN _____ Sex ☐ M ■ F ☐ X

Mailing Address [redacted] Autumn Farm Drive

City South Jordan State UT Zip 84095

Telephone [redacted] Email ldimick@upscripthealth.com [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's initials LM

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
University of Minnesota			9/91-10/92	
Address		City	State	Zip
308 SE Harvard St.		Minneapolis	MN	55455
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY)	
Washington State University			09/88-05/91	
Address		City	State	Zip
		Pullman	WA	99163
Diploma/Degree obtained, if any				
Bachelor of Pharmacy				

School Name			From - To (MM/YY – MM/YY)	
Kearns High School			09/80-06/82	
Address		City	State	Zip
5525 Cougar Lane		Kearns	UT	84118
Diploma/Degree obtained, if any				
High School Diploma				

School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				

School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/04-present	[redacted] Autumn Farm Drive	South Jordan	UT	84095
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Bella Brands Pharmacy LLC			09/2012 to present	
Business Address		**City**	**State**	**Zip**
9826 South Jordan Gateway		Sandy	UT	84070
Phone	**Title**		**Number of Employed Hours**	
855-289-3552	PIC		18,720	
Description of Duties				
prescription fulfillment, DUR, inventory control, staff management, patient counseling and management, regulations, ordering of inventory, operational oversight				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Applicant's initials _____

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials LB

I, Lisa Dimick, **certify that as the designated representative for**

Bella Brands, LLC (undergoing name change to UpScript Pharmacy, LLC),

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Lisa Dimick

Print Name (First, Last)

Lisa Dimick

Original Signature (electronic, copies or stamps not accepted)

11.10.2021

Date

Applicant's initials LD

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lisa Dimick

Print Name (First, Last)

Lisa Dimick — 11.10.2021

Original Signature (electronic, copies or stamps not accepted) — Date

---

Please have this section completed in the presence of a Notary Public.

State of Utah, ss. County of Salt Lake

I, Lisa Dimick, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Lisa Dimick — 11.10.2021

Original Signature — **Date**

Subscribed and Sworn to before me this 10 day of November.

Notary Public Signature

JAIME BARBA
Notary Public - State of Utah
Comm. No. 715753
My Commission Expires on
Dec 14, 2024

(Seal)

Applicant's initials LD

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Lisa Dimick

Date: 11/02/2021
Amount:
License #: 21809

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:05/02/2022

Lisa Dimick

License #
21809
Temporary

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

Expires: 05/02/2022
STATUS: Temporary

License Type: Pharmacist
License #: 21809

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Lisa Dimick

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Bella Brands, LLC (changing name to UpScript Pharmacy, LLC 11/22/2021)

Physical Address: 9826 South Jordan Gateway

City: Sandy State: UT Zip: 84070

Mailing Address (if different from physical address): Same as physical address

City: State: Zip:

Telephone: (855) 289-3552 Website: N/A

Licensing Company Email: ldimick@upscripthealth.com

Section 2: Personal Information

First: Samuel Middle: Bradway Last: Ax

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] East Cactus Wren

City: Paradise Valley State: AZ Zip: 85253

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's initials SA

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
The Wharton School - University of Pennsylvania		08/14-06/18	
Address	**City**	**State**	**Zip**
3733 Spruce Street, Vance Hall	Philadelphia	PA	19104
Diploma/Degree obtained, if any			
Bachelor of Science (B.S.), Economic			

School Name		From - To (MM/YY – MM/YY)	
Phoenix Country Day School		08/11-06/14	
Address	**City**	**State**	**Zip**
3901 E Stanford Drive	Paradise Valley	AZ	85253
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Phillips Academy Andover		08/10-06/11	
Address	**City**	**State**	**Zip**
180 Main Street	Andover	MA	01810
Diploma/Degree obtained, if any			
N/A - Freshman Year Only - Diploma received from Phoenix Country Day School			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/20-present	[redacted] East Cactus Wren	Paradise Valley	AZ	85253
10/18-07/20	[redacted] East Exeter Blvd.	Scottsdale	AZ	85251
01/02-10/18	[redacted] East Caballo Drive	Paradise Valley	AZ	85253
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials SA

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Carlyle Group			07/21-present
Business Address	**City**	**State**	**Zip**
One Vanderbilt Avenue, Suite 3400	New York	NY	10017
Phone	**Title**		
212-813-4900	Associate		
Description of Duties			
U.S. Buyout - Healthcare			

Business Name			From - To (MM/YY – MM/YY)
Goldman Sachs			08/20-02/21
Business Address	**City**	**State**	**Zip**
200 West Street	New York	NY	10282
Phone	**Title**		
212-902-1000	Associate		
Description of Duties			
Healthcare Group			

Business Name			From - To (MM/YY – MM/YY)
Goldman Sachs			07/18-08/20
Business Address	**City**	**State**	**Zip**
200 West Street	New York	NY	10282
Phone	**Title**		
212-902-1000	Analyst		
Description of Duties			
Healthcare Group			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

11/21/2021
Date

Applicant's initials SA

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Samuel Ax

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/21/2021

Date

Please have this section completed in the presence of a Notary Public.

State of Arizona, ss. County of Maricopa

I, Samuel Ax, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/21/2021

Date

Subscribed and Sworn to before me this 21 day of November 2021

Notary Public Signature

CATHALYN HISE
COMMISSION #590598
NOTARY PUBLIC - MARICOPA COUNTY, AZ
EXP. 09-29-2024

(Seal)

Applicant's initials SA


CATHALYN HISE
COMMISSION #609598
NOTARY PUBLIC - MARICOPA COUNTY AZ
EXP. 08-29-2024

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Bella Brands, LLC (changing name to UpScript Pharmacy, LLC 11/22/2021)

Physical Address: 9826 South Jordan Gateway

City: Sandy State: UT Zip: 84070

Mailing Address (if different from physical address): Same as physical address

City: State: Zip:

Telephone: (855) 289-3552 Website: N/A

Licensing Company Email: ldimick@upscripthealth.com

Section 2: Personal Information

First: Meryl Middle: Ruby Last: Ax

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted] East Cactus Wren

City: Paradise Valley State: AZ Zip: 85253

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials MRA

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Denver		08/15-06/19	
Address	**City**	**State**	**Zip**
2199 S University Blvd	Denver	CO	80208
Diploma/Degree obtained, if any			
Bachelor of Arts - Communications			

School Name		From - To (MM/YY – MM/YY)	
Phoenix Country Day School		08/11-06/15	
Address	**City**	**State**	**Zip**
3901 E Stanford Drive	Paradise Valley	AZ	85253
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/20-present	[redacted] East Cactus Wren	Paradise Valley	AZ	85253
10/18-07/20	[redacted] East Exeter Blvd.	Scottsdale	AZ	85251
01/02-10/18	[redacted] East Caballo Drive	Paradise Valley	AZ	85253
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
BPCM			06/19-present
Business Address	**City**	**State**	**Zip**
20 Jay Street, Suite 920	Brooklyn	NY	11201
Phone	**Title**		
212-741-0141	Associate Account Executive		

Description of Duties

Builds and supports relationships with editors and broadcast experts. Ideates creative press strategies, events, mailers, and pitches to increase press coverage.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials MRA

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

11/22/21
Date

Applicant's initials MAA

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Meryl Ax

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/22/21

Date

Please have this section completed in the presence of a Notary Public.

State of Arizona, ss. County of Maricopa

I, Meryl Ax, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/22/21

Date

Subscribed and Sworn to before me this 22 day of November 2021.

Notary Public Signature

CATHALYN HISE
COMMISSION #590598
NOTARY PUBLIC - MARICOPA COUNTY, AZ
EXP. 09-29-2024

(Seal)

Applicant's initials MRA


CATHALYN HISE
COMMISSION #509598
NOTARY PUBLIC - MARICOPA COUNTY, AZ
EXP. 09-29-2024

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Bella Brands, LLC (changing name to UpScript Pharmacy, LLC 11/22/2021)

Physical Address: 9826 South Jordan Gateway

City: Sandy State: UT Zip: 84070

Mailing Address (if different from physical address): Same as physical address

City: State: Zip:

Telephone: (855) 289-3552 Website: N/A

Licensing Company Email: ldimick@upscripthealth.com

Section 2: Personal Information

First: Sophie Middle: Moffitt Last: Ax

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted] East Cactus Wren

City: Scottsdale State: AZ Zip: 85253

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials: _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)
~~Phoenix~~ The Wharton School – University of Penn.			08/18 - 06/22
Address	**City**	**State**	**Zip**
3733 Spruce Street, Vance Hall	Philadelphia	PA	19104
Diploma/Degree obtained, if any			
* Currently enrolled			

School Name			From - To (MM/YY – MM/YY)
Phoenix Country Day School			
Address	**City**	**State**	**Zip**
3901 E. Stanford Drive	Paradise Valley	AZ	85253
Diploma/Degree obtained, if any			
High School Diploma			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY)
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name			From - To (MM/YY – MM/YY
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/20 - present	[redacted] E. Cactus Wren	Paradise Valley	AZ	85253
10/18 - 07/20	[redacted] E. Exeter Blvd.	Scottsdale	AZ	85251
01/02 - 10/18	[redacted] E Caballo Drive	Paradise Valley	AZ	85253
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name N/A - Student			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

11/22/21
Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Sophie Ax
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/22/21
Date

Please have this section completed in the presence of a Notary Public.

State of Arizona, ss. County of Maricopa

I, Sophie Ax, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/22/21
Date

Subscribed and Sworn to before me this 22 day of November 2021

Notary Public Signature

CATHALYN HISE
COMMISSION #560588
NOTARY PUBLIC - MARICOPA COUNTY, AZ
EXP. 08-29-2024

(Seal)

Applicant's initials


KATHALYN HISE
COMMISSION #580698
EXP. 09-29-2024
NOTARY PUBLIC - MARICOPA COUNTY AZ

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Y

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Bella Brands, LLC (changing name to UpScript Pharmacy, LLC 11/22/2021)

Physical Address: 9826 South Jordan Gateway

City: Sandy State: UT Zip: 84070

Mailing Address (if different from physical address): Same as physical address

City: State: Zip:

Telephone: (855) 289-3552 Website: N/A

Licensing Company Email: ldimick@upscripthealth.com

Section 2: Personal Information

First: Peter Middle: Lee Last: Ax

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted] East Cactus Wren

City: Paradise Valley State: AZ Zip: 85253

Telephone: [redacted] Email: pax@upscripthealth.com

Are you a citizen of the United States? ☐ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials: AM

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
The Wharton School		1989-1991	
Address	**City**	**State**	**Zip**
3733 Spruce Street #111, Vance Hall	Philadelphia	PA	19104
Diploma/Degree obtained, if any			
MBA - Finance			

School Name		From - To (MM/YY – MM/YY)	
University of Arizona, James E. Rogers College of Law		1981-1984	
Address	**City**	**State**	**Zip**
1201 E Speedway Blvd.	Tucson	AZ	85721
Diploma/Degree obtained, if any			
Juris Doctor			

School Name		From - To (MM/YY – MM/YY)	
University of Arizona		1977-1981	
Address	**City**	**State**	**Zip**
The University of Arizona	Tucson	AZ	85271
Diploma/Degree obtained, if any			
BSBA, Accounting			

School Name		From - To (MM/YY – MM/YY)	
Tucson University High School		77	
Address	**City**	**State**	**Zip**
421 N Arcadia Ave.	Tucson	AZ	85711
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/20-present	[redacted] East Cactus Wren	Paradise Valley	AZ	85253
10/18-07/20	[redacted] East Exeter Blvd.	Scottsdale	AZ	85251
01/02-10/18	[redacted] East Caballo Drive	Paradise Valley	AZ	85253

Applicant's initials _____

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Phoenix Capital Management			01/01-present
Business Address	**City**	**State**	**Zip**
7033 East Greenway Parkway, Suite 310	Scottsdale	AZ	85254
Phone	**Title**		
(480) 707-4534	Member		
Description of Duties			
Member			

Business Name			From - To (MM/YY – MM/YY)
PCM Venture I, LLC			01/01-present
Business Address	**City**	**State**	**Zip**
7033 East Greenway Parkway, Suite 310	Scottsdale	AZ	85254
Phone	**Title**		
(480) 707-4534	Member		
Description of Duties			
Member			

Business Name			From - To (MM/YY – MM/YY)
Bella Brands, LLC			02/12-present
Business Address	**City**	**State**	**Zip**
7033 East Greenway Parkway, Suite 310		AZ	85254
Phone	**Title**		
(480) 707-4534	Member		
Description of Duties			
Member			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✔	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
See attachment				
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

See attachment — disciplinary list for PCMV1, providing an explanation for each incident and the corresponding

Original Signature (electronic, copies or stamps not accepted)

11-19-2021
Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Peter Ax

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/19/2021

Date

Please have this section completed in the presence of a Notary Public.

State of Arizona, ss. County of Maricopa

I, Peter Ax, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/19/2021

Date

Subscribed and Sworn to before me this 19 day of November 2021

Notary Public Signature

CATHALYN HISE
COMMISSION #590598
NOTARY PUBLIC - MARICOPA COUNTY, AZ
EXP. 09-29-2024

(Seal)

Applicant's initials

Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, office or director) ever appeared before any licensing agency or similor authority in or outside the state of Nevada for any reason whatsoever (including any disciplinary board action)?

Introduction

Bella Brands pharmacy was incorporated in 2012 and received its first state pharmacy license in Nov, 2012. Bella Brands currently is licensed in all states requiring licensure except North Carolina. Bella Brands partners with major pharmaceutical manufacturers to make available non-scheduled medications to patients pursuant to telemedicine visits. All telemedicine visits are conducted consistent with the modality required by each state's laws. This business model allows for patients to access care conveniently at a lower cost. **No sanction or disciplinary action has ever been taken against Bella Brands, LLC.** However, PCM Venture I, LLC ("PCMVI") was previously owned and operated by the owner, Peter Ax, and has been the subject of disciplinary actions as outlined below. PCMVI ceased pharmacy operations over a period of several years by allowing its licenses to expire.

Background of PCMVI

In 2001, Peter Ax, acquired a Utah based online pharmacy which prescribed only non-controlled, non-scheduled medications on the internet pursuant to an online interaction with a physician. Mr. Ax was an experienced venture capitalist and he wanted to make healthcare more accessible, affordable and more patient centric.

Immediately upon acquiring the online pharmacy, Mr. Ax met with regulators in Utah to develop a health care model for delivering care which was fully compliant and safe for patients. In 2002, Phoenix Capital Management Venture I ("PCMVI") became the first online pharmacy to receive regulatory approval (State of Utah) to operate and to prescribe certain specific medications without a face-to-face consultation with a physician. Consistent with professional standards, PCMVI physicians conducted a medical examination sufficient to write a prescription however not in a face-to-face setting.

Prior to 2012, when Bella Brands pharmacy was incorporated, several states challenged PCMVI's method of doing business. In all cases PCMVI was transparent with regulators and worked proactively with them to accommodate specific nuances of their state laws. Below is a list of states where PCMVI was the subject of disciplinary action along with the specific facts of each case.

North Carolina

On May 21, 2008 PCMVI, Peter Ax, and Lisa Dimick (Pharmacist) entered into a consent decree with the State of North Carolina whereby the North Carolina State Board of Pharmacy contended that their actions in shipping, mailing and delivering drugs without annual registration or permit with the board, violated North Carolina general statutes. PCMVI, Mr Ax and Mrs Dimick agreed to cease shipping and have not shipped medication into North Carolina since 2008.

Oregon

On January 13, 2009 PCMVI agreed to pay a $50,000 civil penalty to the State of Oregon for shipping legend drugs (non-controlled substances) to residents of Oregon pursuant to an online consultation. PCMVI agreed to dispense medications into Oregon pursuant only to prescriptions resulting from an in person examination by the prescriber.

Texas

In 2016 PCM settled an administrative action with the State of Texas which dated back to 2008. The State alleged that PCMVI's manner of conducting business violated Texas law as it existed in 2005 and 2006 and that PCM shipped products into Texas for a brief period of time before receiving its final license in Texas.

Iowa

In 2015 PCMVI voluntarily surrendered its Iowa non-resident pharmacy license pursuant to discussions with the State of Iowa that PCMVI's manner of doing business, specifically writing a prescription for an Iowa resident, without a face-to-face physician visit, was at that time deemed to be a violation of Iowa law.

California

In January 2019 PCM settled a complaint with the State of California in which it was alleged that between the dates of December 10, 2012 and May 3, 2016, approximately 50 prescriptions (out of a total of more than 14,000 prescriptions) dispensed by PCM were not written by physicians licensed in California. Generally these patients were seen by their home state physician and were travelling in California when they received their package. We chose to settle this case rather than engage in protracted and expensive litigation.

Jack W. Campbell, IV
Executive Director

Mailing Address:
PO Box 4560
Chapel Hill, NC 27515-4560

919-246-1050
FAX: 919-246-1056
www.ncbop.org

Clinton R. Pinyan
Brooks, Pierce, McLendon,
Humphrey & Leonard, LLP
Legal Counsel
336-373-8850

NORTH CAROLINA

BOARD OF PHARMACY

President
Rebecca W. Chater

Vice President
Wallace E. Nelson

Members
L. Stan Haywood
J. Parker Chesson, Jr.
R. Joseph (Joey) McLaughlin, Jr.
Betty H. Dennis

April 26, 2007

Mr. Laird Edwards
Registered Agent
Precedent Management Systems, L.L.C.
2365 Tinian Avenue
Orlando, Florida 32837

VIA CERTIFIED MAIL &
FACSIMILE (407) 932-2700

CEASE AND DESIST

Dear Mr. Edwards:

An investigation by the North Carolina Board of Pharmacy has established that Precedent Management Systems, LLC, is soliciting pharmacies in North Carolina to act as fulfillment centers for prescription drug orders. Faxes have been sent to several North Carolina pharmacies soliciting pharmacies.

The Board has obtained copies of the solicitation materials. These materials indicate that Precedent Management Systems asks "patients" to answer a questionnaire, provides medical records and then is refereed to a physician for review and issuance of a prescription to a pharmacy that has agreed to act as a fulfillment center. For agreeing to act as a fulfillment center, Precedent Management Systems pays the pharmacy a "retainer in advance equal to the weekly average volume" a pharmacist desires. Payment also includes reimbursement for medications as well as a fulfillment fee per prescription.

North Carolina law specifically prohibits pharmacists from filling any prescriptions that they know or reasonably should know was issued with a physician examination and in the absence of a prior prescriber-patient relationship. 21 NCAC 46.1801. Precedent Management Systems' solicitation materials make it clear that it is facilitating the filling of prescriptions in the absence of a legitimate patient-prescriber relationship. Moreover, issuing prescriptions for controlled substances in the manner stated in your materials violates both the federal and state controlled substances act.

Our Board, with cooperation with other state and federal law enforcement, has been active in shutting down illegal internet business such as yours. And we are prepared to do the same in your case.

By copy of this letter, I am alerting the federal Drug Enforcement Administration and the North Carolina Attorney General's Office of the nature of your business.

Accordingly, you are ordered to **IMMEDIATELY CEASE AND DESIST** any further solicitation of North Carolina pharmacies to act as fulfillment centers for Precedent Management Systems or otherwise facilitate the dispensing of prescription drugs in violation of state and federal law. Failure to abide by this order will result in the Board taking all available legal options.

Please give this order your immediate, most serious attention.

Sincerely,

Jack W. Campbell IV
Executive Director

cc: Clinton Pinyan, Esq., Counsel to the Board
Karen Matthew, Director of Investigations & Inspections
Creecy Johnson, Assistant Attorney General
Brian Reise, Drug Enforcement Administration

STATE OF NORTH CAROLINA FILED IN THE GENERAL COURT OF JUSTICE
SUPERIOR COURT DIVISION
WAKE COUNTY 2008 MAY 21 PM 2:40 CASE NO. 08 CVS 4443
WAKE COUNTY, C.S.C.

NORTH CAROLINA BOARD OF PHARMACY,
BY_____

Plaintiff,

v.

PCM VENTURE I, LLC; PETER L. AX; and LISA F. DIMICK,

Defendants.

FINAL CONSENT ORDER

THIS MATTER comes before the Court, on the consent of the parties, before the Superior Court of Wake County, the undersigned Judge presiding. The parties stipulate and agree to this Final Consent Order. Defendants stipulate that the findings of fact and conclusions of law are legally sufficient to support this Final Consent Order and agree not to challenge the legal adequacy of the findings and conclusions in any potential future proceeding to enforce this Final Consent Order or seeking to hold any party in contempt for failure to comply with its terms. With the consent of the parties, the Court hereby enters the following:

FINDINGS OF FACT

1. Plaintiff, the North Carolina Board of Pharmacy ("the Board"), is an occupational licensing board that is responsible for enforcing the provisions of the North Carolina Pharmacy Practice Act and the laws pertaining to the distribution and use of drugs in the State of North Carolina. The Board is the proper body to bring this proceeding under the authority granted to it in the North Carolina Pharmacy Practice Act and the rules and regulations of the Board that are promulgated pursuant thereto.

2. PCM Venture I, LLC ("PCM") is, and has at all relevant times been, a limited liability company organized and existing under Utah law. PCM's only place(s) of business are located outside the State of North Carolina.

3. PCM does business through certain websites, including but not limited to kwikmed.com and selfserverx.com.

4. PCM has shipped, mailed and/or delivered legend drugs into the State of North Carolina.

5. PCM does not have an active annual registration or permit with the Board to ship, mail and/or deliver legend drugs into the State of North Carolina, nor has it ever had such a registration or permit.

6. In reviewing and entering this Final Consent Order, Plaintiff has been represented by Clinton R. Pinyan. Defendants have been represented by Kevin H. Marino. The parties represent, and the Court finds, that this Final Consent Order has been approved by appropriate action by both the North Carolina Board of Pharmacy and PCM Venture I, LLC and is binding on those entities.

CONCLUSIONS OF LAW

1. The Court has both personal jurisdiction over Defendants and subject matter jurisdiction in this case.

2. Plaintiff North Carolina Board of Pharmacy has the authority to bring this action pursuant to North Carolina General Statutes § 90-85.39.

3. North Carolina law requires any pharmacy operating outside the State of North Carolina to register annually with the Board if that pharmacy ships, mails or delivers in any manner a dispensed legend drug into the State of North Carolina. N.C. Gen. Stat. § 90-85.21A.

4. Plaintiff North Carolina Board of Pharmacy contends in this case that the actions of Defendants in shipping, mailing and/or delivering legend drugs into the State of North Carolina without an annual registration or permit with the Board violates North Carolina General Statutes Section 90-85.21A. Defendants agree to this consent order without admitting that they have violated North Carolina law.

ORDER

Based upon the foregoing findings of fact and conclusions of law and with the consent of the parties, IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that:

1. Defendant PCM Venture I, LLC is hereby permanently enjoined from shipping, mailing and/or delivering in any manner a dispensed legend drug into the State of North Carolina and from aiding or abetting others in doing so, unless and until the person or entity shipping, mailing and/or delivering the dispensed legend drug into the State of North Carolina secures an annual registration or permit from the North Carolina Board of Pharmacy pursuant to N.C. Gen. Stat. § 90-85.21A.

2. This Final Consent Order is binding upon Defendant PCM Venture I, LLC and any persons or entities affiliated with it, including but not limited to franchisors, franchisees, parents, subsidiaries, divisions or persons or entities affiliated by contract or otherwise by privity, their successors or assigns, and any persons, association of persons or entities employed, operated or controlled by or otherwise associated with Defendants who receive actual notice of this Final Consent Order, including but not limited to Peter L. Ax and Lisa F. Dimick. Defendants shall provide a copy of this Final Consent Order to all persons or entities affiliated, employed, operated by or otherwise associated with Defendants and involved in the operation of PCM Venture I, LLC, along with any successors and assigns.

3. Defendants shall take notice that any willful violation of this Permanent Injunction may be treated as civil and criminal contempt, leading to the imposition of sanctions upon them, including incarceration and fines.

4. The parties agree to bear their respective costs of this action, including their respective attorney's fees and expenses.

5. Plaintiff North Carolina Board of Pharmacy shall not be required to provide a bond or other security for the issuance of this injunctive order.

6. The court shall retain jurisdiction of the parties and this matter for further proceedings to enforce this Order, if necessary.

SO ORDERED, this, the 21 day of May, 2008.

Ronald L. Stephens
Superior Court Judge Presiding

By signing below, the parties affirm their consent and agreement to the entry of the foregoing Final Consent Order in Wake County Superior Court Case Number 08 CVS 4443.

NORTH CAROLINA BOARD OF PHARMACY

By: Jack W. Campbell, IV
Its Executive Director

PCM VENTURE I, LLC

By: Peter L. Ax
Its Manager and Chief Executive Officer

Peter L. Ax

Lisa F. Dimick

By signing below, the parties affirm their consent and agreement to the entry of the foregoing Final Consent Order in Wake County Superior Court Case Number 08 CVS 4443.

NORTH CAROLINA BOARD OF PHARMACY

By: Jack W. Campbell, IV
Its Executive Director

PCM VENTURE I, LLC

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Its Manager and Chief Executive Officer

Peter L. Ax

Lisa F. Dimick

By signing below, the parties affirm their consent and agreement to the entry of the foregoing Final Consent Order in Wake County Superior Court Case Number 08 CVS 4443.

NORTH CAROLINA BOARD OF PHARMACY

_____

By: Jack W. Campbell, IV
Its Executive Director

PCM VENTURE I, LLC

_____

By: Peter L. Ax
Its Manager and Chief Executive Officer

_____

Peter L. Ax

Lisa F. Dimick

Lisa F. Dimick

TEXAS STATE BOARD OF PHARMACY

Jeanne D. Waggener, R.Ph.
President
Waco

Christopher M. Dembny, R.Ph.
Vice President
Richardson

Buford T. Abeldt, Sr., R.Ph.
Treasurer
Lufkin

L. Suzan Kedron
Dallas

Alice G. Mendoza, R.Ph.
Kingsville

Bradley A. Miller, Ph.T.R.
Austin

Phyllis A. Stine
Abilene

Chip Thornsburg
San Antonio

Suzette Tijerina, R.Ph.
Castle Hills

Dennis F. Wiesner, R.Ph.
Austin

Jenny Downing Yoakum, R.Ph.
Kilgore

Gay Dodson, R.Ph.
Executive Director Secretary
Austin

February 19, 2016

PCM VENTURE I LLC
C/O LISA DIMICK RPH
PHARMACIST IN CHARGE
9836 S JORDAN GATEWAY
SANDY UT 84070

RE: In the Matter of PCM Venture I, LLC

Dear Ms. Dimick:

Enclosed is a copy of Agreed Board Order (ABO) #K-13-013 that was entered by the Texas State Board of Pharmacy (TSBP) concerning the above-referenced matter. TSBP entered this Order on February 2, 2016. The requirements and conditions of the enclosed Order and matters relating to the Order are discussed below.

ADMINISTRATIVE PENALTY (FINE)

Under the terms of this Order, the pharmacy license issued to PCM Venture I (#25208) is fined an administrative penalty of $5,000.00. **This administrative penalty is due on or before June 1, 2016.** Please make your cashier's check or money order payable to the "Texas State Board of Pharmacy" and submit to the TSBP office by the due date. Please include your ABO number (#K-13-013) on the cashier's check or money order. **Note:** TSBP will **not** accept partial payments. You must submit payment for the full amount by the due date.

LICENSE RENEWAL APPLICATIONS

Prior to the next expiration date of pharmacy license #25208, the pharmacy will complete a license renewal application for the Texas State Board of Pharmacy. This application will require a pharmacy representative to answer the question:

> "Has the PHARMACY, THE PHARMACY'S owner or any officer or partner (if the pharmacy is owned by a corporation or partnership) been the subject of any professional disciplinary action or are any such actions pending against you by a regulatory authority within the last 36 months?..."

As a result of the entry of ABO #K-13-013, PCM Venture I must answer "yes" to this question for 36 months from the date of the termination of all sanctions. Consequently, a PCM Venture I representative must answer "yes" to this question on any renewal applications submitted beginning February 2, 2016, and ending June 1, 2019.

If you have any questions about this Order, please contact Mary Newman, Enforcement Specialist, at (512)305-8054.

Sincerely,

Carol Fisher / jd

Carol Fisher, R.Ph., M.P.A.
Director of Enforcement

CF:jd

Enclosure: Agreed Board Order #K-13-013

c: Kevin Marino
Marino, Tortorella & Boyle, PC
437 Southern Blvd.
Chatham, NJ 07928-1488

AGREED BOARD ORDER #K-13-013

RE: IN THE MATTER OF
PCM VENTURE I, LLC
(PHARMACY LICENSE #25208)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy ("Board") the matter of pharmacy license number 25208 issued to PCM Venture I, LLC ("Respondent"), 9836 South Jordan Gateway, Sandy, Utah 84070.

By letter dated October 20, 2008, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation, which produced evidence indicating that Respondent may have violated:

> Sections 560.001(b) and 565.002(a)(3) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2005), in that, allegedly:

COUNT

On or about June 19, 2006, through on or about August 21, 2006, PCM Venture I, LLC, 5201 Green Street, Suite 255, Murray, Utah, 84123, illegally delivered prescription drugs to Texas residents when the pharmacy was not licensed by the Texas State Board of Pharmacy (TSBP). On or about August 22, 2006, PCM Venture I, LLC, became licensed by TSBP as a Class E or nonresident pharmacy.

An informal conference was held in the office of the Texas State Board of Pharmacy on November 12, 2008, with Peter Ax, Managing Member of Respondent, and Kevin H. Marino, Legal Counsel for Respondent, in attendance. The informal conference was heard by a Board panel comprised of: Dennis F. Wiesner, R.Ph., Board Member; Gay Dodson, R.Ph., Executive Director/Secretary; and Allison Benz, R.Ph., Director of Professional Services; with Kerstin E. Arnold, General Counsel. Julie C. Hildebrand, Litigation Counsel was also in attendance.

A second informal conference was held on January 8, 2009, with Peter Ax and Kevin H. Marino in attendance. The informal conference was heard by a Board panel comprised of: Kim A. Caldwell, R.Ph., Board Member; Gay Dodson, R.Ph.; and Allison Benz, R.Ph.; with Kerstin E. Arnold. Julie C. Hildebrand was also in attendance.

Subsequent to the informal conferences, a mediation was held at the State Office of Administrative Hearings on December 2, 2011, with Peter Ax and Kevin H. Marino in

attendance. The Board was represented by Dennis F. Wiesner, R.Ph. Also in attendance were Gay Dodson, R.Ph., Kerstin E. Arnold, and Julie C. Hildebrand.

By signing this Order, Respondent and Respondent's counsel neither admit nor deny the truth of the matters previously set out in this Order, and agree that the Board has jurisdiction in this matter and waive the right to notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that:

(1) Respondent shall pay an administrative penalty of five thousand dollars ($5,000) due one hundred twenty (120) days after the entry of this Order.

(2) Respondent shall allow Board staff to directly contact Respondent on any matter regarding the enforcement of this Order.

(3) Respondent shall not violate any pharmacy or drug statute or rule of this state, another state or the United States with respect to pharmacy, controlled substances, or dangerous drugs.

(4) Failure to comply with any of the requirements in this Order constitutes a violation and shall be grounds for further disciplinary action. The requirements of this Order are subject to the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2015), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2015).

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 2nd day of February, 2016.

MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

Gay Dodson, R.Ph., Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

Peter Ax, Managing Member of PCM Venture I, LLC

Kevin H. Marino, Legal Counsel for PCM Venture I, LLC
Marino, Tortorella & Boyle, P.C.
437 Southern Boulevard
Chatham, New Jersey 07928-1488

Kerstin Arnold, General Counsel
Texas State Board of Pharmacy

Oregon
Theodore R. Kulongoski, Governor

Board of Pharmacy
800 NE Oregon Street, Suite 150
Portland, OR 97232
Phone: 971/673-0001
Fax: 971/673-0002
Email: pharmacy.board@state.or.us
Web: www.pharmacy.state.or.us

October 24, 2008

PCM Venture I LLC
Lisa Dimick, Pharmacist-in-Charge
5201 Green St Ste 255
Murray UT 84123

Re: Case No. 2007-0309

The Board of Pharmacy is continuing to investigate a complaint regarding prescriptions dispensed from PCM Venture I LLC (PCM) into Oregon for Oregon residents. The complaint is that PCM is dispensing prescriptions that are based off of a questionnaire and not a valid patient-practitioner relationship.

Please respond by submitting a typed and signed statement by **November 14, 2008**. Include with your response a report listing the Oregon resident's name and address, prescription number, medication dispensed, prescriber's name, phone number and address, and the date it was dispensed, for the time period from September 1, 2007 through September 1, 2008. Please include with your response a copy of all action agreed upon, taken, proposed, or pending against PCM by another state. Please also send an empty unit of use container and prescription label that is representative of those being sent into Oregon and that comply with OAR 855-041-0065(6)(k).

PLEASE NOTE: The response is the formal statement to the Board's inquiry in this investigation. The Board uses the information provided in the response statement(s) to determine whether disciplinary action is warranted.

Thank you for your prompt attention. Please feel free to contact me at (971) 673-0001 should you have any questions.

Sincerely,

Joseph Ball, R.Ph.
Chief Investigator

CC Kevin Marino
Christopher W. Angius

MARINO TORTORELLA PC

KEVIN H. MARINO
JOHN D. TORTORELLA**
JOHN A. BOYLE*
ROSEANN BASSLER DAL PRA*

ATTORNEYS AT LAW
437 SOUTHERN BOULEVARD
CHATHAM, NEW JERSEY 07928-1488
TELEPHONE (973) 824-9300
FAX (973) 824-8425

*ALSO ADMITTED IN NEW YORK
**ALSO ADMITTED IN PENNSYLVANIA

e-mail: kmarino@khmarino.com

November 14, 2008

VIA FAX & FIRST-CLASS MAIL

Joseph Ball, R. Ph.
Chief Investigator
Oregon Board of Pharmacy
Portland State Office Building
800 NE Oregon Street, Suite 150
Portland, OR 97232

Re: PCM Venture I LLC
Case No. 2007-0309

Dear Mr. Ball:

On behalf of our client, PCM Venture I, LLC ("PCM"), we write in response to your letter dated October 24, 2008, regarding the above matter.

Your letter advises that the Oregon Board of Pharmacy (the "Board") is continuing to investigate a complaint that PCM is dispensing prescriptions based on a questionnaire and not on a valid patient-practitioner relationship. The letter also requests that PCM produce a variety of things and documents that purportedly relate to the Board's continuing investigation. The letter closes with the warning that the Board will use the information PCM provides to determine whether disciplinary action is warranted.

As you know, your October 24th letter tracks almost precisely a letter you sent to PCM on September 5, 2007, in which you first informed PCM that the Board was investigating it. PCM responded by letter dated October 12, 2007, explaining in detail why its practices do not violate Oregon law and providing the requested materials. The Board nevertheless issued a Notice of Proposed Disciplinary Action to PCM on December 18, 2007. Were it not for the unavailability of one of the Board's witnesses, the hearing in this matter would have been held last month. The hearing is currently scheduled for February 10-12, 2009.

Given that the Board has already instituted formal action against PCM in Case No. 2007-0309 and a hearing is scheduled, it is not appropriate for the Board to seek discovery under the guise of a continued investigation. Moreover, even if the information requested in the October 24th letter were made in a discovery request that complied procedurally with OAR 137-003-0570, the information requested is not relevant to the matters at issue in the upcoming hearing. For example, your request for a report listing all prescriptions dispensed into Oregon for the period September 1, 2007 through September 1, 2008 is, by definition, not relevant to the allegation made in the Notice of Proposed Disciplinary Action that PCM engaged in improper practices between June 17, 2006 and September 1, 2007.

MARINO TORTORELLA PC
ATTORNEYS AT LAW

Accordingly, we suggest that if the Board seeks discovery in connection with the upcoming hearing, it should do so in accordance with the OAR and limit its requests to information that would be admissible under OAR 137-003-0610.

Please feel free to call me if you have any questions.

Very truly yours,

Kevin H. Marino

cc: Mr. Peter Ax
Christopher Angius, Esq.

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the Drug Outlet Registration of PCM VENTURE I, LLC Registrant	)	Case No. 2007-0309 CONSENT ORDER

WHEREAS, the Board of Pharmacy of the State of Oregon has filed a Notice of Proposed Disciplinary Action; Answer Required ("Notice"), hereby incorporated by reference, regarding the registrant in the above-captioned matter; and

WHEREAS, the above-noted Notice was duly served on the registrant as required by law; and

WHEREAS, the parties are desirous of resolving and settling those matters contained in the above-noted Notice without further proceedings thereon; and

WHEREAS, the registrant is aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Board's decision, and hereby freely and voluntarily waives those rights; and

WHEREAS, the registrant admits that the facts alleged in the above-noted Notice are true, that the registrant's conduct, as admitted, violated the statutes and rules cited in the Notice, and that legal cause exists pursuant to ORS 689.405 for disciplinary action by the Board; and

WHEREAS, the licensee consents to the disciplinary action as set forth herein;

The Board finds that the allegations in the Notice are true and hereby:

1. The registrant shall pay the Board a civil penalty in the amount of $ 100,000, with $90,000 stayed pending compliance with all sanctions of this order. $10,000 balance of civil penalty to be made within ten days from the date this Consent Order becomes final.

2. PCM Venture I, LLC hereby agrees to no longer do business in Oregon.

3. The retail drug outlet registration of PCM Venture I, LLC is revoked. PCM Venture I, LLC shall return there registration to the Board office within ten days from the date this Consent Order becomes final.

4. This consent order is effective when signed by the Board.

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Oregon
Theodore R. Kulongoski, Governor

Board of Pharmacy
800 NE Oregon Street, Suite 150
Portland, OR 97232
Phone: 971/673-0001
Fax: 971/673-0002
Email: pharmacy.board@state.or.us
Web: www.pharmacy.state.or.us

December 4, 2008

Kevin H. Marino
Marino Tortorella, P.C.
437 Southern Blvd.
Chatham, NJ 07928-1488

Re: Case No. 2007-0309
PCM VENTURE I, LLC.

The Oregon State Board of Pharmacy issued a Notice of Proposed Disciplinary Action; Answer Required on 12/18/2007. Upon review of additional information, the Oregon State Board of Pharmacy hereby issues the enclosed Amended Notice of Proposed Disciplinary Action; Answer Required.

Within twenty-one (21) days from the mailing date of this letter you may complete one of the following two options:

1) Submit a written answer to the new allegations set forth in the Amended Notice if you wish to *contest* the allegations listed in the Amended Notice and not accept the settlement offer in the Consent Order. **It is not necessary to send in a second hearing request, as your request for hearing received in response to our original notice is still valid. While current request for a hearing is still deemed to be a request, an answer to the new allegations still needs to be provided pursuant to OAR 855-001-0015.**

2) Sign and return the Consent Order if you wish to *accept* the settlement offer in the Consent Order.

If you have any questions regarding this matter, contact Board Counsel Thomas Cowan, Senior Assistant Attorney General at (503) 947-4520.

Sincerely,

Gary Miner, R.Ph.
Compliance Director

Enclosures: Amended Notice of Proposed Disciplinary Action; Answer Required
Consent Order

CONSENT

I hereby acknowledge that I am the authorized representative of registrant. On behalf of the registrant I further certify that I have read and understand the Notice and this Consent Order and on behalf of the registrant I agree to the Board entering the Consent Order.

_____ _____

Authorized Representative Date
PCM Venture I, LLC
Registrant (Registration No. RP-0002351)

IT IS SO ORDERED.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

_____ _____

Gary Miner, R.Ph.; Date
Compliance Director

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BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the Drug Outlet Registration PCM VENTURE I, LLC Registrant	)	Case No. 2007-0309 AMENDED NOTICE OF PROPOSED DISCIPLINARY ACTION; ANSWER REQUIRED

Under the authority granted pursuant to ORS 689.135, 689.145, 689.335, 689.405 and 689.445, the Oregon Board of Pharmacy proposes to take disciplinary action against your Certificate of Registration No. RP-0002351. A Notice of Proposed Disciplinary Action (Notice) was issued in this matter on 12/18/2007. This Amended Notice of Proposed Disciplinary Action (Amended Notice) supersedes the prior Notice issued in this matter.

The Board proposes to take disciplinary action because PCM Venture I, LLC violated the Oregon Pharmacy Act and the Board of Pharmacy rules as set forth below:

PCM VENTURE I LLC located at 5201 Green Street Ste 255 in Murray, UT failed to cooperate and comply with requests from the Board and provide requested records, which is conduct contrary to accepted standards of practice and unprofessional conduct as defined by OAR 855-006-0005(25)(i) and in violation of and grounds for discipline pursuant to OAR 855-001-0035 and ORS 689.405(1)(a) and (e)(B).

Between approximately 6/17/2006 and 12/1/2008, your employees at PCM VENTURE I LLC located at 5201 Green Street Ste 255 in Murray, UT engaged in a practice whereby they dispensed prescriptions that were not issued pursuant to a valid physician-patient examination, the physician did not examine the patient prior to diagnosing, treating, or prescribing, and the physician wrote prescriptions for medications resulting from a consultation over the internet. Your employees failed to ensure that submitted prescriptions had been issued for a legitimate medical purpose in the usual course of the practitioner's professional practice for Oregon residents. Over the aforementioned period of time, your employees filled over 1,200 prescriptions for Viagra, Cialis, Levitra, or Propecia that were issued in response to a questionnaire on an internet site and without an examination of the patient by the prescribing practitioner and as such were not legitimate prescriptions. Failure of your pharmacist employees to ensure that prescriptions were issued pursuant to a valid patient-practitioner relationship and for a legitimate medical purpose in the usual course of the practitioner's professional practice and where the pharmacist knows or should know due to the apparent circumstances that the purported prescription is bogus or that the prescription is issued for other than a legitimate medical purpose and dispensing prescriptions that result from a questionnaire or an internet based relationship is in violation of ORS 689.525(1)(a) and (b) and (2), OAR 855-019-0210(2), and OAR 855-019-0310(12), constitutes repeated or gross negligence pursuant to ORS 689.405(1)(b) and previously OAR 855-019-0055(1)(b) and currently OAR 855-019-0310(2), and is unprofessional conduct

7/9 11-15-2021 04:54:56 p.m. 4807074599

as previously defined by OAR 855-019-0055(2)(a), (e), (f), and (h) and currently defined by OAR 855-006-0005(25)(d), (e), and (i), which is grounds for discipline pursuant to ORS 689.335, 689.405(1)(a), 689.405(1)(b), 689.405(1)(e)(B), and 689.445.

Based on these alleged violations, the Board proposes to revoke your Retail Drug Outlet Registration and impose a civil penalty in the amount of $1,000 per violation for violations occurring through 12/31/2007 and a civil penalty in the amount of $10,000 per violation for violations occurring since 12/31/2007, with a minimum of $100,000.

HEARING RIGHTS

The corporation is entitled to a hearing as provided by the Administrative Procedures Act (ORS chapter 183). An attorney must represent the corporation. If the corporation wishes to have a hearing, the corporation's attorney must file a written request for hearing with the Board within 21 days from the date this notice was mailed. The corporation's attorney may send or deliver a request for hearing to:

Oregon Board of Pharmacy
800 NE Oregon Street, Suite 150
Portland, OR 97232
Fax: (971) 673-0002

If a request for hearing is not received within this 21-day period, the corporation's right to a hearing shall be considered waived.

If the corporation requests a hearing, the corporation's attorney will be notified of the time and place of the hearing. Before the commencement of the hearing, the corporation will be given information on the procedures, right of representation and other rights of parties relating to the conduct of the hearing.

If the corporation does not request a hearing within 21 days, or if it withdraws a hearing request, notifies the Board or Administrative Law Judge that it will not appear, or fails to appear at a scheduled hearing, the Board may issue a final order by default imposing discipline. If the Board issues a final order by default, it designates its file on this matter as the record.

ANSWER REQUIRED

Pursuant to OAR 855-001-0010 and OAR 855-001-0015, if you request a hearing you must also provide, within 21 days from the date this contested case notice was served, a written answer to the allegations set forth in this contested case notice. Your written answer must include an admission or denial of each factual matter alleged in the notice and a short and plain statement of each relevant affirmative defense you may have. Except for good cause, factual matters alleged in the notice and not denied in the answer shall be presumed admitted; failure to raise a particular defense in the answer will be considered a waiver of such defense; new matters alleged in the answer (affirmative defenses) shall be presumed to be denied by the agency; and evidence shall not be taken on any issue not raised in the notice and the answer.

6/8 11-15-2021 04:55:34 p.m. 4807074599

Hearing Request and Answers:
Consequences of Failure to Answer
855-001-0015

(1) A hearing request, and answer when required, shall be made in writing to the Board by the party or his attorney and an answer shall include the following:

(a) An admission or denial of each factual matter alleged in the notice;

(b) A short and plain statement of each relevant affirmative defense the party may have.

(2) Except for good cause;

(a) Factual matters alleged in the notice and not denied in the answer shall be presumed admitted;

(b) Failure to raise a particular defense in the answer will be considered a waiver of such defense;

(c) New matters alleged in the answer (affirmative defenses) shall be presumed to be denied by the agency; and

(d) Evidence shall not be taken on any issue not raised in the notice and the answer.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

Gary Miner

Gary Miner, R.Ph.,
Compliance Director

12/8/08
Date

DATE OF MAILING 12/8/2008

TEXAS STATE BOARD OF PHARMACY

June 5, 2017

VIA U.S. FIRST CLASS MAIL &
ELECTRONIC MAIL

Kevin H. Marino
Marino, Tortorella & Boyle, P.C.
Attorneys at Law
437 Southern Boulevard
Chatham, New Jersey 07928-1488
kmarino@khmarino.com

RE: Kwikmed, Pharmacy License #25208
Dismissal of Disciplinary Action

Dear Mr. Marino:

This letter will inform you that the allegations set forth in the Preliminary Notice Letter mailed to your client on March 9, 2017, have been dismissed. In addition, the informal conference set for July 27, 2017, has been cancelled.

If you have any questions concerning this matter, you may contact me at (512) 305-8033.

Sincerely,

Jessica Lance

Jessica Lance
Staff Attorney
jessica.lance@pharmacy.texas.gov

JML/ead

cc: Kwikmed
c/o Lisa Dimick, R.Ph.
Pharmacist-in-Charge
9836 South Jordan Gateway
Sandy, Utah 84070

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TEXAS STATE BOARD OF PHARMACY

December 14, 2015

Kevin Marino
Marino, Tortorella & Boyle PC
437 Southern Blvd.
Chatham, New Jersey 07928-1488

Re: Texas State Board of Pharmacy v.
PCM Venture I, LLC, License No. 25208
SOAH Docket No. 515-14-4086; TSBP No. 2013-03823

Dear Mr. Marino,

On December 14, 2015, Texas State Board of Pharmacy (TSBP) filed a Motion to Dismiss and Abate the Hearing in this matter at the State Office of Administrative Hearings (SOAH). One of the allegations in this case was that on February 12, 2015, the Iowa Board of Pharmacy entered a Settlement Agreement and Final Order (the "Iowa Order") by which PCM Venture I, LLC ("PCM") voluntarily surrendered its Iowa non-resident pharmacy license (the "Iowa Allegation"). The Iowa Order contained a finding that between January 1, 2013, and September 28, 2013, PCM dispensed prescriptions to Iowa patients based on an internet-based patient evaluation without a pre-existing physician-patient relationship. Having alleged that the Iowa Order was a violation of Texas Pharmacy Act §565.002(a)(13), TSBP filed a Motion for Summary Disposition at SOAH based on the Iowa Order. Specifically, the Motion submitted the Iowa Order and the relevant Iowa and Texas laws and asked that the judge enter summary judgment in favor of TSBP on the Iowa Allegation. That Motion was denied based on the judge's finding that TSBP had failed to establish as a matter of law that the conduct covered by the statute underlying the Iowa Order is substantially equivalent to conduct proscribed by Texas law. On December 14, 2015, TSBP filed a Motion to Dismiss the Iowa Allegation with prejudice. That Motion was granted the same day. As a result, the allegation that PCM should suffer collateral consequences in Texas based on the Iowa Order cannot be brought again to SOAH.

Tyler Vance

Tyler Vance
Staff Attorney
tyler.vance@pharmacy.texas.gov

4807074599 04:56:29 p.m. 11-15-2021 1/11

SOAH DOCKET NO. 515-14-4086
TSBP NO. 2013-03823

TEXAS STATE BOARD OF	§	BEFORE THE STATE OFFICE
PHARMACY	§	
V.	§	OF
PCM VENTURE I, LLC	§	
LICENSE NO. 25208	§	ADMINISTRATIVE HEARINGS

MOTION TO DISMISS ALLEGATIONS AND ABATE

TO THE HONORABLE ADMINISTRATIVE LAW JUDGE ROY SCUDDAY:

The parties have reached a settlement agreement in this case, which is scheduled for hearing on December 15, 2015. TSBP requests that Allegations I, 3, and 4 be dismissed with prejudice. TSBP requests that the remaining complaint be abated until the entry of the agreed order at the Board's next quarterly meeting in February, 2016. TSBP will move to dismiss the case at that time.

Respectfully submitted,

Tyler Vance

Tyler Vance
State Bar No. 24070786
Staff Attorney
Texas State Board of Pharmacy
333 Guadalupe Street, Suite 3-600
Austin, Texas 78701
Phone No. (512) 305-9896
Fax No. (512) 305-8061

SOAH DOCKET NO. 515-14-4086
TSBP NO. 2013-03823

TEXAS STATE BOARD OF PHARMACY, Petitioner	§	BEFORE THE STATE OFFICE
	§	
	§	OF
v.	§	
	§	
PCM VENTURE I, LLC, Respondent	§	ADMINISTRATIVE HEARINGS

ORDER NO. 11
GRANTING MOTION TO DISMISS ALLEGATIONS AND ABATE PROCEEDING CONCERNING REMAINING ALLEGATION

On December 14, 2015, the parties filed an agreed Motion to Dismiss Allegations 1, 3, and 4. The parties further filed an Agreed Motion to Abate the hearing scheduled for December 15, 2015, regarding Allegation 2 until after the next meeting of the Texas State Board of Pharmacy in February 2016.

The Motion to Dismiss Allegations 1, 3, and 4 is granted. The Motion to Abate the hearing is granted and the hearing scheduled for December 15, 2015 is cancelled. The parties are directed to submit a report of the status of this case no later than February 29, 2016.

SIGNED December 14, 2015.

Roy G. Scudday

ROY G. SCUDDAY
ADMINISTRATIVE LAW JUDGE
STATE OFFICE OF ADMINISTRATIVE HEARINGS

STATE OFFICE OF ADMINISTRATIVE HEARINGS

AUSTIN OFFICE
300 West 15th Street Suite 502
Austin, Texas 78701
Phone: (512) 475-4993
Fax: (512) 322-2061

SERVICE LIST

AGENCY:	Pharmacy, Texas State Board of (TSBP)
STYLE/CASE:	PCM VENTURE I, LLC
SOAH DOCKET NUMBER:	515-14-4086
REFERRING AGENCY CASE:	

STATE OFFICE OF ADMINISTRATIVE HEARINGS	ADMINISTRATIVE LAW JUDGE ALJ ROY SCUDDAY

REPRESENTATIVE / ADDRESS	PARTIES
LOUIS LEICHTER ATTORNEY LEICHTER LAW FIRM 1602 EAST 7TH STREET AUSTIN, TX 78702 (512) 495-9995 (PH) (512) 482-0164 (FAX) louis@leichterlaw.com	PCM VENTURE I, L.L.C.
TYLER VANCE STAFF ATTORNEY TEXAS STATE BOARD OF PHARMACY 333 GUADALUPE, TOWER 3, 600 AUSTIN, TX 78701 (512) 305-9896 (PH) (512) 305-8061 (FAX)	TEXAS STATE BOARD OF PHARMACY
KEVIN H. MARINO MARINO, TORTORELLA & BOYLE, P.C. 437 SOUTHERN BLVD. CHATHAM, NJ 07928-1488 (973) 824-9300 (PH) (973) 824-8425 (FAX)	PCM VENTURE I, L.L.C.

AGREED BOARD ORDER #K-13-013

RE: IN THE MATTER OF
PCM VENTURE I, LLC
(PHARMACY LICENSE #25208)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy ("Board") the matter of pharmacy license number 25208 issued to PCM Venture I, LLC ("Respondent"), 9836 South Jordan Gateway, Sandy, Utah 84070.

By letter dated October 20, 2008, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation, which produced evidence indicating that Respondent may have violated:

Sections 560.001(b) and 565.002(a)(3) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2005), in that, allegedly:

COUNT

On or about June 19, 2006, through on or about August 21, 2006, PCM Venture I, LLC, 5201 Green Street, Suite 255, Murray, Utah, 84123, illegally delivered prescription drugs to Texas residents when the pharmacy was not licensed by the Texas State Board of Pharmacy (TSBP). On or about August 22, 2006, PCM Venture I, LLC, became licensed by TSBP as a Class E or nonresident pharmacy.

An informal conference was held in the office of the Texas State Board of Pharmacy on November 12, 2008, with Peter Ax, Managing Member of Respondent, and Kevin H. Marino, Legal Counsel for Respondent, in attendance. The informal conference was heard by a Board panel comprised of: Dennis F. Wiesner, R.Ph., Board Member; Gay Dodson, R.Ph., Executive Director/Secretary; and Allison Benz, R.Ph., Director of Professional Services; with Kerstin E. Arnold, General Counsel. Julie C. Hildebrand, Litigation Counsel was also in attendance.

A second informal conference was held on January 8, 2009, with Peter Ax and Kevin H. Marino in attendance. The informal conference was heard by a Board panel comprised of: Kim A. Caldwell, R.Ph., Board Member; Gay Dodson, R.Ph.; and Allison Benz, R.Ph.; with Kerstin E. Arnold. Julie C. Hildebrand was also in attendance.

Subsequent to the informal conferences, a mediation was held at the State Office of Administrative Hearings on December 2, 2011, with Peter Ax and Kevin H. Marino in

attendance. The Board was represented by Dennis F. Wiesner, R.Ph. Also in attendance were Gay Dodson, R.Ph., Kerstin E. Arnold, and Julie C. Hildebrand.

By signing this Order, Respondent and Respondent's counsel neither admit nor deny the truth of the matters previously set out in this Order, and agree that the Board has jurisdiction in this matter and waive the right to notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

THEREFORE, PREMISES CONSIDERED, the Board does hereby ORDER that:

(1) Respondent shall pay an administrative penalty of five thousand dollars ($5,000) due one hundred twenty (120) days after the entry of this Order.

(2) Respondent shall allow Board staff to directly contact Respondent on any matter regarding the enforcement of this Order.

(3) Respondent shall not violate any pharmacy or drug statute or rule of this state, another state or the United States with respect to pharmacy, controlled substances, or dangerous drugs.

(4) Failure to comply with any of the requirements in this Order constitutes a violation and shall be grounds for further disciplinary action. The requirements of this Order are subject to the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2015), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2015).

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS _____ day of _____, 2016.

_____
MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:

_____
Gay Dodson, R.Ph., Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:

_____
Peter Ax, Managing Member of PCM Venture I, LLC

_____
Kevin H. Marino, Legal Counsel for PCM Venture I, LLC
Marino, Tortorella & Boyle, P.C.
437 Southern Boulevard
Chatham, New Jersey 07928-1488

_____
Kerstin Arnold, General Counsel
Texas State Board of Pharmacy

7/11 11-15-2021 04:58:59 p.m. 4807074599

SOAH DOCKET NO. 515-14-4086
TSBP NO. 2013-03823

TEXAS STATE BOARD OF PHARMACY v. PCM VENTURE I, LLC LICENSE NO. 25208	BEFORE THE STATE OFFICE OF ADMINISTRATIVE HEARINGS

RESPONDENT'S RESPONSES AND OBJECTIONS TO THE TSBP STAFF'S FIRST SET OF INTERROGATORIES AND REQUEST FOR PRODUCTION

Respondent PCM Venture I, LLC ("PCM") through its attorneys, Marino, Tortorella & Boyle, P.C., hereby responds to the Texas State Board of Pharmacy's Interrogatories and Requests for Production, as follows:

GENERAL OBJECTIONS

1. PCM objects to the Interrogatories on the ground and to the extent that they, or any of them, are overly broad, unduly burdensome, unreasonably cumulative, duplicative, vague or ambiguous.

2. PCM objects to the Interrogatories on the ground and to the extent that they, or any of them, seek discovery or otherwise purport to impose obligations beyond the requirements of applicable law.

3. PCM objects to the Interrogatories on the ground and to the extent that they, or any of them, seek information that is not relevant to the subject matter of this action.

4. PCM objects to the Interrogatories on the ground and to the extent that they, or any of them, are not reasonably calculated to lead to the discovery of admissible evidence.

5. PCM objects to the Interrogatories on the ground and to the extent that they, or any

of them, seek documents, including drafts, that were prepared for or in anticipation of litigation, constitute attorney work product, contain privileged attorney-client communications or fall within the panoply of any other privileges recognized by law.

6. PCM objects to the Interrogatories on the ground and to the extent that they, or any of them, are not limited to any specified time period.

7. PCM reserves the right to change or supplement any response or objection to the Interrogatories as may be appropriate or necessary.

8. Any response or partial response to any of the Interrogatories shall not constitute a waiver of any objection or other challenges to the competence, relevance, materiality, privilege, or admissibility of evidence as to any information disclosed thereby, whether in connection with this or any subsequent proceeding or trial in this or any other action. PCM specifically reserves all such objections or challenges.

INTERROGATORY NO. 1:

For each prescription dispensed to a Texas patient for the time period between November 1, 2005 and October 31, 2007, identify the following:

a. Name of the prescribing physician
b. Complete business address of the prescriber
c. Each and every state in which the prescriber held a license to practice medicine at that time.

RESPONSE: ***By letter from Kevin H. Marino to Chief Investigator Joseph Lewis dated December 8, 2007, PCM produced to the TSBP documents bearing production numbers PCM 00001 through PCM 01211, which contained the names and complete business addresses of the prescribing physicians for each prescription dispensed to a Texas patient for the time period between November 1, 2005, and October 31, 2007. A true and correct copy of the letter and report are submitted with this response. During that period, the following prescribers held licenses to practice medicine in the following states:***
Robert L. Moody, D.O.—Utah, Nevada
John H. Jurige, Jr., M.D.—Kentucky, Indiana, Utah
M. Stuart Adler, M.D.—New York

INTERROGATORY NO. 2:

Identify the full name of "Chen, M.D.", the prescribing physician on your prescription number 2008092337908890-1.

RESPONSE: ***Michael Mingchi Chen***

INTERROGATORY NO. 3:

Identify each and every state in which "Chen, M.D." held a license to practice medicine on October 7, 2008.

REPONSE: ***On October 7, 2008, Dr. Chen was licensed to practice medicine in Utah and Nevada.***

Dated: October 13, 2015

Respectfully submitted,

LEICHTER LAW FIRM, PC

MARINO, TORTORELLA & BOYLE, P.C.

Louis D. Leichter
1602 East 7th Street
Austin, TX 78702
Ph.: (512) 495-9995
Attorneys for Respondent, PCM Venture I, LLC

Kevin H. Marino
437 Southern Boulevard
Chatham, NJ 07928
Ph.: (973) 824-9300

4807074599 05:00:01 p.m. 11-15-2021 10/11

VERIFICATION

STATE OF ARIZONA)
) ss.:
COUNTY OF MARICOPA)

PETER AX, being duly sworn, hereby states under penalty of perjury that the following statements are true:

I am the President of Respondent, PCM Venture I, LLC ("PCM"). I have read PCM's Responses and Objections to the TSBP Staff's First Set Of Interrogatories and Request for Production and know the contents thereof, and the same are true to my knowledge, information and belief.

Peter Ax

SWORN TO and SUBSCRIBED
before me by Peter Ax on October 13, 2015.

LAUREN COOPERMAN
Notary Public, State of Arizona
Maricopa County
My Commission Expires
December 14, 2018

Notary Public in and for
the State of Arizona

BEFORE THE IOWA BOARD OF PHARMACY

Re: Nonresident Pharmacy License of **PCM VENTURE I LLC,** License No. 3677 Respondent.	))))))	CASE NO. 2013-3677 **INTERROGATORIES**

COMES NOW the State of Iowa, by and through Assistant Attorney General Sara Scott, and hereby propounds the following Interrogatories to PCM Venture I LLC, to be answered under oath and filed with the Board in accordance with the Iowa Rules of Civil Procedure. If any or different information is obtained which will require supplementation, deletion, or changes in the Answers to Interrogatories prior to the hearing scheduled in this matter, pursuant to those rules, you are directed to provide such supplementation, deletion, or changes to the State of Iowa and its attorney.

Respectfully submitted,

THOMAS J. MILLER
ATTORNEY GENERAL OF IOWA

SARA SCOTT
Assistant Attorney General
Hoover Building, 2nd Floor
1305 East Walnut Street
Des Moines, Iowa 50319
(515) 242-0104
sara.scott@iowa.gov
ATTORNEYS FOR THE STATE

Original to:

Kevin H. Marino
Marino, Tortorella & Boyle, P.C.
437 Southern Blvd.
Chatham, NJ 07928-1488
kmarino@khmarino.com
ATTORNEY FOR RESPONDENT

Proof of Service

The undersigned certifies that the foregoing instrument was served upon each of the persons identified as receiving a copy by delivery in the following manner on the 10th day of September, 2014.

_X_ U.S. Mail
___ Hand Delivery
___ Federal Express
_X_ Electronically
___ FAX
___ Overnight Courier
___ Other

Signature: R. Dales

INTERROGATORY NO. 1. Please identify all persons who participated in preparing your answers to these interrogatories.

ANSWER:

INTERROGATORY NO. 2. For each prescription dispensed to an Iowa patient for the time period January 1 to September 28, 2013, identify the following:

a. Name of the prescriber;

b. Complete business address of the prescriber, including street, city, state and zip code; and

c. Each and every state in which the prescriber holds active licensure from the applicable professional licensing authority.

ANSWER:

Interrogatories Answers

1) Peter Ax
2) Answers:
    a. Dr. Moody
    b. 12226 E 1000 Ste #10, Draper, UT 84020
    c. Utah, California

Patient First Name	Patient Last Name	Patient Address	Drug Quantity Name Strength, Form	Date of Dispensing	Prescription Number	Prescriber Address
[redacted]			30 Viagra 100mg blue tab	1/1/2013 8:12	20130101000253870	12226 E 1000 Ste. #10, Draper, UT 84020
			5 Cialis 20mg yellow tab	1/1/2013 14:01	20130101556614040	12226 E 1000 Ste. #10, Draper, UT 84020
			10 Cialis 20mg yellow tab	1/1/2013 16:46	20130101950334110	12226 E 1000 Ste. #10, Draper, UT 84020
			3 Viagra 100mg blue tab	1/2/2013 19:43	20130102386245320	12226 E 1000 Ste. #10, Draper, UT 84020
			5 Viagra 100mg blue tab	1/4/2013 8:06	20130104360747900	12226 E 1000 Ste. #10, Draper, UT 84020
			1 Effa 30mg white tab	1/7/2013 7:38	20130107060451110	12226 E 1000 Ste. #10, Draper, UT 84020
			5 Levitra 20mg orange tab	1/8/2013 1:30	20130108580753100	12226 E 1000 Ste. #10, Draper, UT 84020
			5 Cialis 20mg yellow tab	1/8/2013 7:17	20130108439053200	12226 E 1000 Ste. #10, Draper, UT 84020
			3 Viagra 100mg blue tab	1/9/2013 6:13	20130109757154900	12226 E 1000 Ste. #10, Draper, UT 84020
			15 Viagra 100mg blue tab	1/9/2013 11:59	20130109808855500	12226 E 1000 Ste. #10, Draper, UT 84020
			3 Viagra 100mg blue tab	1/9/2013 12:30	20130109808855500	12226 E 1000 Ste. #10, Draper, UT 84020
			3 Cialis 20mg yellow tab	1/9/2013 12:30	20130109808855500	12226 E 1000 Ste. #10, Draper, UT 84020
			3 Levitra 20mg orange tab	1/9/2013 12:30	20130109808855500	12226 E 1000 Ste. #10, Draper, UT 84020
			3 Viagra 100mg blue tab	1/9/2013 14:14	20130109833455500	2230 N. University Parkway #1-A, Provo, UT 84604
			3 Viagra 100mg blue tab	1/10/2013 12:16	20130110362757600	12226 E 1000 Ste. #10, Draper, UT 84020
			30 Viagra 100mg blue tab	1/11/2013 9:35	20130111017459200	12226 E 1000 Ste. #10, Draper, UT 84020
			10 Viagra 100mg blue tab	1/14/2013 12:39	20130114147463400	12226 E 1000 Ste. #10, Draper, UT 84020
			5 Viagra 100mg blue tab	1/14/2013 16:51	20130114775254200	12226 E 1000 Ste. #10, Draper, UT 84020
			15 Cialis 20mg yellow tab	1/15/2013 8:45	20130115551368000	11226 E 1000 Ste. #10, Draper, UT 84020
			30 Viagra 100mg blue tab	1/15/2013 9:34	20130115396466200	12226 E 1000 Ste. #10, Draper, UT 84020
			10 Viagra 100mg blue tab	1/16/2013 13:53	20130116874469600	12226 E 1000 Ste. #10, Draper, UT 84020
			30 Viagra 100mg blue tab	1/19/2013 7:26	20130119441774300	12226 E 1000 Ste. #10, Draper, UT 84020
			10 Viagra 100mg blue tab	1/19/2013 13:17	20130119643874700	12226 E 1000 Ste. #10, Draper, UT 84020
			5 Cialis 20mg yellow tab	1/20/2013 7:00	20130120693375200	12226 E 1000 Ste. #10, Draper, UT 84020
			30 Viagra 100mg blue tab	1/22/2013 12:11	20130122277079300	12226 E 1000 Ste. #10, Draper, UT 84020
			15 Cialis 20mg yellow tab	1/22/2013 15:18	20130122113179800	12226 E 1000 Ste. #10, Draper, UT 84020
			5 Cialis 20mg yellow tab	1/25/2013 7:03	20130125030685700	12226 E 1000 Ste. #10, Draper, UT 84020
			5 Levitra 20mg orange tab	1/25/2013 9:06	20130125127188000	12226 E 1000 Ste. #10, Draper, UT 84020
			10 Viagra 100mg blue tab	1/25/2013 12:30	20130125252786400	12226 E 1000 Ste. #10, Draper, UT 84020
			4 Staxyn 10mg white tab	1/25/2013 16:45	20130125872287000	12226 E 1000 Ste. #10, Draper, UT 84020
			3 Viagra 100mg blue tab	1/26/2013 19:42	20130126511087800	12226 E 1000 Ste. #10, Draper, UT 84020
			3 Viagra 100mg blue tab	1/27/2013 18:21	20130127905188700	12226 E 1000 Ste. #10, Draper, UT 84020
			20 Cialis 20mg yellow tab	1/28/2013 12:26	20130128115789900	12226 E 1000 Ste. #10, Draper, UT 84020
			5 Cialis 20mg yellow tab	1/28/2013 13:26	20130128203690300	12226 E 1000 Ste. #10, Draper, UT 84020
			3 Viagra 100mg blue tab	1/28/2013 18:50	20130128209191000	12226 E 1000 Ste. #10, Draper, UT 84020
			10 Cialis 20mg yellow tab	1/28/2013 19:41	20130128662491100	12226 E 1000 Ste. #10, Draper, UT 84020
			10 Viagra 100mg blue tab	1/29/2013 14:16	20130129921893000	12226 E 1000 Ste. #10, Draper, UT 84020
			10 Viagra 100mg blue tab	1/29/2013 15:40	20130129959093200	12226 E 1000 Ste. #10, Draper, UT 84020
			5 Cialis 20mg yellow tab	1/30/2013 12:57	20130130076095100	12226 E 1000 Ste. #10, Draper, UT 84020
			3 Viagra 100mg blue tab	1/30/2013 16:09	20130130731919550	12226 E 1000 Ste. #10, Draper, UT 84020
			3 Viagra 100mg blue tab	1/31/2013 8:48	20130130978595500	12226 E 1000 Ste. #10, Draper, UT 84020
			3 Cialis 20mg yellow tab	1/31/2013 8:48	20130130978595500	12226 E 1000 Ste. #10, Draper, UT 84020
			3 Levitra 20mg orange tab	1/31/2013 8:48	20130130978595500	12226 E 1000 Ste. #10, Draper, UT 84020
			10 Viagra 100mg blue tab	2/4/2013 9:09	20130204250202400	12226 E 1000 Ste. #10, Draper, UT 84020
			3 Viagra 100mg blue tab	2/4/2013 14:46	20130204968803900	12226 E 1000 Ste. #10, Draper, UT 84020
			10 Viagra 100mg blue tab	2/5/2013 13:29	20130205613405600	12226 E 1000 Ste. #10, Draper, UT 84020
			20 Cialis 20mg yellow tab	2/5/2013 14:27	20130205654505600	12226 E 1000 Ste. #10, Draper, UT 84020
			3 Viagra 100mg blue tab	2/5/2013 15:04	20130205538905900	12226 E 1000 Ste. #10, Draper, UT 84020
			3 Viagra 100mg blue tab	2/6/2013 2:49	20130206040906900	12226 E 1000 Ste. #10, Draper, UT 84020
			5 Viagra 100mg blue tab	2/6/2013 4:44	20130206921007000	12226 E 1000 Ste. #10, Draper, UT 84020
			5 Viagra 100mg blue tab	2/6/2013 16:44	20130206938209600	12226 E 1000 Ste. #10, Draper, UT 84020
			90 Propecia 1mg tan tab	2/6/2013 20:25	20130206979308700	12226 E 1000 Ste. #10, Draper, UT 84020

[redacted]

20 Cialis 20mg yellow tab	2/7/2013 11:31	20130207225710000 12226 E 1000 Sta. #10, Draper, UT 84020
5 Cialis 20mg yellow tab	2/7/2013 14:40	20130207781110400 12226 E 1000 Sta. #10, Draper, UT 84020
15 Viagra 100mg blue tab	2/7/2013 16:26	20130207955310600 12226 E 1000 Sta. #10, Draper, UT 84020
10 Cialis 20mg yellow tab	2/8/2013 23:30	20130208656912500 12226 E 1000 Sta. #10, Draper, UT 84020
10 Viagra 100mg blue tab	2/10/2013 5:41	20130210942513300 12226 E 1000 Sta. #10, Draper, UT 84020
10 Viagra 100mg blue tab	2/10/2013 7:00	20130210860813400 12226 E 1000 Sta. #10, Draper, UT 84020
5 Cialis 20mg yellow tab	2/10/2013 12:54	20130210888113700 12226 E 1000 Sta. #10, Draper, UT 84020
5 Viagra 100mg blue tab	2/11/2013 11:04	20130211916016700 12226 E 1000 Sta. #10, Draper, UT 84020
10 Cialis 20mg yellow tab	2/11/2013 11:28	20130211541717000 12226 E 1000 Sta. #10, Draper, UT 84020
5 Viagra 100mg blue tab	2/11/2013 13:02	20130211824917600 12226 E 1000 Sta. #10, Draper, UT 84020
5 Cialis 20mg yellow tab	2/11/2013 17:06	20130211993019400 12226 E 1000 Sta. #10, Draper, UT 84020
3 Viagra 100mg blue tab	2/12/2013 20:09	20130212101923400 12226 E 1000 Sta. #10, Draper, UT 84020
10 Viagra 100mg blue tab	2/13/2013 11:35	20130213144424400 12226 E 1000 Sta. #10, Draper, UT 84020
5 Viagra 100mg blue tab	2/15/2013 13:00	20130215231112830 12226 E 1000 Sta. #10, Draper, UT 84020
20 Viagra 100mg blue tab	2/16/2013 18:36	20130216724729700 12226 E 1000 Sta. #10, Draper, UT 84020
10 Viagra 100mg blue tab	2/18/2013 14:09	20130218402232500 12226 E 1000 Sta. #10, Draper, UT 84020
10 Viagra 100mg blue tab	2/19/2013 19:51	20130219766135500 12226 E 1000 Sta. #10, Draper, UT 84020
5 Viagra 100mg blue tab	2/20/2013 7:53	20130220569836200 12226 E 1000 Sta. #10, Draper, UT 84020
10 Cialis 20mg yellow tab	2/21/2013 12:15	20130221115939000 12226 E 1000 Sta. #10, Draper, UT 84020
30 Viagra 100mg blue tab	2/21/2013 20:56	20130221076940000 12226 E 1000 Sta. #10, Draper, UT 84020
3 Levitra 20mg orange tab	2/22/2013 8:38	20130222902840500 12226 E 1000 Sta. #10, Draper, UT 84020
5 Cialis 20mg yellow tab	2/23/2013 17:07	20130223496142600 12226 E 1000 Sta. #10, Draper, UT 84020
1 Ella 30mg white tab	2/24/2013 8:11	20130224578643100 12226 E 1000 Sta. #10, Draper, UT 84020
30 Cialis 20mg yellow tab	2/26/2013 9:57	20130226021146800 12226 E 1000 Sta. #10, Draper, UT 84020
10 Viagra 100mg blue tab	2/27/2013 16:37	20130227721149800 12226 E 1000 Sta. #10, Draper, UT 84020
3 Cialis 20mg yellow tab	2/27/2013 18:02	20130227030349900 12226 E 1000 Sta. #10, Draper, UT 84020
5 Viagra 100mg blue tab	2/27/2013 23:07	20130227515750500 12226 E 1000 Sta. #10, Draper, UT 84020
10 Viagra 100mg blue tab	3/3/2013 13:23	20130301103953700 12226 E 1000 Sta. #10, Draper, UT 84020
15 Viagra 100mg blue tab	3/3/2013 16:15	20130303418556000 12226 E 1000 Sta. #10, Draper, UT 84020
30 Viagra 100mg blue tab	3/4/2013 11:45	20130304818757600 12226 E 1000 Sta. #10, Draper, UT 84020
30 Cialis 20mg yellow tab	3/5/2013 8:20	20130305169059200 12226 E 1000 Sta. #10, Draper, UT 84020
20 Cialis 20mg yellow tab	3/5/2013 13:30	20130305395160400 12226 E 1000 Sta. #10, Draper, UT 84020
5 Viagra 100mg blue tab	3/7/2013 9:56	20130307133464300 12226 E 1000 Sta. #10, Draper, UT 84020
5 Viagra 100mg blue tab	3/7/2013 13:22	20130307527764800 12226 E 1000 Sta. #10, Draper, UT 84020
20 Viagra 100mg blue tab	3/8/2013 7:56	20130308211366100 12226 E 1000 Sta. #10, Draper, UT 84020
15 Cialis 20mg yellow tab	3/11/2013 18:25	20130311464971700 12226 E 1000 Sta. #10, Draper, UT 84020
20 Cialis 20mg yellow tab	3/13/2013 6:21	20130313629674900 12226 E 1000 Sta. #10, Draper, UT 84020
10 Viagra 100mg blue tab	3/13/2013 9:47	20130313778476400 12226 E 1000 Sta. #10, Draper, UT 84020
15 Cialis 20mg yellow tab	3/13/2013 10:12	20130313939676600 12226 E 1000 Sta. #10, Draper, UT 84020
5 Viagra 100mg blue tab	3/14/2013 7:48	20130314763080500 12226 E 1000 Sta. #10, Draper, UT 84020
3 Viagra 100mg blue tab	3/18/2013 17:42	20130318229487600 12226 E 1000 Sta. #10, Draper, UT 84020
5 Viagra 100mg blue tab	3/19/2013 16:34	20130319718839700 12226 E 1000 Sta. #10, Draper, UT 84020
3 Viagra 100mg blue tab	3/20/2013 8:02	20130320120430800 12226 E 1000 Sta. #10, Draper, UT 84020
10 Cialis 20mg yellow tab	3/20/2013 8:51	20130320569390900 12226 E 1000 Sta. #10, Draper, UT 84020
Chantix Continuous 56 1mg blue tab	3/21/2013 7:22	20130321462992900 12226 E 1000 Sta. #10, Draper, UT 84020
5 Viagra 100mg blue tab	3/21/2013 13:22	20130321380393700 12226 E 1000 Sta. #10, Draper, UT 84020
5 Cialis 20mg yellow tab	3/22/2013 10:42	20130322899395100 12226 E 1000 Sta. #10, Draper, UT 84020
30 Viagra 100mg blue tab	3/24/2013 15:23	20130324656997200 12226 E 1000 Sta. #10, Draper, UT 84020
1 Ella 30mg white tab	3/24/2013 23:20	20130324893397900 12226 E 1000 Sta. #10, Draper, UT 84020
30 Viagra 100mg blue tab	3/25/2013 6:05	20130325065398100 12226 E 1000 Sta. #10, Draper, UT 84020
10 Viagra 100mg blue tab	3/25/2013 15:31	20130325700899700 12226 E 1000 Sta. #10, Draper, UT 84020
1 Ella 30mg white tab	3/26/2013 17:17	20130326989802200 12226 E 1000 Sta. #10, Draper, UT 84020
10 Cialis 10mg yellow tab	3/27/2013 11:55	20130327228104700 12226 E 1000 Sta. #10, Draper, UT 84020

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15 Cialis 20mg yellow tab	3/27/2013 14:25	20130327150805540 12226 E 1000 Ste. #10, Draper, UT 84020
10 Cialis 20mg yellow tab	3/27/2013 16:09	20130327917005830 12226 E 1000 Ste. #10, Draper, UT 84020
3 Viagra 100mg blue tab	3/28/2013 4:58	20130328533440700 12226 E 1000 Ste. #10, Draper, UT 84020
3 Viagra 100mg blue tab	3/28/2013 5:05	20130328436507000 12226 E 1000 Ste. #10, Draper, UT 84020
20 Cialis 20mg yellow tab	3/28/2013 10:03	20130329081610780 12226 E 1000 Ste. #10, Draper, UT 84020
3 Viagra 100mg blue tab	3/28/2013 14:08	20130329393960650 12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	3/28/2013 17:18	20130329585880870 12226 E 1000 Ste. #10, Draper, UT 84020
5 Cialis 20mg yellow tab	3/29/2013 6:04	20130329616009920 12226 E 1000 Ste. #10, Draper, UT 84020
1 Ella 30mg white tab	3/29/2013 20:23	20130329948310030 12226 E 1000 Ste. #10, Draper, UT 84020
4 Staxyn 10mg white tab	3/30/2013 6:31	20130330482110050 12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	4/1/2013 10:36	20130401443312790 12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	4/1/2013 11:32	20130401050513310 12226 E 1000 Ste. #10, Draper, UT 84020
30 Cialis 20mg yellow tab	4/2/2013 12:18	20130402390415550 12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	4/3/2013 10:00	20130403812217310 12226 E 1000 Ste. #10, Draper, UT 84020
5 Viagra 100mg blue tab	4/3/2013 13:35	20130403446817790 12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	4/3/2013 13:41	20130403433317790 12226 E 1000 Ste. #10, Draper, UT 84020
3 Viagra 100mg blue tab	4/5/2013 13:16	20130405432021710 12226 E 1000 Ste. #10, Draper, UT 84020
Chantix Starter 53	4/7/2013 18:19	20130407867524110 12226 E 1000 Ste. #10, Draper, UT 84020
3 Cialis 20mg yellow tab	4/9/2013 0:59	20130409605526570 12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	4/11/2013 11:32	20130411780132200 12226 E 1000 Ste. #10, Draper, UT 84020
10 Levitra 20mg orange tab	4/12/2013 7:02	20130412354033100 12226 E 1000 Ste. #10, Draper, UT 84020
3 Cialis 20mg yellow tab	4/12/2013 7:51	20130412387083120 12226 E 1000 Ste. #10, Draper, UT 84020
5 Viagra 100mg blue tab	4/14/2013 11:02	20130414929535700 12226 E 1000 Ste. #10, Draper, UT 84020
10 Cialis 20mg yellow tab	4/14/2013 12:04	20130414448035900 12226 E 1000 Ste. #10, Draper, UT 84020
Chantix Starter 53	4/15/2013 6:21	20130415612537100 12226 E 1000 Ste. #10, Draper, UT 84020
20 Viagra 100mg blue tab	4/15/2013 8:39	20130415536130300 12226 E 1000 Ste. #10, Draper, UT 84020
20 Cialis 20mg yellow tab	4/15/2013 13:02	20130415631140300 12226 E 1000 Ste. #10, Draper, UT 84020
20 Cialis 20mg yellow tab	4/15/2013 13:03	20130415771544020 12226 E 1000 Ste. #10, Draper, UT 84020
10 Cialis 20mg yellow tab	4/15/2013 14:49	20130415018440700 12226 E 1000 Ste. #10, Draper, UT 84020
30 Viagra 100mg blue tab	4/16/2013 12:59	20130416768244000 12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	4/16/2013 14:40	20130416273944200 12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	4/18/2013 16:00	20130418429948400 12226 E 1000 Ste. #10, Draper, UT 84020
5 Cialis 20mg yellow tab	4/18/2013 17:46	20130418972648500 12226 E 1000 Ste. #10, Draper, UT 84020
1 Ella 30mg white tab	4/21/2013 15:08	20130421228251700 12226 E 1000 Ste. #10, Draper, UT 84020
15 Viagra 100mg blue tab	4/24/2013 4:11	20130424494056900 12226 E 1000 Ste. #10, Draper, UT 84020
30 Viagra 100mg blue tab	4/25/2013 5:49	20130425479959500 12226 E 1000 Ste. #10, Draper, UT 84020
1 Ella 30mg white tab	4/25/2013 11:38	20130425187560500 12226 E 1000 Ste. #10, Draper, UT 84020
5 Viagra 100mg blue tab	4/26/2013 8:21	20130426521461800 12226 E 1000 Ste. #10, Draper, UT 84020
1 Ella 30mg white tab	4/28/2013 5:55	20130428057563700 12226 E 1000 Ste. #10, Draper, UT 84020
10 Cialis 20mg yellow tab	4/28/2013 11:41	20130428340064000 12226 E 1000 Ste. #10, Draper, UT 84020
3 Viagra 100mg blue tab	4/29/2013 12:58	20130429584666540 12226 E 1000 Ste. #10, Draper, UT 84020
5 Viagra 100mg blue tab	4/30/2013 11:48	20130430076768500 12226 E 1000 Ste. #10, Draper, UT 84020
5 Viagra 100mg blue tab	4/30/2013 11:52	20130430533668500 12226 E 1000 Ste. #10, Draper, UT 84020
10 Cialis 20mg yellow tab	5/1/2013 0:31	20130501305169800 12226 E 1000 Ste. #10, Draper, UT 84020
3 Viagra 100mg blue tab	5/1/2013 14:44	20130501215771400 12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	5/1/2013 17:08	20130501319371500 12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	5/3/2013 4:21	20130503421274200 12226 E 1000 Ste. #10, Draper, UT 84020
3 Viagra 100mg blue tab	5/4/2013 4:57	20130504101975600 12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	5/4/2013 10:57	20130504950875900 12226 E 1000 Ste. #10, Draper, UT 84020
5 Levitra 20mg orange tab	5/6/2013 23:03	20130506934880700 12226 E 1000 Ste. #10, Draper, UT 84020
3 Viagra 100mg blue tab	5/8/2013 8:04	20130507123282600 12226 E 1000 Ste. #10, Draper, UT 84020
3 Cialis 20mg yellow tab	5/8/2013 8:04	20130507123282600 12226 E 1000 Ste. #10, Draper, UT 84020
4 Staxyn 10mg white tab	5/8/2013 8:04	20130507123282600 12226 E 1000 Ste. #10, Draper, UT 84020

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3 Viagra 100mg blue tab	5/7/2013 22:41	20130507836083.00 12226 E 1000 Ste. #10, Draper, UT 84020
20 Cialis 20mg yellow tab	5/8/2013 4:46	20130508868878320 12226 E 1000 Ste. #10, Draper, UT 84020
15 Levitra 20mg orange tab	5/8/2013 4:48	20130508868878320 12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	5/8/2013 8:13	20130508678983360 12226 E 1000 Ste. #10, Draper, UT 84020
20 Cialis 20mg yellow tab	5/8/2013 10:43	20130508436784400 12226 E 1000 Ste. #10, Draper, UT 84020
5 Cialis 20mg yellow tab	5/10/2013 13:02	20130510172188870 12226 E 1000 Ste. #10, Draper, UT 84020
5 Cialis 20mg yellow tab	5/10/2013 13:20	20130510454288870 12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	5/11/2013 10:37	20130511577989960 12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	5/14/2013 11:11	20130514504994430 12226 E 1000 Ste. #10, Draper, UT 84020
5 Cialis 20mg yellow tab	5/14/2013 12:33	20130514562894450 12226 E 1000 Ste. #10, Draper, UT 84020
30 Viagra 100mg blue tab	5/16/2013 10:01	20130516425501800 12226 E 1000 Ste. #10, Draper, UT 84020
3 Viagra 100mg blue tab	5/16/2013 15:10	20130516047702800 12226 E 1000 Ste. #10, Draper, UT 84020
30 Viagra 100mg blue tab	5/17/2013 6:33	20130517776003400 12226 E 1000 Ste. #10, Draper, UT 84020
30 Viagra 100mg blue tab	5/17/2013 12:01	20130517434703900 12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	5/19/2013 4:07	20130519355505500 12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	5/20/2013 16:36	20130520432708500 12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	5/21/2013 13:53	20130521170210700 12226 E 1000 Ste. #10, Draper, UT 84020
10 Cialis 20mg yellow tab	5/21/2013 17:25	20130521498011100 12226 E 1000 Ste. #10, Draper, UT 84020
Chantix Full Starter Regiment 165	5/22/2013 8:53	20130522786112500 12226 E 1000 Ste. #10, Draper, UT 84020
10 Cialis 20mg yellow tab	5/25/2013 15:20	20130525916817500 12226 E 1000 Ste. #10, Draper, UT 84020
30 Viagra 100mg blue tab	5/28/2013 11:13	20130528176421800 12226 E 1000 Ste. #10, Draper, UT 84020
30 Viagra 100mg blue tab	5/28/2013 12:29	20130528747912000 12226 E 1000 Ste. #10, Draper, UT 84020
5 Viagra 100mg blue tab	5/29/2013 9:01	20130529411624800 12226 E 1000 Ste. #10, Draper, UT 84020
20 Cialis 20mg yellow tab	5/29/2013 10:11	20130529625326700 12226 E 1000 Ste. #10, Draper, UT 84020
30 Viagra 100mg blue tab	5/29/2013 13:20	20130529188628900 12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	5/30/2013 12:58	20130530764932200 12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	5/31/2013 3:24	20130531774483000 12226 E 1000 Ste. #10, Draper, UT 84020
5 Viagra 100mg blue tab	6/3/2013 14:11	20130603309437600 12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	6/4/2013 7:22	20130604437638600 12226 E 1000 Ste. #10, Draper, UT 84020
3 Viagra 100mg blue tab	6/4/2013 11:32	20130604118539400 12226 E 1000 Ste. #10, Draper, UT 84020
5 Viagra 100mg blue tab	6/4/2013 14:23	20130604351539900 12226 E 1000 Ste. #10, Draper, UT 84020
Chantix Starter 53	6/7/2013 14:13	20130607202845400 1979 North State St Orem UT 84057
10 Viagra 100mg blue tab	6/7/2013 21:50	20130607378045900 12226 E 1000 Ste. #10, Draper, UT 84020
20 Cialis 20mg yellow tab	6/8/2013 8:41	20130608968846200 12226 E 1000 Ste. #10, Draper, UT 84020
3 Cialis 20mg yellow tab	6/9/2013 17:13	20130609129147500 12226 E 1000 Ste. #10, Draper, UT 84020
3 Viagra 100mg blue tab	6/9/2013 19:15	20130609995947600 12226 E 1000 Ste. #10, Draper, UT 84020
30 Viagra 100mg blue tab	6/10/2013 9:13	20130610090148400 12226 E 1000 Ste. #10, Draper, UT 84020
5 Viagra 100mg blue tab	6/10/2013 14:36	20130610438449100 12226 E 1000 Ste. #10, Draper, UT 84020
90 Propecia 1mg tan tab	6/11/2013 7:59	20130611236335300 12226 E 1000 Ste. #10, Draper, UT 84020
3 Cialis 20mg yellow tab	6/12/2013 9:04	20130612555453500 12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	6/12/2013 14:09	20130612091655200 12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	6/12/2013 18:14	20130612144756300 12226 E 1000 Ste. #10, Draper, UT 84020
5 Viagra 100mg blue tab	6/12/2013 20:32	20130612810556700 12226 E 1000 Ste. #10, Draper, UT 84020
3 Viagra 100mg blue tab	6/13/2013 10:41	20130613145957900 12226 E 1000 Ste. #10, Draper, UT 84020
5 Cialis 20mg yellow tab	6/14/2013 12:23	20130614885659500 12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	6/17/2013 8:31	20130617924762200 12226 E 1000 Ste. #10, Draper, UT 84020
10 Cialis 20mg yellow tab	6/17/2013 8:38	20130617903162300 12226 E 1000 Ste. #10, Draper, UT 84020
30 Cialis 5mg yellow tab	6/18/2013 5:01	20130618814564200 12226 E 1000 Ste. #10, Draper, UT 84020
15 Cialis 20mg yellow tab	6/18/2013 11:53	20130618495865500 12226 E 1000 Ste. #10, Draper, UT 84020
3 Cialis 20mg yellow tab	6/20/2013 5:35	20130620868465900 12226 E 1000 Ste. #10, Draper, UT 84020
30 Cialis 20mg yellow tab	6/21/2013 10:04	20130621554771500 12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	6/22/2013 2:34	20130622184697200 12226 E 1000 Ste. #10, Draper, UT 84020
4 Staxyn 10mg white tab	6/22/2013 9:41	20130622655273200 12226 E 1000 Ste. #10, Draper, UT 84020

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Chantix Starter 53	6/23/2013 17:17	20130623056974B0	12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	6/23/2013 21:39	20130623116375I0	12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	6/24/2013 16:37	20130624123877Z0	12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	6/24/2013 17:17	20130624459777Z0	12226 E 1000 Ste. #10, Draper, UT 84020
3 Cialis 20mg yellow tab	6/26/2013 0:47	20130626434280I0	12226 E 1000 Ste. #10, Draper, UT 84020
20 Cialis 20mg yellow tab	6/26/2013 9:11	20130626375833A0	12226 E 1000 Ste. #10, Draper, UT 84020
30 Cialis 20mg yellow tab	6/26/2013 10:21	20130626648081Z0	12226 E 1000 Ste. #10, Draper, UT 84020
10 Cialis 20mg yellow tab	6/26/2013 20:04	20130626426684Z0	12226 E 1000 Ste. #10, Draper, UT 84020
5 Viagra 100mg blue tab	6/28/2013 12:15	20130628836687B0	12226 E 1000 Ste. #10, Draper, UT 84020
1 Ella 30mg white tab	6/30/2013 19:31	20130630655589A0	12226 E 1000 Ste. #10, Draper, UT 84020
10 Cialis 20mg yellow tab	7/2/2013 8:48	20130702758793Z0	12226 E 1000 Ste. #10, Draper, UT 84020
3 Viagra 100mg blue tab	7/2/2013 15:15	20130702294394I0	12226 E 1000 Ste. #10, Draper, UT 84020
5 Cialis 20mg yellow tab	7/5/2013 12:02	20130705886697Z0	12226 E 1000 Ste. #10, Draper, UT 84020
30 Viagra 100mg blue tab	7/5/2013 13:39	20130705491297B0	12226 E 1000 Ste. #10, Draper, UT 84020
30 Cialis 5mg yellow tab	7/7/2013 18:42	20130707063200Z0	12226 E 1000 Ste. #10, Draper, UT 84020
5 Levitra 20mg orange tab	7/8/2013 8:22	20130708267101Z0	12226 E 1000 Ste. #10, Draper, UT 84020
30 Viagra 100mg blue tab	7/8/2013 8:44	20130708915601Z0	12226 E 1000 Ste. #10, Draper, UT 84020
5 Cialis 20mg yellow tab	7/8/2013 16:01	20130708561802S0	12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	7/10/2013 5:44	20130710442205Z0	12226 E 1000 Ste. #10, Draper, UT 84020
Chantix Continuous 112 1mg blue tab	7/10/2013 19:12	20130710815605B0	12226 E 1000 Ste. #10, Draper, UT 84020
30 Cialis 5mg yellow tab	7/10/2013 21:47	20130710515907I0	12226 E 1000 Ste. #10, Draper, UT 84020
30 Viagra 100mg blue tab	7/11/2013 10:19	20130711580108D0	12226 E 1000 Ste. #10, Draper, UT 84020
Chantix Continuous 56 1mg blue tab	7/11/2013 12:41	20130712996110D0	12226 E 1000 Ste. #10, Draper, UT 84020
15 Cialis 20mg yellow tab	7/14/2013 8:30	20130714136111S0	12226 E 1000 Ste. #10, Draper, UT 84020
1 Ella 30mg white tab	7/15/2013 7:09	20130715126012S0	12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	7/16/2013 12:58	20130716210017Z0	12226 E 1000 Ste. #10, Draper, UT 84020
10 Cialis 20mg yellow tab	7/16/2013 20:23	20130716426919I0	12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	7/18/2013 10:24	20130718710224Q	12226 E 1000 Ste. #10, Draper, UT 84020
15 Cialis 20mg yellow tab	7/21/2013 8:32	20130721278225S0	12226 E 1000 Ste. #10, Draper, UT 84020
3 Viagra 100mg blue tab	7/21/2013 15:01	20130721730026D0	12226 E 1000 Ste. #10, Draper, UT 84020
15 Viagra 100mg blue tab	7/23/2013 8:14	20130723648425I0	12226 E 1000 Ste. #10, Draper, UT 84020
1 Ella 30mg white tab	7/23/2013 8:29	20130723048029A0	12226 E 1000 Ste. #10, Draper, UT 84020
5 Viagra 100mg blue tab	7/23/2013 9:17	20130723503429G0	12226 E 1000 Ste. #10, Draper, UT 84020
3 Viagra 100mg blue tab	7/24/2013 5:24	20130724474931A0	12226 E 1000 Ste. #10, Draper, UT 84020
3 Cialis 20mg yellow tab	7/24/2013 18:01	20130724856732B0	12226 E 1000 Ste. #10, Draper, UT 84020
3 Viagra 100mg blue tab	7/25/2013 5:23	20130725236213A0	12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	7/25/2013 7:59	20130725349033T0	12226 E 1000 Ste. #10, Draper, UT 84020
20 Cialis 20mg yellow tab	7/25/2013 17:11	20130725493634B0	12226 E 1000 Ste. #10, Draper, UT 84020
3 Viagra 100mg blue tab	7/25/2013 19:58	20130725714234A0	12226 E 1000 Ste. #10, Draper, UT 84020
30 Cialis 20mg yellow tab	7/27/2013 7:06	20130727848336G0	12226 E 1000 Ste. #10, Draper, UT 84020
3 Viagra 100mg blue tab	7/29/2013 6:34	20130729847838B0	12226 E 1000 Ste. #10, Draper, UT 84020
30 Cialis 5mg yellow tab	7/30/2013 15:49	20130730321744I0	12226 E 1000 Ste. #10, Draper, UT 84020
3 Viagra 100mg blue tab	7/30/2013 21:13	20130730053745J0	12226 E 1000 Ste. #10, Draper, UT 84020
5 Viagra 100mg blue tab	7/31/2013 13:40	20130731844048T0	12226 E 1000 Ste. #10, Draper, UT 84020
5 Viagra 100mg blue tab	8/1/2013 7:04	20130801901447T0	12226 E 1000 Ste. #10, Draper, UT 84020
3 Viagra 100mg blue tab	8/1/2013 16:39	20130801454548B0	12226 E 1000 Ste. #10, Draper, UT 84020
30 Viagra 100mg blue tab	8/1/2013 19:31	20130801001749D0	12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	8/2/2013 10:29	20130802154749T0	12226 E 1000 Ste. #10, Draper, UT 84020
30 Viagra 100mg blue tab	8/5/2013 11:33	20130805440053J0	12226 E 1000 Ste. #10, Draper, UT 84020
Chantix Starter 53	8/5/2013 14:48	20130805136534I0	12226 E 1000 Ste. #10, Draper, UT 84020
1 Ella 30mg white tab	8/6/2013 7:46	20130806639455Z0	12226 E 1000 Ste. #10, Draper, UT 84020
30 Cialis 20mg yellow tab	8/6/2013 9:51	20130806719455S0	12226 E 1000 Ste. #10, Draper, UT 84020
3 Viagra 100mg blue tab	8/6/2013 16:29	20130806511654A0	12226 E 1000 Ste. #10, Draper, UT 84020

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5 Viagra 100mg blue tab	8/6/2013 20:23	20130806962156840	12226 E 1000 Sta. #10, Draper, UT 84020
30 Cialis 20mg yellow tab	8/7/2013 15:55	20130807222855880	12226 E 1000 Sta. #10, Draper, UT 84020
30 Viagra 100mg blue tab	8/7/2013 16:07	20130807017458840	12226 E 1000 Sta. #10, Draper, UT 84020
10 Viagra 100mg blue tab	8/7/2013 20:39	20130807267559110	12226 E 1000 Sta. #10, Draper, UT 84020
10 Viagra 100mg blue tab	8/8/2013 12:49	20130808333306040	12226 E 1000 Sta. #10, Draper, UT 84020
5 Cialis 10mg yellow tab	8/9/2013 13:52	20130809970162[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
30 Cialis 5mg yellow tab	8/9/2013 14:54	20130809085862[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
10 Viagra 100mg blue tab	8/10/2013 4:58	20130810216062[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
90 Propecia 1mg tan tab	8/10/2013 22:48	20130810870363[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
30 Cialis 20mg yellow tab	8/12/2013 20:17	20130812833766[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
10 Viagra 100mg blue tab	8/13/2013 7:10	20130813208967[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
5 Viagra 100mg blue tab	8/13/2013 8:14	20130813066868[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
3 Viagra 100mg blue tab	8/13/2013 14:33	20130813709970[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
90 Cialis 20mg yellow tab	8/14/2013 14:03	20130814170873[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
4 Staxyn 10mg white tab	8/14/2013 14:12	20130814481173[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
30 Cialis 20mg yellow tab	8/14/2013 15:36	20130814120973[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
Qhantix Continuous 56 1mg blue tab	8/19/2013 5:00	20130819345378[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
10 Viagra 100mg blue tab	8/19/2013 7:08	20130819030978[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
3 Cialis 20mg yellow tab	8/19/2013 9:03	20130819511179[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
10 Viagra 100mg blue tab	8/19/2013 9:58	20130819655979[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
10 Cialis 20mg yellow tab	8/19/2013 10:23	20130819256279[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
5 Levitra 20mg orange tab	8/19/2013 18:08	20130819115880[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
3 Viagra 100mg blue tab	8/19/2013 18:14	20130819154480[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
10 Viagra 100mg blue tab	8/22/2013 14:03	20130822854786[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
5 Cialis 20mg yellow tab	8/23/2013 4:17	20130823904687[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
10 Viagra 100mg blue tab	8/23/2013 6:25	20130823591587[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
10 Cialis 20mg yellow tab	8/23/2013 6:44	20130823660087[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
1 Ella 30mg white tab	8/25/2013 10:49	20130825026689[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
10 Viagra 100mg blue tab	8/25/2013 4:16	20130825002390[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
5 Viagra 100mg blue tab	8/26/2013 16:46	20130826499092[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
30 Viagra 100mg blue tab	8/27/2013 19:19	20130827632954[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
10 Viagra 100mg blue tab	8/28/2013 6:56	20130828028258[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
3 Cialis 20mg yellow tab	8/28/2013 19:52	20130828928997[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
5 Viagra 100mg blue tab	8/28/2013 20:37	20130828838973[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
10 Cialis 5mg yellow tab	8/28/2013 21:07	20130828856497[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
20 Cialis 20mg yellow tab	8/29/2013 7:58	20130829852697[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
3 Viagra 100mg blue tab	8/29/2013 14:48	20130829553599[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
30 Viagra 100mg blue tab	8/30/2013 13:13	20130830488706[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
30 Viagra 100mg blue tab	8/30/2013 20:53	20130830790000[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
3 Viagra 100mg blue tab	9/3/2013 8:42	20130901207501[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
3 Cialis 20mg yellow tab	9/3/2013 8:42	20130901207501[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
4 Staxyn 10mg white tab	9/3/2013 8:42	20130901207501[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
10 Viagra 100mg blue tab	9/3/2013 5:48	20130903485803[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
3 Viagra 100mg blue tab	9/3/2013 8:12	20130903405703[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
30 Viagra 100mg blue tab	9/3/2013 14:26	20130903737104[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
5 Viagra 100mg blue tab	9/4/2013 12:00	20130904942906[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
10 Cialis 20mg yellow tab	9/6/2013 11:38	20130906889810[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
3 Viagra 100mg blue tab	9/9/2013 8:29	20130908291911[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
3 Cialis 20mg yellow tab	9/9/2013 8:29	20130908291911[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
4 Staxyn 10mg white tab	9/9/2013 8:29	20130908291911[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
1 Ella 30mg white tab	9/8/2013 22:01	20130908214112[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
90Propecia 1mg tan tab	9/10/2013 7:20	20130910116716[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020
3 Viagra 100mg blue tab	9/10/2013 13:15	20130910257118[illegible]	12226 E 1000 Sta. #10, Draper, UT 84020

[redacted]

15 Cialis 20mg yellow tab	9/12/2013 7:34	20130912585222590 12226 E 1000 Ste. #10, Draper, UT 84020
30 Cialis 5mg yellow tab	9/14/2013 13:45	20130914483126890 12226 E 1000 Ste. #10, Draper, UT 84020
1 Ella 30mg white tab	9/15/2013 13:59	20130915055427760 12226 E 1000 Ste. #10, Draper, UT 84020
3 Viagra 100mg blue tab	9/15/2013 18:39	20130915585232800 12226 E 1000 Ste. #10, Draper, UT 84020
5 Viagra 100mg blue tab	9/19/2013 12:36	20130919177213510 12226 E 1000 Ste. #10, Draper, UT 84020
10 Cialis 20mg yellow tab	9/19/2013 13:12	20130919381995520 12226 E 1000 Ste. #10, Draper, UT 84020
30 Viagra 100mg blue tab	9/23/2013 8:33	20130923329942390 12226 E 1000 Ste. #10, Draper, UT 84020
30 Viagra 100mg blue tab	9/23/2013 8:58	20130923164042490 12226 E 1000 Ste. #10, Draper, UT 84020
5 Viagra 100mg blue tab	9/23/2013 13:27	20130923411443330 12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	9/23/2013 14:12	20130923222443490 12226 E 1000 Ste. #10, Draper, UT 84020
30 Cialis 20mg yellow tab	9/24/2013 10:38	20130924204446000 12226 E 1000 Ste. #10, Draper, UT 84020
5 Viagra 100mg blue tab	9/24/2013 11:44	20130924852046630 12226 E 1000 Ste. #10, Draper, UT 84020
15 Cialis 20mg yellow tab	9/24/2013 12:24	20130924777146550 12226 E 1000 Ste. #10, Draper, UT 84020
3 Viagra 100mg blue tab	9/24/2013 16:37	20130924952647770 12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	9/24/2013 19:51	20130924660248840 12226 E 1000 Ste. #10, Draper, UT 84020
10 Viagra 100mg blue tab	9/24/2013 20:58	20130924204948850 12226 E 1000 Ste. #10, Draper, UT 84020
20 Viagra 100mg blue tab	9/27/2013 11:22	20130927358052600 12226 E 1000 Ste. #10, Draper, UT 84020
4 Staxyn 10mg white tab	9/27/2013 11:28	20130927358052600 12226 E 1000 Ste. #10, Draper, UT 84020
3 Levitra 20mg orange tab	9/27/2013 11:30	20130927858052600 12226 E 1000 Ste. #10, Draper, UT 84020
1 Ella 30mg white tab	9/28/2013 10:48	20130928987253600 12226 E 1000 Ste. #10, Draper, UT 84020

XAVIER BECERRA
Attorney General of California
LINDA K. SCHNEIDER
Senior Assistant Attorney General
JOSHUA A. ROOM
Supervising Deputy Attorney General
State Bar No. 214663
455 Golden Gate Avenue, Suite 11000
San Francisco, CA 94102-7004
Telephone: (415) 703-1299
Facsimile: (415) 703-5480
Attorneys for Complainant

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **PCM VENTURE 1 LLC DBA KWIKMED** **Peter Ax, Member** **9836 S. Jordan Gateway** **Sandy, UT 84070** **Non-Resident Pharmacy Permit No. NRP 1593** **and** **PCM VENTURE 1 LLC DBA** **PCM VENTURE 1 LLC** **Peter Ax, Member** **5201 Green Street, Suite 255** **Murray, UT 84123** **Non-Resident Pharmacy Permit No. NRP 792** Respondents.	Case No. 5998 **ACCUSATION**

Complainant alleges:

PARTIES

1. Virginia Herold (Complainant) brings this Accusation solely in her official capacity as the Executive Officer of the Board of Pharmacy, Department of Consumer Affairs.

2. On or about May 10, 2016, the Board of Pharmacy issued Non-Resident Pharmacy Permit Number NRP 1593 to PCM Venture 1 LLC dba PCM Venture 1 LLC dba Kwikmed (Respondent Kwikmed). The records of the Board show that Peter Ax is and has been a member

and 100% shareholder since May 5, 2016. The Permit was in full force and effect at all times relevant to the charges herein and will expire on May 1, 2018, unless renewed.

3. On or about June 11, 2007, the Board of Pharmacy issued Non-Resident Pharmacy Permit Number NRP 792 to PCM Venture 1 LLC dba PCM Venture 1 LLC. (Respondent PCM). The records of the Board show that Peter Ax was a member and 100% shareholder from June 11, 2007 to May 17, 2016. The Permit was in full force and effect at all times relevant to the charges herein. The license was canceled on or about May 17, 2016.

JURISDICTION

4. This Accusation is brought before the Board of Pharmacy (Board), Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

5. Section 4011 of the Code provides that the Board shall administer and enforce both the Pharmacy Law [Bus. & Prof. Code, § 4000 et seq.] and the Uniform Controlled Substances Act [Health & Safety Code, § 11000 et seq.].

6. Section 4300(a) of the Code provides that every license issued by the Board may be suspended or revoked.

7. Section 4300.1 of the Code provides that the expiration, cancellation, forfeiture, or suspension of a Board-issued license, the placement of a license on a retired status, or the voluntary surrender of a license by a licensee, shall not deprive the Board of jurisdiction to commence or proceed with any investigation of, or action or disciplinary proceeding against, the licensee or to render a decision suspending or revoking the license.

STATUTORY AND REGULATORY PROVISIONS

8. Section 4301 of the Code provides, in pertinent part, that the Board shall take action against any holder of a license who is guilty of "unprofessional conduct," defined to include, but not be limited to, any of the following:

(j) The violation of any of the statutes of this state, of any other state, or of the United States regulating controlled substances and dangerous drugs.

///

(o) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of or conspiring to violate any provision or term of this chapter or of the applicable federal and state laws and regulations governing pharmacy, including regulations established by the board or by any other state or federal regulatory agency.

9. Section 4067, subdivision (a), of the Code provides, in pertinent part, that no person or entity shall dispense or furnish, or cause to be dispensed or furnished, dangerous drugs or dangerous devices, as defined in section 4022 of the Code, on the internet for delivery to any person in this state without a prescription issued pursuant to a good faith prior examination of a human or animal for whom the prescription is meant if the person or entity either knew or reasonably should have known that the prescription was not issued pursuant to a good faith prior examination of a human or animal, or if the person or entity did not act in accordance with California Code of Regulations, title 16, section 1761.

10. California Code of Regulations, title 16, section 1761, provides that no pharmacist shall compound or dispense any prescription which contains any significant error, omission, irregularity, uncertainty, ambiguity or alteration. Upon receipt of any such prescription, the pharmacist shall contact the prescriber to obtain information needed to validate the prescription. Even after conferring with the prescriber, a pharmacist shall not compound or dispense a controlled substance prescription where the pharmacist knows or has objective reason to know that said prescription was not issued for a legitimate medical purpose.

11. Section 125.3 of the Code provides, in pertinent part, that the Board may request the administrative law judge to direct a licentiate found to have committed a violation of the licensing act to pay a sum not to exceed its reasonable costs of investigation and enforcement.

DANGEROUS DRUGS

12. Section 4022 of the Code states, in pertinent part:

"'Dangerous drug' or 'dangerous device' means any drug or device unsafe for self use, except veterinary drugs that are labeled as such, and includes the following:

"(a) Any drug that bears the legend: 'Caution: federal law prohibits dispensing without prescription,' 'Rx only,' or words of similar import.

. . .

"(c) Any other drug or device that by federal or state law can be lawfully dispensed only on prescription or furnished pursuant to Section 4006."

13. **Viagra** is a brand name for **sildenafil**, a dangerous drug as designated by Business and Professions Code section 4022, intended as a treatment for erectile dysfunction.

14. **Cialis** is a brand name for **tadalafil**, a dangerous drug as designated by Business and Professions Code section 4022, intended as a treatment for erectile dysfunction.

FACTUAL SUMMARY

15. On or about February 23, 2012, Respondent PCM was the subject of Citation No. CI 2010 47703 issued under the authority of the Board. That citation alleged that Respondent PCM had dispensed 14,807 prescriptions for patients in California that were obtained over the internet, not issued pursuant to a good faith prior examination, and were pursuant to prescriptions written by physicians not licensed in California to treat California patients. Respondent PCM appealed the citation. A subsequent Stipulated Settlement was reached between Respondent PCM and the Executive Officer for the Board of Pharmacy whereby Respondent PCM withdrew its appeal, agreed to pay a fine, and agreed to the following order of abatement to be added to the citation:

"Henceforth and without limitation as to time:

(a) Neither Respondent, nor any owner of Respondent or Respondent's stock, nor any manager, administrator, member, officer, director, trustee, associate, or partner of Respondent, nor any other entity, individual, or group sharing ownership, management, administration, membership, officer(s), director(s), trustee(s), associate(s) or partner(s) with Respondent, shall furnish or dispense dangerous drugs or controlled substances to any person in California, or cause, aid, abet, or facilitate furnishing or dispensing of dangerous drugs or controlled substances to any person in California, except when all of the following conditions are met:

(1) The dangerous drug or controlled substance is dispensed or furnished pursuant to a valid, current prescription issued by a prescriber with a valid, current California license that authorizes issuance of a prescription for the drug in question to a California patient, as well as any federal registration that may be required by the prescription in question; and

(2) Respondent has complied with all federal and state laws and regulations pertaining to dispensing or furnishing of controlled substances and dangerous drugs.

(b) Any violation of these requirements shall be deemed unprofessional conduct and shall constitute cause for discipline against Respondent."

16. Between on or about December 10, 2012 and on or about May 3, 2016, Respondent Kwikmed and/or Respondent PCM, and/or Respondents, dispensed or furnished forty nine (49) prescriptions for patients in California that were written by physicians not licensed in California. Most of these prescriptions were written for **Viagra** or **Cialis** or their generic equivalents.

FIRST CAUSE FOR DISCIPLINE

(Dispensing or Furnishing Invalid Internet Prescriptions)

17. Respondents are subject to discipline under section 4301(j) and/or (o) of the Code, and/or section 4067(a) of the Code, and/or California Code of Regulations, title 16, section 1761, in that Respondents, as described in paragraph 16 above, dispensed or furnished, or caused to be dispensed or furnished, conspired to dispense or furnish, and/or assisted in or abetted dispensing or furnishing of, a dangerous drug, as defined in section 4022 of the Code, on the internet for delivery to any person in this state without a prescription issued pursuant to a good faith prior examination when Respondents either knew or reasonably should have known the prescription was not issued pursuant to a good faith prior examination, and/or Respondents dispensed or furnished, or cause to be dispensed or furnished, conspired to dispense or furnish, and/or assisted in or abetted dispensing or furnishing of, a prescription which contained a significant error, omission, irregularity, uncertainty, ambiguity or alteration.

SECOND CAUSE FOR DISCIPLINE

(Unprofessional Conduct)

18. Respondent is subject to discipline under section 4301 of the Code in that Respondent, as described in paragraphs 15 to 17 above, engaged in unprofessional conduct.

///

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Pharmacy issue a decision:

1. Revoking or suspending Non Resident Pharmacy Permit Number NRP 1593, issued to PCM Venture 1 LLC dba PCM Venture 1 LLC dba Kwikmed (Respondent Kwikmed);

2. Revoking or suspending Non Resident Pharmacy Permit Number NRP 792, issued to PCM Venture 1 LLC dba PCM Venture 1 LLC. (Respondent PCM);

3. Ordering Respondents to pay the Board the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3; and,

4. Taking such other and further action as is deemed necessary and proper.

DATED: 1/3/18

Virginia Herold

VIRGINIA HEROLD
Executive Officer
Board of Pharmacy
Department of Consumer Affairs
State of California
Complainant

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XAVIER BECERRA
Attorney General of California
LINDA K. SCHNEIDER
Senior Assistant Attorney General
JOSHUA A. ROOM
Supervising Deputy Attorney General
State Bar No. 214663
455 Golden Gate Avenue, Suite 11000
San Francisco, CA 94102-7004
Telephone: (415) 703-1299
Facsimile: (415) 703-5480
Attorneys for Complainant

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:	Case No. 5998
PCM VENTURE 1 LLC DBA KWIKMED	**STATEMENT TO RESPONDENT**
and	[Gov. Code §§ 11504, 11505(b)]
PCM VENTURE 1 LLC DBA PCM VENTURE 1 LLC	
Respondents.	

TO RESPONDENT:

Enclosed is a copy of the Accusation that has been filed with the Board of Pharmacy of the Department of Consumer Affairs (Board), and which is hereby served on you.

Unless a written request for a hearing signed by you or on your behalf is delivered or mailed to the Board, represented by Supervising Deputy Attorney General Joshua A. Room, within fifteen (15) days after a copy of the Accusation was personally served on you or mailed to you, you will be deemed to have waived your right to a hearing in this matter and the Board may proceed upon the Accusation without a hearing and may take action thereon as provided by law.

The request for hearing may be made by delivering or mailing one of the enclosed forms entitled "Notice of Defense," or by delivering or mailing a Notice of Defense as provided in section 11506 of the Government Code, to

Joshua A. Room
Supervising Deputy Attorney General
455 Golden Gate Avenue, Suite 11000
San Francisco, California 94102

You may, but need not, be represented by counsel at any or all stages of these proceedings.

The enclosed Notice of Defense, if signed and filed with the Board, shall be deemed a specific denial of all parts of the Accusation, but you will not be permitted to raise any objection to the form of the Accusation unless you file a further Notice of Defense as provided in section 11506 of the Government Code within fifteen (15) days after service of the Accusation on you.

If you file any Notice of Defense within the time permitted, a hearing will be held on the charges made in the Accusation.

The hearing may be postponed for good cause. If you have good cause, you are obliged to notify the Office of Administrative Hearings, 1515 Clay Street, Suite 206, Oakland, CA 94612, within ten (10) working days after you discover the good cause. Failure to notify the Office of Administrative Hearings within ten (10) days will deprive you of a postponement.

Copies of sections 11507.5, 11507.6, and 11507.7 of the Government Code are enclosed.

If you desire the names and addresses of witnesses or an opportunity to inspect and copy the items mentioned in section 11507.6 of the Government Code in the possession, custody or control of the Board you may send a Request for Discovery to the above designated Supervising Deputy Attorney General.

NOTICE REGARDING STIPULATED SETTLEMENTS

It may be possible to avoid the time, expense and uncertainties involved in an administrative hearing by disposing of this matter through a stipulated settlement. A stipulated settlement is a binding written agreement between you and the government regarding the matters charged and the discipline to be imposed. Such a stipulation would have to be approved by the Board of Pharmacy but, once approved, it would be incorporated into a final order.

Any stipulation must be consistent with the Board's established disciplinary guidelines; however, all matters in mitigation or aggravation will be considered. A copy of the Board's Disciplinary Guidelines will be provided to you on your written request to the state agency bringing this action.

If you are interested in pursuing this alternative to a formal administrative hearing, or if you have any questions, you or your attorney should contact Supervising Deputy Attorney General Joshua A. Room at the earliest opportunity.

Dated: January 23, 2018

XAVIER BECERRA
Attorney General of California
LINDA K. SCHNEIDER
Senior Assistant Attorney General

JOSHUA A. ROOM
Supervising Deputy Attorney General
Attorneys for Complainant

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BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **PCM VENTURE 1 LLC DBA KWIKMED** **and** **PCM VENTURE 1 LLC DBA** **PCM VENTURE 1 LLC** Respondents.	Case No. 5998 **NOTICE OF DEFENSE** [Gov. Code §§ 11505 and 11506]

I, the undersigned Respondent in the above-entitled proceeding, hereby acknowledge receipt of a copy of the Accusation; Statement to Respondent; Government Code sections 11507.5, 11507.6 and 11507.7, Complainant's Request for Discovery; and a Notice of Defense.

Date: _____
Respondent's Name: _____
Respondent's Signature: _____
Respondent's Address: _____
_____
Phone: _____
FAX: _____
E-mail _____

Check appropriate boxes:

☐ I hereby request a hearing to permit me to present my defense to Accusation.

☐ I wish to be considered for a stipulated settlement.

☐ I wish to surrender my license.

☐ I am represented by counsel, whose name, address and telephone number appear below:
Counsel's Name _____
Counsel's Mailing Address _____
_____
Phone: _____
FAX: _____
E-mail: _____

☐ I am not now represented by counsel. If and when counsel is retained, immediate notification of the attorney's name, address and telephone number will be filed with the Office of Administrative Hearing and a copy sent to counsel for Complainant so that counsel will be on record to receive legal notices, pleadings and other papers.

☐ I do not consent to electronic reporting.

The hearing in this case will be electronically reported/recorded, unless you check the above-left box to indicate that you do not consent to electronic recording, in which case the hearing will be reported by a stenographic reporter. If you do not check this box, you may withdraw your consent to electronic recording at any point up to fifteen (15) calendar days prior to the date set for hearing, by a written statement served on the Office of Administrative Hearings and on counsel for Complainant. If the box is not checked, and no written withdrawal of consent is served on the Office of Administrative Hearing and on counsel for Complainant by fifteen (15) calendar days prior to the hearing, you waive any right to stenographic reporting.

The agency taking the action described in the Accusation may have formulated guidelines to assist the administrative law judge in reaching an appropriate penalty. You may obtain a copy of the guidelines by requesting them from in writing from the agency.

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BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **PCM VENTURE 1 LLC DBA KWIKMED** **and** **PCM VENTURE 1 LLC DBA** **PCM VENTURE 1 LLC** Respondents.	Case No. 5998 **NOTICE OF DEFENSE** [Gov. Code §§ 11505 and 11506]

I, the undersigned Respondent in the above-entitled proceeding, hereby acknowledge receipt of a copy of the Accusation; Statement to Respondent; Government Code sections 11507.5, 11507.6 and 11507.7, Complainant's Request for Discovery; and a Notice of Defense.

Date: _____
Respondent's Name: _____
Respondent's Signature: _____
Respondent's Address: _____
_____
Phone: _____
FAX: _____
E-mail _____

Check appropriate boxes:

☐ I hereby request a hearing to permit me to present my defense to Accusation.

☐ I wish to be considered for a stipulated settlement.

☐ I wish to surrender my license.

☐ I am represented by counsel, whose name, address and telephone number appear below:
Counsel's Name _____
Counsel's Mailing Address _____
_____
Phone: _____
FAX: _____
E-mail: _____

☐ I am not now represented by counsel. If and when counsel is retained, immediate notification of the attorney's name, address and telephone number will be filed with the Office of Administrative Hearing and a copy sent to counsel for Complainant so that counsel will be on record to receive legal notices, pleadings and other papers.

☐ I do not consent to electronic reporting.

The hearing in this case will be electronically reported/recorded, unless you check the above-left box to indicate that you do not consent to electronic recording, in which case the hearing will be reported by a stenographic reporter. If you do not check this box, you may withdraw your consent to electronic recording at any point up to fifteen (15) calendar days prior to the date set for hearing, by a written statement served on the Office of Administrative Hearings and on counsel for Complainant. If the box is not checked, and no written withdrawal of consent is served on the Office of Administrative Hearing and on counsel for Complainant by fifteen (15) calendar days prior to the hearing, you waive any right to stenographic reporting.

The agency taking the action described in the Accusation may have formulated guidelines to assist the administrative law judge in reaching an appropriate penalty. You may obtain a copy of the guidelines by requesting them from in writing from the agency.

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XAVIER BECERRA
Attorney General of California
LINDA K. SCHNEIDER
Senior Assistant Attorney General
JOSHUA A. ROOM
Supervising Deputy Attorney General
State Bar No. 214663
455 Golden Gate Avenue, Suite 11000
San Francisco, CA 94102-7004
Telephone: (415) 703-1299
Facsimile: (415) 703-5480
Attorneys for Complainant

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:	Case No. 5998
PCM VENTURE 1 LLC DBA KWIKMED	**REQUEST FOR DISCOVERY**
and	
PCM VENTURE 1 LLC DBA PCM VENTURE 1 LLC	
Respondents.	

TO RESPONDENT:

Under section 11507.6 of the Government Code of the State of California, parties to an administrative hearing, including the Complainant, are entitled to certain information concerning the opposing party's case. A copy of the provisions of section 11507.6 of the Government Code concerning such rights is included among the papers served.

PURSUANT TO SECTION 11507.6 OF THE GOVERNMENT CODE, YOU ARE HEREBY REQUESTED TO:

1. Provide the names and addresses of witnesses to the extent known to the Respondent, including, but not limited to, those intended to be called to testify at the hearing, and

2. Provide an opportunity for the Complainant to inspect and make a copy of any of the following in the possession or custody or under control of the Respondent:

a. A statement of a person, other than the Respondent, named in the initial administrative pleading, or in any additional pleading, when it is claimed that

the act or omission of the Respondent as to this person is the basis for the administrative proceeding;

b. A statement pertaining to the subject matter of the proceeding made by any party to another party or persons;

c. Statements of witnesses then proposed to be called by the Respondent and of other persons having personal knowledge of the acts, omissions or events which are the basis for the proceeding, not included in (a) or (b) above;

d. All writings, including but not limited to reports of mental, physical and blood examinations and things which the Respondent now proposes to offer in evidence;

e. Any other writing or thing which is relevant and which would be admissible in evidence, including but not limited to, any patient or hospital records pertaining to the persons named in the pleading;

f. Investigative reports made by or on behalf of the Respondent pertaining to the subject matter of the proceeding, to the extent that these reports (1) contain the names and addresses of witnesses or of persons having personal knowledge of the acts, omissions or events which are the basis for the proceeding, or (2) reflect matters perceived by the investigator in the course of his or her investigation, or (3) contain or include by attachment any statement or writing described in (a) to (e), inclusive, or summary thereof.

IN ADDITION, if cost recovery is requested in the pleading prayer, provide all writings which will support any objection which may be made by the Respondent, to Respondent's payment of investigation and enforcement costs to the Board.

For the purpose of this Request for Discovery, "statements" include written statements by the person, signed, or otherwise authenticated by him or her, stenographic, mechanical, electrical or other recordings, or transcripts thereof, of oral statements by the person, and written reports or summaries of these oral statements.

YOU ARE HEREBY FURTHER NOTIFIED that nothing in this Request for Discovery should be deemed to authorize inspection or copying of any writing or thing which is privileged from disclosure by law or otherwise made confidential or protected as attorney's work product.

Your response to this Request for Discovery should be directed to the undersigned attorney for the Complainant at the address on the first page of this Request for Discovery within 30 days after service of the Accusation.

Failure without substantial justification to comply with this Request for Discovery may subject the Respondent to sanctions pursuant to sections 11507.7 and 11455.10 to 11455.30 of the Government Code.

Dated: January 23, 2018

XAVIER BECERRA
Attorney General of California
LINDA K. SCHNEIDER
Senior Assistant Attorney General

JOSHUA A. ROOM
Supervising Deputy Attorney General
Attorneys for Complainant

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COPY OF GOVERNMENT CODE SECTIONS 11507.5, 11507.6 AND 11507.7 PROVIDED PURSUANT TO GOVERNMENT CODE SECTIONS 11504 AND 11505

SECTION 11507.5: Exclusivity of discovery provisions

The provisions of Section 11507.6 provide the exclusive right to and method of discovery as to any proceeding governed by this chapter.

SECTION 11507.6: Request for discovery

After initiation of a proceeding in which a respondent or other party is entitled to a hearing on the merits, a party, upon written request made to another party, prior to the hearing and within 30 days after service by the agency of the initial pleading or within 15 days after the service of an additional pleading, is entitled to (1) obtain the names and addresses of witnesses to the extent known to the other party, including, but not limited to, those intended to be called to testify at the hearing, and (2) inspect and make a copy of any of the following in the possession or custody or under the control of the other party:

(a) A statement of a person, other than the respondent, named in the initial administrative pleading, or in any additional pleading, when it is claimed that the act or omission of the respondent as to this person is the basis for the administrative proceeding;

(b) A statement pertaining to the subject matter of the proceeding made by any party to another party or person;

(c) Statements of witnesses then proposed to be called by the party and of other persons having personal knowledge of the acts, omissions or events which are the basis for the proceeding, not included in (a) or (b) above;

(d) All writings, including, but not limited to, reports of mental, physical and blood examinations and things which the party then proposes to offer in evidence;

(e) Any other writing or thing which is relevant and which would be admissible in evidence;

(f) Investigative reports made by or on behalf of the agency or other party pertaining to the subject matter of the proceeding, to the extent that these reports (1) contain the names and addresses of witnesses or of persons having personal knowledge of the acts, omissions or events which are the basis for the proceeding, or (2) reflect matters perceived by the investigator in the course of his or her investigation, or (3) contain or include by attachment any statement or writing described in (a) to (e), inclusive, or summary thereof.

For the purpose of this section, "statements" include written statements by the person signed or otherwise authenticated by him or her, stenographic, mechanical, electrical or other recordings, or transcripts thereof, of oral statements by the person, and written reports or summaries of these oral statements.

Nothing in this section shall authorize the inspection or copying of any writing or thing which is privileged from disclosure by law or otherwise made confidential or protected as the attorney's work product.

SECTION 11507.7: Petition to compel discovery; Order; Sanctions

(a) Any party claiming the party's request for discovery pursuant to Section 11507.6 has not been complied with may serve and file with the administrative law judge a motion to compel discovery, naming as respondent the party refusing or failing to comply with Section 11507.6. The motion shall state facts showing the respondent party failed or refused to comply with Section 11507.6, a description of the matters sought to be discovered, the reason or reasons why the matter is discoverable under that section, that a reasonable and good faith attempt to contact the respondent for an informal resolution of the issue has been made, and the ground or grounds of respondent's refusal so far as known to the moving party.

(b) The motion shall be served upon respondent party and filed within 15 days after the respondent party first evidenced failure or refusal to comply with Section 11507.6 or within 30 days after request was made and the party has failed to reply to the request, or within another time provided by stipulation, whichever period is longer.

(c) The hearing on the motion to compel discovery shall be held within 15 days after the motion is made, or a later time that the administrative law judge may on the judge's own motion for good cause determine. The respondent party shall have the right to serve and file a written answer or other response to the motion before or at the time of the hearing.

(d) Where the matter sought to be discovered is under the custody or control of the respondent party and the respondent party asserts that the matter is not a discoverable matter under the provisions of Section 11507.6, or is privileged against disclosure under those provisions, the administrative law judge may order lodged with it matters provided in subdivision (b) of Section 915 of the Evidence Code and examine the matters in accordance with its provisions.

(e) The administrative law judge shall decide the case on the matters examined in camera, the papers filed by the parties, and such oral argument and additional evidence as the administrative law judge may allow.

(f) Unless otherwise stipulated by the parties, the administrative law judge shall no later than 15 days after the hearing make its order denying or granting the motion. The order shall be in writing setting forth the matters the moving party is entitled to discover under Section 11507.6. A copy of the order shall forthwith be served by mail by the administrative law judge upon the parties. Where the order grants the motion in whole or in part, the order shall not become effective until 10 days after the date the order is served. Where the order denies relief to the moving party, the order shall be effective on the date it is served.

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DECLARATION OF SERVICE BY CERTIFIED MAIL

In the Matter of the Accusation Against: ***PCM Venture 1 LLC dba Kwikmed, et al.***
Case No. **5998**

I declare:

I am employed in the Office of the Attorney General, which is the office of a member of the California State Bar at which member's direction this service is made. I am 18 years of age or older and not a party to this matter. I am familiar with the business practice at the Office of the Attorney General for collection and processing of correspondence for mailing with the United States Postal Service. In accordance with that practice, correspondence placed in the internal mail collection system at the Office of the Attorney General is deposited with the United States Postal Service with postage thereon fully prepaid that same day in the ordinary course of business.

On January 23, 2018, I served the attached **Accusation, Statement to Respondent, Request for Discovery, Notice of Defense (2) and Discovery Statute** by placing a true copy thereof enclosed in a sealed envelope as certified mail and return receipt requested, in the internal mail collection system at the Office of the Attorney General at 455 Golden Gate Avenue, Suite 11000, San Francisco, CA 94102-7004, addressed as follows:

PCM Venture 1 LLC dba Kwikmed
Peter Ax, Member
9836 S. Jordan Gateway
Sandy, UT 84070

Certified Article Number
7196 9008 9111 1583 7750
SENDERS RECORD

PCM Venture 1 LLC dba
PCM Venture 1 LLC
Peter Ax, Member
5201 Green Street, Suite 255
Murray, Utah 84123

Certified Article Number
7196 9008 9111 1583 7743
SENDERS RECORD

I declare under penalty of perjury under the law of the State of California the foregoing is true and correct and that this declaration was executed on January 23, 2018, at San Francisco, California.

FE M. DOMINGO
Declarant

FM Domingo
Signature

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California State Board of Pharmacy
1625 N. Market Blvd, N219
Sacramento, CA 95834
Phone: (916) 574-7900 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

February 5, 2019

CERTIFIED MAIL

PCM Venture 1 LLC dba KwikMed
Peter Ax, Member
9836 S. Jordan Gateway
Sandy, UT 84070

RE: PCM Venture 1 LLC dba KwikMed, NRP 1593
PCM Venture 1 LLC dba PCM Venture 1 LLC, NRP 792
Administrative Case No. 5998

Dear Mr. Ax

Attached is the Decision and Order of the Board of Pharmacy (Board) regarding the above-referenced matter. Your attention is directed to page 4 of the Stipulated Settlement and Disciplinary Order.

Effective at 5:00 p.m. on March 7, 2019, Non-Resident Pharmacy Permit No. NRP 1593 issued to PCM Venture 1 LLC dba KwikMed and Non-Resident Pharmacy Permit No. NRP 792 issued to PCM Venture 1 LLC dba PCM Venture 1 LLC, shall be subject to a public reproval. The Respondents are jointly and severally liable for and responsible to pay a civil penalty in the amount of $275,000.00 to the Board. If you fail to pay the full civil penalty as ordered, Respondent(s) will not be allowed to renew their pharmacy permit and subject to further license discipline.

If you wish to file a petition for reconsideration pursuant to Government Code section 11521, the petition must be received prior to the effective date of the decision. However, please be aware the Board needs approximately five days to process a petition for reconsideration. Attached is a copy of the Government Code section for your review. **Please note that reconsideration is NOT available to you if you entered into a stipulated settlement with the Board.**

If you have any questions concerning this matter, you may contact Raymond Flores, Administrative Case Analyst, at (916) 574-7731.

Sincerely,

Anne Sodergren
Interim Executive Officer

By Susan Cappello

Susan Cappello
Enforcement Manager

Enclosure

cc: Joshua A Room, SDAG
Alan Castillo, Esq.

DECLARATION OF SERVICE BY CERTIFIED MAIL

RE: PCM Venture 1 LLC dba KwikMed; NRP 1593
PCM Venture 1 LLC dba PCM Venture 1 LLC, NRP 792
Case No. 5998

I am over 18 years of age, and not a party to the within cause; my business address is 1625 N. Market Blvd, Suite N 219, Sacramento, California 95834. I served a copy of the:

LETTER AND DECISION

on each of the following, by placing same in an envelope(s) addressed as follows:

NAME	CERTIFIED NO.
PCM Venture 1 LLC dba KwikMed Peter Ax, Member 9836 S. Jordan Gateway Sandy, UT 84070	7017 2620 0001 1136 9196
Alan Castillo, Esq. SoCal Law Network 23152 Verdugo Drive, Suite 201 Laguna Hills, CA 92653	7017 2620 0001 1136 9202

and that said envelope was then sealed and deposited and certified in the United States Post Office at Sacramento, California, on February 5, 2019, as certified mail with postage fully prepaid thereon and return receipt service by United States mail between the place of mailing and the place so addressed.

I declare under penalty of perjury that the foregoing is true and correct. Executed on February 5, 2019, at Sacramento, California.

Raymond Flores

Raymond Flores, Administrative Case Analyst

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **PCM VENTURE 1 LLC DBA KWIKMED** **Peter Ax, Member** **9836 S. Jordan Gateway** **Sandy, UT 84070** **Non-Resident Pharmacy Permit No. NRP 1593** **and** **PCM VENTURE 1 LLC DBA** **PCM VENTURE 1 LLC** **Peter Ax, Member** **5201 Green Street, Suite 255** **Murray, UT 84123** **Non-Resident Pharmacy Permit No. NRP 792** **Respondents.**	Case No. 5998 OAH No. 2018090429 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER FOR PUBLIC REPROVAL** **[Bus. & Prof. Code § 495]**

The attached Stipulated Settlement and Disciplinary Order for Public Reproval is hereby adopted by the Board of Pharmacy, Department of Consumer Affairs, as its Decision in this matter.

This Decision shall become effective at 5:00 p.m. on March 7, 2019.

It is so ORDERED on February 5, 2019.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA



By

Victor Law, R.Ph.
Board President

XAVIER BECERRA
Attorney General of California
LINDA K. SCHNEIDER
Senior Assistant Attorney General
JOSHUA A. ROOM
Supervising Deputy Attorney General
State Bar No. 214663
455 Golden Gate Avenue, Suite 11000
San Francisco, CA 94102-7004
Telephone: (415) 510-3512
Facsimile: (415) 703-5480
Attorneys for Complainant

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **PCM VENTURE 1 LLC DBA KWIKMED** **Peter Ax, Member** **9836 S. Jordan Gateway** **Sandy, UT 84070** **Non-Resident Pharmacy Permit No. NRP 1593** **and** **PCM VENTURE 1 LLC DBA** **PCM VENTURE 1 LLC** **Peter Ax, Member** **5201 Green Street, Suite 255** **Murray, UT 84123** **Non-Resident Pharmacy Permit No. NRP 792** Respondents.	Case No. 5998 OAH No. 2018090429 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER FOR PUBLIC REPROVAL** **[Bus. & Prof. Code § 495]**

In the interest of a prompt and speedy settlement of this matter, consistent with the public interest and responsibilities of the Board of Pharmacy, Department of Consumer Affairs, the parties hereby agree to the following Stipulated Settlement and Disciplinary Order for Public Reproval to be submitted to the Board for approval as the final disposition of the Accusation.

PARTIES

1. Virginia Herold (Complainant) is the Executive Officer of the Board of Pharmacy (Board). She brought this action solely in her official capacity and is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Joshua A. Room, Supervising Deputy Attorney General.

2. PCM Venture 1 LLC dba Quikmed and PCM Venture 1 LLC dba PCM Venture 1 LLC (Respondents) are represented in this proceeding by attorney Alan Castillo, Esq., whose address is: The SoCal Law Network, 23152 Verdugo Drive, Suite 201, Laguna Hills, CA 92653.

JURISDICTION

3. On or about May 10, 2016, the Board of Pharmacy issued Non-Resident Pharmacy Permit Number NRP 1593 to PCM Venture 1 LLC dba Kwikmed. The Permit was in full force and effect at all times relevant to the charges in Accusation No. 5998 and will expire on May 1, 2019, unless renewed. On or about June 11, 2007, the Board of Pharmacy issued Non-Resident Pharmacy Permit Number NRP 792 to PCM Venture 1 LLC dba PCM Venture 1 LLC. The Permit was in full force and effect at all times relevant to the charges in Accusation No. 5998. The Permit was canceled on or about May 17, 2016.

4. Accusation No. 5998 was filed before the Board and is currently pending against Respondents. The Accusation and all other statutorily required documents were properly served on Respondents on January 23, 2018. Respondents timely filed a Notice of Defense. A copy of Accusation No. 5998 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

5. Respondents have carefully read, fully discussed with counsel, and understand the charges and allegations in Accusation No. 5998. Respondents have also carefully read, fully discussed with counsel, and understand the effects of this Stipulated Settlement and Disciplinary Order for Public Reproval.

6. Respondents are fully aware of their legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to be represented by counsel at their own expense; the right to confront and cross-examine the witnesses against them; the right

to present evidence and to testify on their own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

7. Respondents voluntarily, knowingly, and intelligently waive and give up each and every right set forth above.

CULPABILITY

8. Respondents admit the truth of each and every charge and allegation in Accusation No. 5998. Respondents agree that Non Resident Pharmacy Permit No. NRP 1593 and Non Resident Pharmacy Permit No. 792 are each and severally subject to discipline and they agree to be bound by the Disciplinary Order below.

RESERVATION

9. The admissions made by Respondent herein are only for the purposes of this proceeding, or any other proceedings in which the Board or other professional licensing agency is involved, and shall not be admissible in any other criminal or civil proceeding.

MITIGATING FACTS

10. Respondents have acknowledged and accepted full responsibility for the errors that led to the filling of these prescriptions, and have taken steps to prevent any recurrence.

CONTINGENCY

11. This stipulation shall be subject to approval by the Board of Pharmacy. Respondent understands and agrees that counsel for Complainant and the staff of the Board may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or its counsel. By signing the stipulation, Respondent understands and agrees that they may not withdraw its agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order for Public Reproval shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

12. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this stipulation, including Portable Document Format (PDF) and facsimile signatures thereto, shall have the same force and effect as the originals.

13. This Stipulated Settlement and Disciplinary Order for Public Reproval is intended by the parties to be an integrated writing representing the complete, final, and exclusive embodiment of their agreement. It supersedes any and all prior or contemporaneous agreements, understandings, discussions, negotiations, and commitments (written or oral). This Stipulated Settlement and Disciplinary Order for Public Reproval may not be altered, amended, modified, supplemented, or otherwise changed except by a writing executed by an authorized representative of each of the parties.

14. In consideration of the foregoing, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Non Resident Pharmacy Permit No. NRP 1593 and Non Resident Pharmacy Permit No. NRP 792, issued to Respondents, shall be publicly reproved by the Board of Pharmacy under Business and Professions Code section 495 in resolution of Accusation No. 5998, attached as exhibit A.

Civil Penalty. Respondents shall be jointly and severally liable for and responsible for paying to the Board a civil penalty of $275,000.00, with the full amount of the civil penalty due and payable within one (1) year of the effective date of this decision. Failure to timely pay the civil penalty in full shall be considered unprofessional conduct and shall subject Respondents to further license discipline. In addition, if Respondents fail to make full payment within one (1) year, Respondents shall not be allowed to renew any existing license or receive any new license until Respondents have made payment in full.

Respondent understands and agrees that this civil penalty is an administrative fine pursuant to 11 U.S.C. § 523(a)(7), and as such is not dischargeable in bankruptcy.

///

ACCEPTANCE

I am authorized to sign on behalf of Respondent PCM Venture 1 LLC dba Kwikmed. I have carefully read the above Stipulated Settlement and Disciplinary Order for Public Reproval and have fully discussed it with my attorney, Alan Castillo. I understand the stipulation and the effect it will have on my Non Resident Pharmacy Permit. I enter into this Stipulated Settlement and Disciplinary Order for Public Reproval voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board of Pharmacy.

DATED: _____

Peter Ax, Member, for
PCM VENTURE 1 LLC dba KWIKMED
Respondent

I am authorized to sign on behalf of Respondent PCM Venture 1 LLC dba PCM Venture 1 LLC. I have carefully read the above Stipulated Settlement and Disciplinary Order for Public Reproval and have fully discussed it with my attorney, Alan Castillo. I understand the stipulation and the effect it will have on my Non Resident Pharmacy Permit. I enter into this Stipulated Settlement and Disciplinary Order for Public Reproval voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board of Pharmacy.

DATED: _____

Peter Ax, Member, for
PCM VENTURE 1 LLC dba PCM VENTURE 1 LLC
Respondent

I have read and fully discussed with representatives for Respondents the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order for Public Reproval. I approve its form and content.

DATED: _____

ALAN CASTILLO, ESQ.
The SoCal Law Network
Attorneys for Respondents

ACCEPTANCE

I am authorized to sign on behalf of Respondent PCM Venture I, LLC (the Respondent). I have carefully read the above Stipulated Settlement and Disciplinary Order for Public Reproval and have fully discussed it with my attorney, Alan Cash. I understand the stipulation and the effect it will have on my Non Resident Pharmacy Permit. I enter into this Stipulated Settlement and Disciplinary Order for Public Reproval voluntarily, knowingly, and intelligently and agree to be bound by the Decision and Order of the Board of Pharmacy.

DATED: 12/27/18

Peter Ax, Member
PCM VENTURE I, LLC
Respondent

I am authorized to sign on behalf of Respondent PCM Venture I, LLC (the Respondent). I have carefully read the above Stipulated Settlement and Disciplinary Order for Public Reproval and have fully discussed it with my attorney, Alan Cash. I understand the stipulation and the effect it will have on my Non Resident Pharmacy Permit. I enter into this Stipulated Settlement and Disciplinary Order for Public Reproval voluntarily, knowingly, and intelligently and agree to be bound by the Decision and Order of the Board of Pharmacy.

DATED: 12/27/18

Peter Ax, Member
PCM VENTURE I, LLC
Respondent

I have read and fully discussed with Respondent Peter Ax, Member, PCM Venture I, LLC the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order for Public Reproval. I approve its form and content.

DATED: 12/27/2018

ALAN CASH
The SoCal Law

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order for Public Reproval is hereby respectfully submitted for consideration by the Board of Pharmacy of the Department of Consumer Affairs.

Dated: 1/8/19

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
LINDA K. SCHNEIDER
Senior Assistant Attorney General

JOSHUA A. ROOM
Supervising Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 5998

XAVIER BECERRA
Attorney General of California
LINDA K. SCHNEIDER
Senior Assistant Attorney General
JOSHUA A. ROOM
Supervising Deputy Attorney General
State Bar No. 214663
455 Golden Gate Avenue, Suite 11000
San Francisco, CA 94102-7004
Telephone: (415) 703-1299
Facsimile: (415) 703-5480
Attorneys for Complainant

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **PCM VENTURE 1 LLC DBA KWIKMED** **Peter Ax, Member** **9836 S. Jordan Gateway** **Sandy, UT 84070** **Non-Resident Pharmacy Permit No. NRP 1593** **and** **PCM VENTURE 1 LLC DBA** **PCM VENTURE 1 LLC** **Peter Ax, Member** **5201 Green Street, Suite 255** **Murray, UT 84123** **Non-Resident Pharmacy Permit No. NRP 792** Respondents.	Case No. 5998 **ACCUSATION**

Complainant alleges:

PARTIES

1. Virginia Herold (Complainant) brings this Accusation solely in her official capacity as the Executive Officer of the Board of Pharmacy, Department of Consumer Affairs.

2. On or about May 10, 2016, the Board of Pharmacy issued Non-Resident Pharmacy Permit Number NRP 1593 to PCM Venture 1 LLC dba PCM Venture 1 LLC dba Kwikmed (Respondent Kwikmed). The records of the Board show that Peter Ax is and has been a member

and 100% shareholder since May 5, 2016. The Permit was in full force and effect at all times relevant to the charges herein and will expire on May 1, 2018, unless renewed.

3. On or about June 11, 2007, the Board of Pharmacy issued Non-Resident Pharmacy Permit Number NRP 792 to PCM Venture 1 LLC dba PCM Venture 1 LLC. (Respondent PCM). The records of the Board show that Peter Ax was a member and 100% shareholder from June 11, 2007 to May 17, 2016. The Permit was in full force and effect at all times relevant to the charges herein. The license was canceled on or about May 17, 2016.

JURISDICTION

4. This Accusation is brought before the Board of Pharmacy (Board), Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

5. Section 4011 of the Code provides that the Board shall administer and enforce both the Pharmacy Law [Bus. & Prof. Code, § 4000 et seq.] and the Uniform Controlled Substances Act [Health & Safety Code, § 11000 et seq.].

6. Section 4300(a) of the Code provides that every license issued by the Board may be suspended or revoked.

7. Section 4300.1 of the Code provides that the expiration, cancellation, forfeiture, or suspension of a Board-issued license, the placement of a license on a retired status, or the voluntary surrender of a license by a licensee, shall not deprive the Board of jurisdiction to commence or proceed with any investigation of, or action or disciplinary proceeding against, the licensee or to render a decision suspending or revoking the license.

STATUTORY AND REGULATORY PROVISIONS

8. Section 4301 of the Code provides, in pertinent part, that the Board shall take action against any holder of a license who is guilty of "unprofessional conduct," defined to include, but not be limited to, any of the following:

(j) The violation of any of the statutes of this state, of any other state, or of the United States regulating controlled substances and dangerous drugs.

///

(o) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of or conspiring to violate any provision or term of this chapter or of the applicable federal and state laws and regulations governing pharmacy, including regulations established by the board or by any other state or federal regulatory agency.

9. Section 4067, subdivision (a), of the Code provides, in pertinent part, that no person or entity shall dispense or furnish, or cause to be dispensed or furnished, dangerous drugs or dangerous devices, as defined in section 4022 of the Code, on the internet for delivery to any person in this state without a prescription issued pursuant to a good faith prior examination of a human or animal for whom the prescription is meant if the person or entity either knew or reasonably should have known that the prescription was not issued pursuant to a good faith prior examination of a human or animal, or if the person or entity did not act in accordance with California Code of Regulations, title 16, section 1761.

10. California Code of Regulations, title 16, section 1761, provides that no pharmacist shall compound or dispense any prescription which contains any significant error, omission, irregularity, uncertainty, ambiguity or alteration. Upon receipt of any such prescription, the pharmacist shall contact the prescriber to obtain information needed to validate the prescription. Even after conferring with the prescriber, a pharmacist shall not compound or dispense a controlled substance prescription where the pharmacist knows or has objective reason to know that said prescription was not issued for a legitimate medical purpose.

11. Section 125.3 of the Code provides, in pertinent part, that the Board may request the administrative law judge to direct a licentiate found to have committed a violation of the licensing act to pay a sum not to exceed its reasonable costs of investigation and enforcement.

DANGEROUS DRUGS

12. Section 4022 of the Code states, in pertinent part:

"'Dangerous drug' or 'dangerous device' means any drug or device unsafe for self use, except veterinary drugs that are labeled as such, and includes the following:

"(a) Any drug that bears the legend: 'Caution: federal law prohibits dispensing without prescription,' 'Rx only,' or words of similar import.

. . .

"(c) Any other drug or device that by federal or state law can be lawfully dispensed only on prescription or furnished pursuant to Section 4006."

13. **Viagra** is a brand name for **sildenafil**, a dangerous drug as designated by Business and Professions Code section 4022, intended as a treatment for erectile dysfunction.

14. **Cialis** is a brand name for **tadalafil**, a dangerous drug as designated by Business and Professions Code section 4022, intended as a treatment for erectile dysfunction.

FACTUAL SUMMARY

15. On or about February 23, 2012, Respondent PCM was the subject of Citation No. CI 2010 47703 issued under the authority of the Board. That citation alleged that Respondent PCM had dispensed 14,807 prescriptions for patients in California that were obtained over the internet, not issued pursuant to a good faith prior examination, and were pursuant to prescriptions written by physicians not licensed in California to treat California patients. Respondent PCM appealed the citation. A subsequent Stipulated Settlement was reached between Respondent PCM and the Executive Officer for the Board of Pharmacy whereby Respondent PCM withdrew its appeal, agreed to pay a fine, and agreed to the following order of abatement to be added to the citation:

"Henceforth and without limitation as to time:

(a) Neither Respondent, nor any owner of Respondent or Respondent's stock, nor any manager, administrator, member, officer, director, trustee, associate, or partner of Respondent, nor any other entity, individual, or group sharing ownership, management, administration, membership, officer(s), director(s), trustee(s), associate(s) or partner(s) with Respondent, shall furnish or dispense dangerous drugs or controlled substances to any person in California, or cause, aid, abet, or facilitate furnishing or dispensing of dangerous drugs or controlled substances to any person in California, except when all of the following conditions are met:

(1) The dangerous drug or controlled substance is dispensed or furnished pursuant to a valid, current prescription issued by a prescriber with a valid, current California license that authorizes issuance of a prescription for the drug in question to a California patient, as well as any federal registration that may be required by the prescription in question; and

(2) Respondent has complied with all federal and state laws and regulations pertaining to dispensing or furnishing of controlled substances and dangerous drugs.

(b) Any violation of these requirements shall be deemed unprofessional conduct and shall constitute cause for discipline against Respondent."

16. Between on or about December 10, 2012 and on or about May 3, 2016, Respondent Kwikmed and/or Respondent PCM, and/or Respondents, dispensed or furnished forty nine (49) prescriptions for patients in California that were written by physicians not licensed in California. Most of these prescriptions were written for **Viagra** or **Cialis** or their generic equivalents.

FIRST CAUSE FOR DISCIPLINE

(Dispensing or Furnishing Invalid Internet Prescriptions)

17. Respondents are subject to discipline under section 4301(j) and/or (o) of the Code, and/or section 4067(a) of the Code, and/or California Code of Regulations, title 16, section 1761, in that Respondents, as described in paragraph 16 above, dispensed or furnished, or caused to be dispensed or furnished, conspired to dispense or furnish, and/or assisted in or abetted dispensing or furnishing of, a dangerous drug, as defined in section 4022 of the Code, on the internet for delivery to any person in this state without a prescription issued pursuant to a good faith prior examination when Respondents either knew or reasonably should have known the prescription was not issued pursuant to a good faith prior examination, and/or Respondents dispensed or furnished, or cause to be dispensed or furnished, conspired to dispense or furnish, and/or assisted in or abetted dispensing or furnishing of, a prescription which contained a significant error, omission, irregularity, uncertainty, ambiguity or alteration.

SECOND CAUSE FOR DISCIPLINE

(Unprofessional Conduct)

18. Respondent is subject to discipline under section 4301 of the Code in that Respondent, as described in paragraphs 15 to 17 above, engaged in unprofessional conduct.

///

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Pharmacy issue a decision:

1. Revoking or suspending Non Resident Pharmacy Permit Number NRP 1593, issued to PCM Venture 1 LLC dba PCM Venture 1 LLC dba Kwikmed (Respondent Kwikmed);

2. Revoking or suspending Non Resident Pharmacy Permit Number NRP 792, issued to PCM Venture 1 LLC dba PCM Venture 1 LLC. (Respondent PCM);

3. Ordering Respondents to pay the Board the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3; and,

4. Taking such other and further action as is deemed necessary and proper.

DATED: 1/3/18

Virginia Herold

VIRGINIA HEROLD
Executive Officer
Board of Pharmacy
Department of Consumer Affairs
State of California
Complainant

SF2016202198
41766179.doc

GOVERNMENT CODE - GOV

TITLE 2. GOVERNMENT OF THE STATE OF CALIFORNIA [8000 - 22980] *(Title 2 enacted by Stats. 1943, Ch. 134.)*

DIVISION 3. EXECUTIVE DEPARTMENT [11000 - 15986] *(Division 3 added by Stats. 1945, Ch. 111.)*

PART 1. STATE DEPARTMENTS AND AGENCIES [11000 - 11898] *(Part 1 added by Stats. 1945, Ch. 111.)*

CHAPTER 5. Administrative Adjudication: Formal Hearing [11500 - 11529] *(Heading of Chapter 5 amended by Stats. 1995, Ch. 938, Sec. 22.)*

11521. (a) The agency itself may order a reconsideration of all or part of the case on its own motion or on petition of any party. The agency shall notify a petitioner of the time limits for petitioning for reconsideration. The power to order a reconsideration shall expire 30 days after the delivery or mailing of a decision to a respondent, or on the date set by the agency itself as the effective date of the decision if that date occurs prior to the expiration of the 30-day period or at the termination of a stay of not to exceed 30 days which the agency may grant for the purpose of filing an application for reconsideration. If additional time is needed to evaluate a petition for reconsideration filed prior to the expiration of any of the applicable periods, an agency may grant a stay of that expiration for no more than 10 days, solely for the purpose of considering the petition. If no action is taken on a petition within the time allowed for ordering reconsideration, the petition shall be deemed denied.

(b) The case may be reconsidered by the agency itself on all the pertinent parts of the record and such additional evidence and argument as may be permitted, or may be assigned to an administrative law judge. A reconsideration assigned to an administrative law judge shall be subject to the procedure provided in Section 11517. If oral evidence is introduced before the agency itself, no agency member may vote unless he or she heard the evidence.

(Amended by Stats. 2004, Ch. 865, Sec. 34. Effective January 1, 2005.)

Pharmacy Employee List

Lisa F Dimick, RPH - Pharmacist in Charge
153881-1701 (exp. 09.30.2023)
153881-8911

Robert M Lammle, RPH
148582-1701 (exp. 09.30.2023)
148582-8911

Stacey Ann Navincopa, RPH
6553967-1701 (exp. 09.30.2023)
6553967-8911

Catherine Leone Sharp, CPHT
5179368-1717 (exp. 09.30.2023)
560107010204207 (exp. 10.31.2023) PTCB

Sharon Maria Talbot, CPHT
338215-1717 (exp. 09.30.2023)

Tyson Scott Hussey, CPHT
7771819-1717 (exp. 09.30.2023)

Mindee Miller - Clerk

Candice Harris - Clerk

Megan Thornton - Clerk

UpScript Pharmacy, LLC

The UpScript Pharmacy, LLC pharmacy platform utilizes the Mckesson EnterpriseRx System along with UpScript Health's proprietary E-Commerce platform

UpScript Pharmacy, LLC makes extensive use of electronic record keeping via a well-established pharmacy software vendor, Mckesson EnterpriseRx. This software stores all data in two redundant databases with Azure. Both databases meet the highest encryption and security standards.

UpScript Pharmacy, LLC adheres to all state and federal laws pertaining to pharmacy regulations. The pharmacy also maintains prescription hard-copies for a seven-year period.

UpScript Pharmacy, LLC does not have a DEA number and therefore does not stock or dispense controlled substances.

UpScript Health E-Commerce Platform:

The UpScript Health (USH) E-Commerce system runs parallel to the EnterpriseRx pharmacy systems. The UpScript platform is hosted at Amazon Web Services (AWS) and employs multiple redundant data systems to ensure that data will survive virtually any disaster event.

The primary AWS region pushes all data to a Disaster Recovery environment in real-time. This serves as the primary and main backup. In addition, USH employs another real-time data-push to a system hosted in the Lumen cloud environment. Multiple daily snapshots are taken of the data in the Lumen cloud environment and are stored in yet another Lumen datacenter.

9826 S. Jordan Gateway • Sandy, UT 84070 • Phone: 855.289.3552 • Fax: 801.566.5596

UpScript Pharmacy, LLC

DESCRIPTION OF PHARMACY PRACTICE

UpScript Pharmacy, LLC Pharmacy will have a Pharmacist Manager (Pharmacist in Charge) maintain a schedule that ensures all orders to Patients/Consumers are shipped as soon as they print at the pharmacy. Pharmacy will have a dedicated 800 number available so patients can contact the pharmacist with any questions or concerns. The pharmacy staff will have access to patient records during hours of operation.

UpScript Pharmacy, LLC Pharmacy receives prescriptions from Physicians across the United States. Pharmacy staff verifies prescriptions received are valid, stores details in the system before packing and shipping order to Patient. All patient information is entered into a proprietary mail order pharmacy system. All fills have been reviewed and verified by the pharmacist, then are packaged and shipped. UpScript Pharmacy, LLC does not fill controlled substances, time or temperature sensitive products, drugs for acute illness. If UpScript Pharmacy cannot fill a prescription it can arrange to have the prescription transferred to a local pharmacy to be filled there. We comply with all state and federal requirements governing the operation of a mail order pharmacy.

Each prescription is shipped with a single sheet of paper that contains information on six topics related to the drug.

- Uses for the drug
- How to use the medication
- Side effects of the Drug
- Instructions on the typical treatment regimen
- Drug interactions
- Precautions before and after using the drug

Hours of Operation

Monday – Friday 8:00am to 5:00pm

All Saturday's and Sunday's a Pharmacist is "on call". When "on call", calls to the toll-free number are forwarded to the pharmacist. Patient records can be accessed by Web-based login.

Normal turn-around time: Monday – Friday orders placed by 1pm PST are typically shipped the same day. Orders placed after 1pm PST go out the following business day. Saturday and Sunday orders are shipped on Monday.

PHARMACY PROCEDURE OF MEDS NOT AVAILABLE OR DELIVERY DELAYED

UpScript Pharmacy, LLC Customer Service manages the order processing and is responsible to ensure orders do not print at the pharmacy unless adequate inventory is available. It is PIC's responsibility to ensure proper inventory is ordered and delivered to the pharmacy. If there is an inventory issue PIC and pharmacy staff needs to notify Customer Service, Operations and QA of the problem within that same day the problem was identified.

In the event UpScript Pharmacy, LLC Pharmacy does not have sufficient product supply to complete fulfillment of a Patient's order, or if the product is out of stock, UpScript Pharmacy Pharmacy staff will contact Customer Service who will contact Patient to determine the next steps. Although not all inclusive, options are:

- Ship a partial portion of the product immediately, and ship the balance when replacement stock is received
- Credit the Patient and cancel the order until inventory is available at which time Customer Service will replace order for Patient and process when it is known that Pharmacy will be able to dispense and ship order.

Notarized Supplement to Application for South Dakota Resident/Non-Resident Pharmacy Licensure or Renewal

This document should be signed by the owner if sole proprietorship, by partner if partnership, and corporate officer if a corporation. The person signing this document needs to appear in the listing of owner/operators of the facility that has been provided.

If Notarized Supplement to Application Form is signed by an individual who has been granted Power of Attorney Authority, a copy of the Power of Attorney authorizing document must be uploaded with this Notarized Supplement to Application Form.

Must be Completed if Pharmacist-in-Charge Applicant is *not* Sole Owner of Merchandise and Fixtures

NOTARIZED AFFIDAVIT

Complete first portion of form as a Sole Proprietorship/Partnership or second portion, if Corporation/LLC

1. **Sole Proprietorship or Partnership:** I, _____ (Printed Name), being first duly sworn, depose and say that I am the owner of _____ percent of the merchandise and fixtures in _____ (Pharmacy Name) in the application for a license to provide Pharmacy Services in or into South Dakota. **OR**

2. **Corporation/LLC:** I, Peter Ax (Printed Name), being first duly sworn, depose and say that I am the Member (Printed Title) of UpScript Pharmacy, LLC (Printed Corporation/LLC Name), a corporation/LLC, and one of its members of the LLC, managing officers or directors of the corporation/LLC; that said corporation/LLC is the owner of the merchandise and fixtures in UpScript Pharmacy, LLC (Pharmacy Name) in the application form for a license to provide Pharmacy Services in South Dakota.

That said place of business may be registered as a resident/nonresident pharmacy and conducted in accordance with the laws of the State of South Dakota and Sole Proprietorship/Partnership or Corporation/LLC hereby delegate(s) complete responsibility for the pharmaceutical services to the Registered Pharmacist-in-Charge

Lisa Dimick	153881-1704	Utah
Printed name - Same as pharmacist-in-charge signing application	Pharmacist License #	State Licensed In

to have full charge of the merchandise and fixtures at said place of business in the same manner and to the same degree as if said pharmacist were the sole owner of such merchandise and fixtures. Per SDCL 36-11-34: "No permit to conduct a pharmacy shall be issued to any pharmacist applicant unless such pharmacist applicant is owner, or part owner, of the merchandise and fixtures of the place of business for which such pharmacy registration is applied for, or unless application is made jointly with a registered pharmacist owner, or unless the non-pharmacist owner of the merchandise and fixtures of the place of business for which pharmacy registration is applied for, has made affidavit on a form prescribed by the state board of pharmacy delegating complete responsibility for the pharmaceutical services in said place of business to the pharmacist applicant."

9-23-2021
Date

Signature of Non-Pharmacist Owner, Partner, Member, or Corporate Officer

Peter Ax
Printed name of Non-Pharmacist Owner, Partner, Member, or Corporate Officer

Member
Title

NOTARY PUBLIC USE ONLY

Subscribed and verified before me in the County of Maricopa, State of Arizona

This 23rd day of September, 2021

CATHALYN HISE
Notary Public, State of Arizona
Maricopa County
Commission # 590598
My Commission Expires
September 29, 2024

Notary Public Signature

Sept. 29, 2024
My Commission Expires

State of Utah
Department of Commerce
Division of Occupational and Professional Licensing
160 E 300 S
P.O. Box 16741
Salt Lake City, UT 84114-6741
Email: DOPLInvestigations@utah.gov
Telephone : (801) 530-6628
Toll Free in Utah: (866) 275-3675
Investigation Fax: (801) 530-6301
Website: www.dopl.utah.gov

CLASS B CLOSED DOOR INSPECTION

☐ Random
☒ Opening

INFORMATION

Pharmacy Name: Bella Brands LLC Date: 10-4-2021
License Number: 8449100-1704 Exp Date: 9-30-2023
C.S. License Number: n/a Exp Date:
DEA Registration: n/a Exp Date:
Pharmacy FEIN # 45-4567866
Pharmacy Email: ldinick@upscripthealth.com
Pharmacy Phone: 855-289-3552 Fax: 801-566-5596
Toll Free Number: "
Affiliated Websites: n/a
Pharmacy Hours: Monday-Friday: 8-5 Saturday: on call Sunday: on call
Pharmacy Address: 9826 S Jordan Gateway
City: Sandy State: UT Zip: 84070
Pharmacist In Charge (PIC): Lisa F Dinick
PIC License # 153881-1701 Expiration Date: 9-30-2023

Personnel

List ALL pharmacists, interns, pharmacy technicians and techs-in-training (attach a separate sheet, if necessary):

Name: License # see list Exp:
Name: License # Exp:
Name: License # Exp:
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Name:	License #	Exp:
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Name:	License #	Exp:

INSPECTION

	YES	NO	
1	☑	☐	Class B pharmacy means a pharmacy located in Utah that is authorized to provide pharmaceutical care for patients in an institutional setting; and whose primary purpose is to provide a physical environment for patients to obtain health care services; and includes closed-door, hospital, clinic, nuclear, and branch pharmacies; and pharmaceutical administration and sterile product preparation facilities. [UCA 58-17b-102 (11)(a)(i-ii)(b)(i-ii)]
2	☑	☐	The facility shall maintain a current list of licensed employees involved in the practice of pharmacy at the facility. The list shall include individual licensee names, license classifications, license numbers, and license expiration dates. The list shall be readily retrievable. The list may be maintained in paper or electronic form. [UAC R156-17b-614a (5)]
3	☑	☐	Notification has been provided to the Division in regards to the unique email address used in self audits or alerts for the pharmacy. The pharmacy will notify the Division of any change in the email address within seven days of the change. [UAC R156-17b-603(3)(t) (i-ii)]
4	☑	☐	Notification has been provided to the Division in regards to the assignment of the PIC at the above stated pharmacy. The Division is notified of a change in PIC within 30 days of the change. [UAC R156-17b-603 (3) (s)]
5	☐	☐	If the facility has a pharmacy technician training program, the program and curriculum of education and training, meets standards established by Division rule made in collaboration with the Board. [UAC R156-17b-303a (3)] ☑ N/A
6	☑	☐	A pharmacy technician trainee shall practice only under the direct supervision of a pharmacist, and in a ratio not to exceed one pharmacy technician trainee to one pharmacist. [UAC R156-17b-601(4)(a)]
7	☑	☑	Pharmacy technicians shall have general supervision by a pharmacist. [UCA 58-17b-102 (56)]
8	☑	☐	The operating standards for a Pharmacist acting as a preceptor includes meeting the following criteria by providing direct, on-site supervision to no more than two pharmacy interns during a working shift. [UAC R156-17b-606(1)(d)(i)]
9	☑	☐	In accordance with Subsecton 58-17b-102(71)(b) all supportive personnel shall be under the supervision of a licensed pharmacist or DMP. The licensed pharmacist or DMP shall be present in the area where the person being supervised is performing services and shall be immediately available to assist the person being supervised in the serivces being performed except for the delivery of pre-filled prescriptions as provided in Subsection (1)(g) above. [UAC R156-17b-607 (3)]
10	☑	☐	In accordance with Subsection 58-17b-102(71)(a), supportive personnel may assist in any tasks not related to drug preparation or processing including: stock ordering and restocking; cashiering; billing; filing; receiving a written prescription and delivering it to the pharmacist, pharmacy intern, pharmacy technician, pharmacy technician trainee, DMP, or DMP desigenee; housekeeping; and delivering a pre-filled prescription to a patient. [UAC R156-17b-607 (1)(a-g)]

11 ☑ ☐ The pharmacist-in-charge (PIC) is responsible for assuring that no pharmacy or pharmacist operates the pharmacy or allows operation of the pharmacy with a ratio of pharmacist to pharmacy personnel which, under the circumstances of the particular practice setting, results in, or reasonably would be expected to result in, an unreasonable risk of harm to public health, safety, and welfare. [UAC R156-17b-603 (3) (r)]

12 ☑ ☐ All individuals employed in a pharmacy facility having any contact with the public or patients receiving services from that pharmacy facility does wear on their person a clearly visible and readable identification showing the individual's name and position. [UCA 58-17b-603 (1)]

13 ☑ ☐ When communicating by any means, written, verbal, or electronic, pharmacy personnel do identify themselves as to licensure classification. [UCA 58-17b-603 (2)]

14 ☑ ☐ The facility or parent company does maintain a record for not less than five years of the initials or identification codes that identify each dispensing pharmacist by name. The initials or identification codes shall be unique to ensure that each pharmacist can be identified; therefore identical initials or identification codes shall not be used. [UAC R156-17b-614a (8)]

15 ☑ ☐ The facility does have current and retrievable editions of the following reference publications in print or electronic format and readily available and retrievable to facility personnel: [UAC R156-17b-614a (4) (a-k)]

- ☑ UCA 58-1 (DOPL Licensing Act)
- ☑ UCA 58-17b (Pharmacy Practice Act)
- ☑ UCA 58-37 (Controlled Substance Act)
- ☑ UCA 58-37f (Controlled Substance Database Act)
- ☑ Code of Federal Regulations Title 21 parts 1300 to end
- ☑ General Drug References
- ☑ UAC R156-1 (General Rules of DOPL)
- ☑ UAC R156-17b (Pharmacy Practice Act Rules)
- ☑ UAC R156-37 (Controlled Substance Act Rules)
- ☑ UAC R156-37f (Controlled Substance Database Act Rule)
- ☑ FDA Approved Drug Product (Orange Book)

16 ☑ ☐ The facility is well lighted, ventilated, clean and sanitary. [UAC R156-17b-614a (1) (a)]

17 ☑ ☐ If transferring a drug from a manufacturer's or distributor's original container to another container, the dispensing area, shall have a sink with hot and cold culinary water separate and apart from restroom facilities. All required equipment shall be clean and in good operating condition. [UAC R156-17b-614a (1) (b)]

18 ☑ ☐ The facility is equipped to permit the orderly storage of prescription drugs and durable medical equipment in a manner to permit clear identification, separation and easy retrieval of products and an environment necessary to maintain the integrity of the product inventory. [UAC R156-17b-614a (1) (c)]

19 ☑ ☐ The facility is equipped to permit practice within the standards and ethics of the profession as dictated by the usual and ordinary scope of practice to be conducted within that facility. [UAC R156-17b-614a (1) (d)]

20 ☑ ☐ All out of date legend drugs and controlled substances shall be removed from the inventory at regular intervals and in correlation to the beyond use date imprinted on the label. [UAC R156-17b-605 (1)]

21 ☑ ☐ The facility is stocked with the quality and quantity of product necessary for the facility to meet its scope of practice in a manner consistent with the public health, safety and welfare. [UAC R156-17b-614a (1) (e)]

22 ☑ ☐ If dispensing controlled substances, the facility is equipped with a security system to permit detection of entry at all times when the facility is closed, and provide notice of unauthorized entry to an individual, and be equipped with a lock on any entrances to the facility where drugs are stored. [UAC R156-17b-614a (1) (f)(i-ii)(g)]

23 ☑ ☐ If the pharmacy does not store drugs in a locked cabinet and has a drop/false ceiling, the pharmacy's perimeter walls shall extend to the hard deck, or other measures shall be taken to prevent unauthorized entry into the pharmacy. [UAC R156-17b-614a (15)] ☐ N/A

24 ☑ ☐ Only a licensed Utah pharmacist or authorized pharmacy personnel does have access to the pharmacy when the pharmacy is closed. [UAC R156-17b-614a (7)]

25 ☑ ☐ A pharmacy shall not dispense a prescription drug or device to a patient unless a pharmacist is physically present and immediately available in the facility. [UAC R156-17b-614a(6)]

26 ☑ ☐ The temperature of the pharmacy is maintained within a range compatible with the proper storage of the drugs. [UAC R156-17b-614a (2)]

27 ☑ ☐ n/a The temperature of the refrigerator and freezer is maintained within a range compatible with the proper storage of drugs requiring refrigeration or freezing. The pharmacy shall keep a daily written or electronic log of the temperature of the refrigerator or freezer on days of operation. The pharmacy shall retain the log entry for three years. [UAC R156-17b-614a (2)]

28 ☑ ☐ For the purpose of promoting therapeutic appropriateness, a pharmacist shall at the time of dispensing a prescription, or a prescription drug order, review the patient's medication record. Such review shall at a minimum identify clinically significant conditions, situations or items, such as: [UAC R156-17b-611 (2) (a-g)]

- ☑ Inappropriate drug utilization
- ☑ Therapeutic duplications
- ☑ Drug-disease contraindications
- ☑ Drug-drug interactions
- ☑ Incorrect drug dosage
- ☑ Incorrect duration of drug treatment
- ☑ Drug-allergy interactions
- ☑ Clinical abuse or misuse

29 ☐ ☐ n/a Patient counseling shall not be required for inpatients of a hospital or institution where other licensed health care professionals are authorized to administer the patient's drugs. [R156-17b-610 (7)]

30 ☑ ☐ Every pharmacy shall verbally offer to counsel a patient or a patient's agent in a personal face-to-face discussion regarding each prescription drug dispensed. If the patient's agent delivers the prescription in person to the pharmacist or pharmacy intern; or receives the drug in person at the time it is dispensed at the facility. [UCA 58-17b-613 (1)]

31 ☑ ☐ A pharmacist or pharmacy intern that receives a prescription from a patient by means other than personal delivery, and that dispenses prescription drugs to the patient by means other than personal delivery shall provide patient counseling to a patient regarding each prescription drug the pharmacy dispenses and provide each patient with a toll-free telephone number by which the patient can contact the pharmacist or pharmacy intern at the pharmacy for counseling. [UCA 58-17b-613(2)]

32 ☑ ☐ If a prescription drug order is delivered to the patient or the patient's agent at the patient's or other designated location, the following is applicable: [UCA R156-17b-610(6)(a-c)

☑ the pharmacy shall provide the information specified in R156-17b-610(3) be delivered with the dispensed prescription in writing:
(a) the name and description of the prescription drug;
(b) the dosage form, dose, route of administration and duration of drug therapy;
(c) intended use of the drug, when known, and expected action;
(d) special directions and precautions for preparation, administration and use by the patient;
(e) common severe side or adverse effects or interactions and therapeutic contraindications that may be encountered,
including their avoidance, and the action required if they occur;
(f) techniques for self-monitoring drug therapy;
(g) proper storage;
(h) prescription refill information;
(i) action to be taken in the event of a missed dose;
(j) pharmacist comments relevant to the individual's drug therapy, including any other information specific to the patient or
drug; and
(k) the date after which the prescription should not be taken or used, or the beyond use date.

☑ If prescriptions are routinely delivered outside the area covered by the pharmacy's local telephone service, the pharmacist shall place on the prescription container or on a separate sheet delivered with the prescription container, the telephone number of the pharmacy and the statement "Written information about this prescription has been provided for you. Please read this information before you take this medication. If you have questions concerning this prescription, a pharmacist is available during normal business hours to answer these questions."

☑ written information provided in Subsection (b) of this section shall be in the form of patient information leaflets similar to USP-NF patient information monographs or equivalent information

33 ☑ ☐ Counseling shall be offered orally in person unless the patient or patient's agent is not at the pharmacy or a specific communication barrier prohibits oral communication [UAC R156-17b-610(1)]

34 ☑ ☐ A pharmacy facility shall orally offer to counsel but shall not be required to counsel a patient or patient's agent when the patient or patient's agent refuses counseling. [UAC R156-17b-610(2)]

35 ☑ ☐ The offer to counsel is documented and said documentation shall be available to the Division. These records must be maintained for a period of five years and be available for inspection within 7-10 business days. [UAC R156-17b-610 (4)]

36 ☑ ☐ A pharmacy may only deliver a prescription drug to a patient or a patient's agent in person at the pharmacy or via the United States Postal Service, a licensed common carrier, or supportive personnel, if the pharmacy takes reasonable precautions to ensure the prescription drug is delivered to the patient or patient's agent or return to the pharmacy. [UCA 58-17b-602 (9)(a)(b)(i-ii)]

37 ☑ ☐ A pharmacy that employs the United States Postal Service or other common carrier to deliver a filled prescription directly to a patient shall, under the direction of the PIC, or other responsible employee: [UAC R156-17b-608 (1-5)]

☑ Use adequate storage or shipping containers and shipping processes to ensure drug stability and potency. The shipping processes shall include the use of appropriate packing material and devices, according to the recommendations of the manufacturer or the United States Pharmacopeia Chapter 1079, in order to ensure that the drug is kept at appropriate storage temperatures throughout the delivery process to maintain the integrity of the medication.

- [x] Use shipping containers that are sealed in a manner to detect evidence of opening or tampering.
- [x] Develop and implement policies and procedures to ensure accountability, safe delivery, and compliance with temperature requirements. The policies and procedures shall address when drugs do not arrive at their destination in a timely manner or when there is evidence that the integrity of a drug was compromised during shipment. In these instances, the pharmacy shall make provisions for the replacement of the drug.
- [x] Provide for an electronic, telephonic, or written communication mechanism for a pharmacy to offer counseling to the patient as defined in section 58-17b-613; and provide documentation of such counseling.
- [x] Provide information to the patient indicating what the patient should do if the integrity of the package or drug was compromised during shipment.

38 [x] [ ] Each drug dispensed from the pharmacy does have a label securely affixed to the container indicating the required minimum information, including: [UCA 58-17b-602 (5) (a) (i-viii)]

- [x] name, address, & phone number of pharmacy
- [x] filling date or last dispensing date
- [x] name of the prescriber
- [x] trade, generic or chemical name *(Unless Otherwise Indicated by Prescriber)*
- [x] serial number of prescription
- [x] name of the patient or animal owner/species
- [x] directions for use & cautionary statements
- [x] amount dispensed & strength of dosage form
- [x] beyond use date

39 [x] [ ] Unless otherwise requested, child-resistant containers will be used for dispensing medications to patients. [UAC 58-1-502(6)& 16 CFR 1700.14]

40 [x] [ ] Controlled substances are not accepted back for destruction unless allowed for by state and federal law. [UAC R156-37-606 (1-2) & 21 CFR 1307.21]

41 [ ] [ ] n/a The registered pharmacy does only processes electronically signed prescriptions for controlled substances under the following conditions: the pharmacy uses a pharmacy application that meets all the applicable requirements; the prescription is otherwise in conformity with the requirements of the Code of Federal Regulations; and Certification Authority (CA) has been obtained. The electronic prescription must be transmitted from the practitioner to the pharmacy in its electronic form and at no time may the prescription be converted to another form *(i.e. facsimile)* for transmission. [UAC R156-17b-613(1) & CFR, Title 21, Chapter 11, Section 1311]

42 [x] [ ] Prescription files, including refill information, are maintained for a minimum of five years and should be immediately retrievable in written or electronic format. [UAC R156-17b-612 (4)]

43 [ ] [ ] n/a Prescription records may be maintained electronically so long as the original of each prescription, including telephone prescriptions, is maintained in a physical file and contains all of the information required by federal and state law; and an automated data processing system is used for the storage and immediate retrieval of refill information for prescription orders. [UAC R156-37-602 (4) (a-b)]

44 [ ] [ ] n/a All records relating to Schedule II controlled substances received, purchased, administered or dispensed by the practitioner shall be maintained separately from all other records of the pharmacy or practice. Records shall be maintained by the licensee for a period of five years. [UAC R156-37-602(3) (5)]

45 [ ] [ ] n/a All records relating to Schedule III, IV, V controlled substances received, purchased, administered or dispensed by the practitioner shall be maintained separately from all other records of the pharmacy or practice. Records shall be maintained by the licensee for a period of five years. [UAC R156-37-602(3) (6)]

46 ☐ ☐ n/a Requirement for annual controlled substances inventory shall be within 12 months following the inventory date of each year and may be taken within four days of the specified inventory date and shall include all stocks including out-of-date drugs and drugs in automated pharmacy systems. [UAC R156-17b-605 (4)]

47 ☐ ☐ n/a Requirements for taking the initial controlled substances inventory shall include the following: all pharmacies shall take an inventory on the opening day of business. Such inventory shall include all controlled substances including any out-of-date drugs and drugs in automated pharmacy systems. In the event a pharmacy commences business with no controlled substances on hand, the pharmacy shall record this fact as the initial inventory. An inventory reporting no Schedule I and II controlled substances shall be listed separately from an inventory reporting no Schedule III, IV, and V controlled substances. The initial inventory shall serve as the pharmacy's inventory until the next completed inventory as specified in Subsection (4) of this section. [UAC R156-17b-605 (3) (a-c)] ☐ N/A

48 ☐ ☐ n/a. General Requirements for inventory of a pharmacy shall include: [UAC R156-17b-605 (2)(a)(b)(c)(e)(f)(i)(j)]

- ☐ the PIC shall be responsible for taking all required inventories, but may delegate the performance of the inventory to another person or persons;
- ☐ the inventory records shall be maintained for a period of five years and be readily available for inspection
- ☐ the inventory shall be filed separately from all records
- ☐ the inventory may be taken either as the opening of the business or the close of business on the inventory date;
- ☐ the person taking the inventory and the PIC shall indicate the time the inventory was taken and shall sign and date the inventory with the date the inventory was taken. The signature of the PIC and the date of the inventory shall be documented within 72 hours or three working days of the completed initial, annual, change of ownership and closing inventory.
- ☐ the inventory of Schedule I and II controlled substances shall be listed separately from the inventory of Schedule III, IV and V controlled substances;
- ☐ if the pharmacy maintains a perpetual inventory of any of the drugs required to be inventories, the perpetual inventory shall be reconciled on the date of the inventory.

49 ☐ ☐ n/a All pharmacies shall maintain a perpetual inventory of all Schedule II controlled substances. [UAC R156-17b-605(7)]

50 ☐ ☐ n/a The pharmacy does reconcile its controlled substance inventory to account for shortages of controlled substances. [UAC R156-17b-603 (3) (k) & R156-37-502(4)]

51 ☐ ☐ n/a Any facility who experiences any theft, including diversion, or significant loss of controlled substances shall immediately file the appropriate forms with the Drug Enforcement Administration, with a copy to the Division directed to the attention of the Investigation Bureau Division; and report the incident to the local law enforcement agency. [UAC R156-37-602 (2)]

52 ☐ ☐ n/a Pharmacists or other responsible individuals do verify that the suppliers' invoices of controlled substances, listed on the invoices were actually received by clearly recording their initials and the actual date of receipt of the controlled substances. [UAC R156-17b-614a (11)]

53 ☐ ☐ n/a The facility does maintain a record of suppliers' credit memos for controlled substances. [UAC R156-17b-614a (12)]

54 ☐ ☐ n/a The facility does maintain a copy 3 of DEA order form (form 222) which has been properly dated, initialed, and filed and all copies of each unaccepted or defective order form and any attached statements or other documents. [UAC R156-17b-614a (9)]

55 ☐ ☐ n/a The Division shall implement on a statewide basis, including non-resident pharmacies as defined in Section 58-17b-102, the following two options for a pharmacist to submit information: real-time submission of the information required to be submitted under this part of the controlled substance database; and 24-hour dail or next business day, whichever is later, batch submission of the information required to be submitted under this part to the controlled substance database. [UCA 58-37f-203(1)(a)(i,ii)]

56 ☐ ☐ n/a In accordance with 58-37f-203(6), the pharmacist-in-charge and the pharmacist identified in Subsections 58-37f-203(2) and (3) shall provide the following data fields to the Division: the state that issued identification, type of identification used, and identification number used by individual picking up dispensed drug. [UCA R156-37f-203 (4) (aa-cc)]

57 ☐ ☑ The pharmacy maintains emergency kits in nursing homes, long-term care facilities, or other entities (such as hospice, EMT's, ambulances)? If the answer is "yes", note name(s) of facilities or entities.

58 ☐ ☑ The pharmacy maintains automated prescription dispensing devices outside the pharmacy such as Pyxis in a nursing home? If the answer is "yes", note type and location.

59 ☐ ☑ The pharmacy utilizes an Automated Pharmacy System? If the answer is "yes" to this question, a automation questionnaire must be completed. [UAC R156-17b-620]

60 ☐ ☑ Does the pharmacy purchase any compound products from other entities for dispensing to patients? [UAC 58-17b-102(18)(b)(i)]

61 ☐ ☑ The facility is engaged in compounding with hazardous drugs as defined by USP-NF Chapter 800. If you answer "yes" to this question, a compounding questionnaire must be completed.

62 ☐ ☑ The facility is engaged in simple, medium, or complex compounding activities as defined by USP 35 Chapter 795. If you answer "yes" to this question, a compounding questionnaire must be completed. [(UAC R156-17b-614a (3)]

63 ☐ ☑ The facility is engaged in low, medium, or high risk *sterile* compounding as defined by USP 35 Chapter 797. If you answer "yes" to this question, a compounding questionnaire must be completed. [UAC R156-17b-614a (3)]

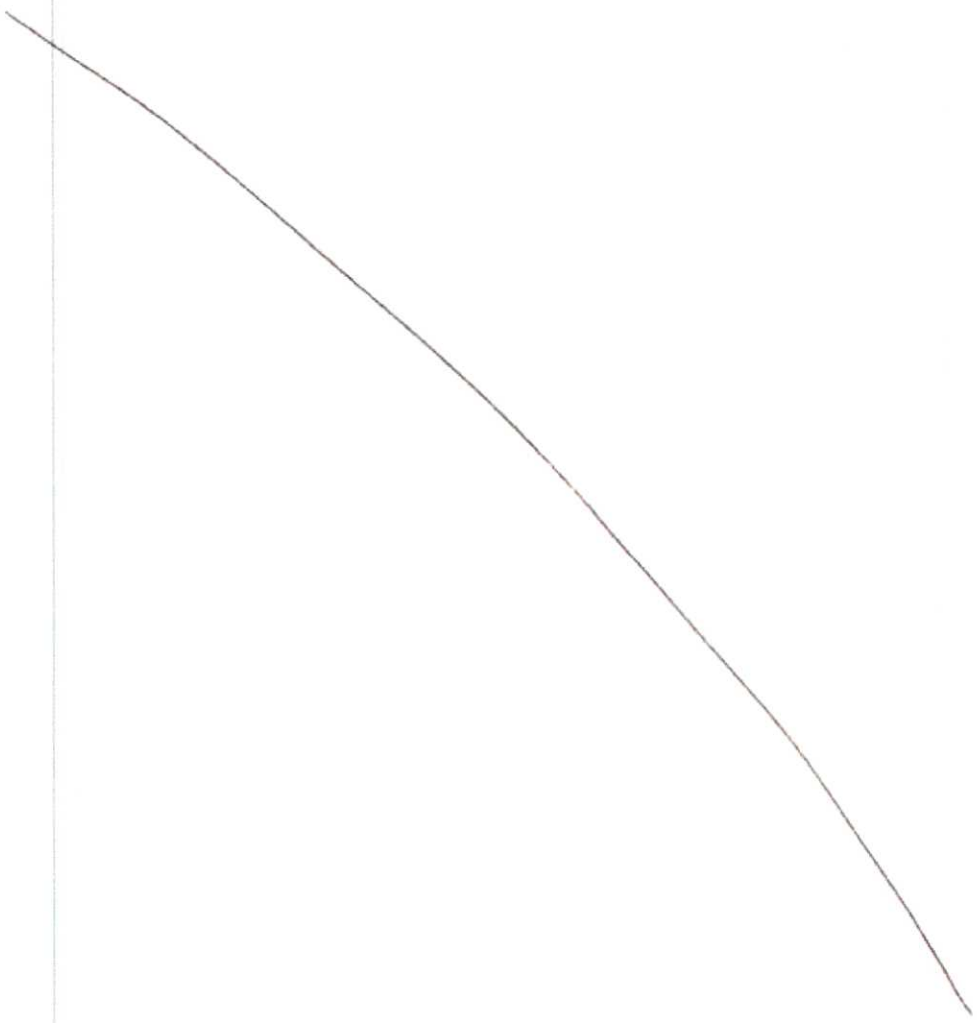
COMMENTS

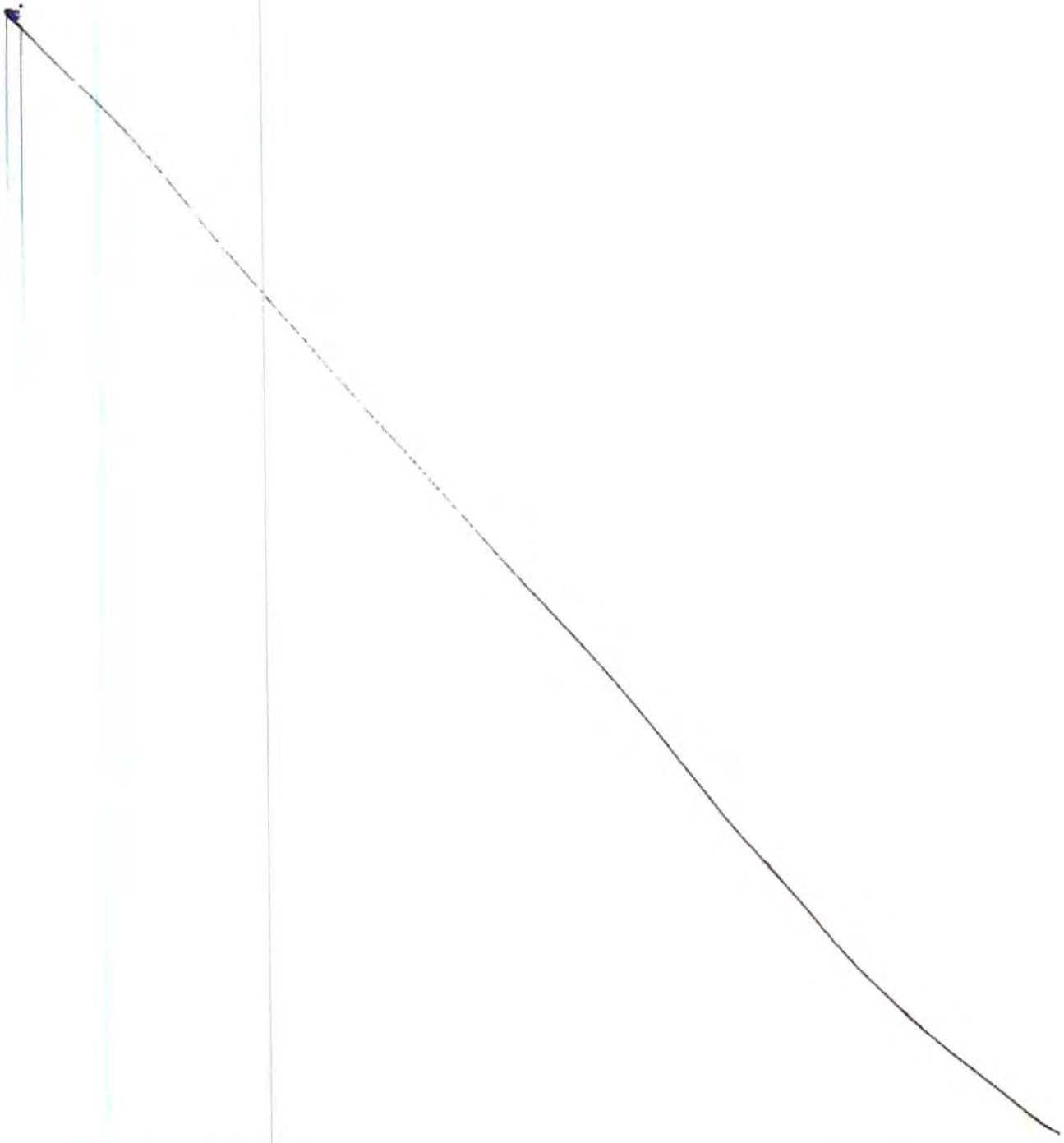
(1) Pharmacy serves the general public based off of telemedicine prescriptions, and normal prescribers.
(2) Pharmacy provided list of licensed employees.
(40) Pharmacy uses two clerks.
(15) References for law and rule are bookmarked at every computer.
(27) Pharmacy doesn't keep any medications that require refrigeration.
• Pharmacy mails all prescriptions to patients.

- Pharmacy does not carry any controlled substances.
- Pharmacy is not licensed for controlled substances.

(59) Pharmacy does not have automation.

(61-63) Pharmacy is not engaged in compounding.





☑ By checking this box it is indicated that the undersigned Division Investigator has reviewed the above inspection report and comments made with the undersigned "Responsible Party."

Signature of Responsible Party: Lisa Dimick Date: 10.4.2021

Name of Responsible Party (Print): Lisa DiMick

Signature of Division Investigator: Travis Dreb Date: 10-4-2021

Name of Division Investigator (Print): Travis Dreb

Revised 4/2020

11

11A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- ☐ Nevada
- ■ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
■ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☐ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH_____	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: ACA Pharmacy, LLC

Physical Address: 1911 Church ST STE 210

City: Nashville State: TN Zip: 37203

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 844-344-3060 Toll Free # (NAC 639.708, NRS 639.23286): 844-344-3060

Fax: 615-467-5558 Contact Email: bwescott@rxpartnersmgt.com

Website: www.acapharmacy.com

Nevada Business License # (if applicable) NA

Supervising/Managing Pharmacist Name (NRS 639.220): Brantley Wescott

Supervising/Managing Pharmacist NV Pharmacist Registration #: 22185

Type of Pharmacy (check all applicable)

- ■ Retail/Community
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☐ Other: _____

Services the Pharmacy will Provide (check all applicable)

- ■ Retail/Community
- ■ Non-sterile Compounding
- ■ Sterile Compounding
- ■ Mail-Order Service
- ☐ Off-site Cognitive Services
- ☐ Long Term Care
- ☐ Hospital
- ☐ Other:

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ☐ Saturday ☐ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy. (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Brantley Wescott	NV Pharmacist Registration #: 22185
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: NA	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: Bart Ashley Jr

Business Name: ACA Pharmacy LLC

Business Address: 1911 Church ST

City: Nashville State: TN Zip: 37203

Telephone: 844-344-3060 Email: bwescott@rxpartnersmgt.com

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Chief Operating Officer (title) for ACA Pharmacy, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Brantley Wescott

Print Name of Authorized Person



Original signature of Authorized Person (copies or stamps not accepted)

01/20/2022

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

N/A

Affidavit for Pharmacy License

I, Brantley Wescott hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Chief Operating Officer (title) for ACA Pharmacy, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this _____ day of _____, 20_____

Notary Public

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Brantley Wescott Pharmacist Registration #: 22185

Pharmacy Name: ACA Pharmacy, LLC

Initial each statement below to indicate you have read and agree with the following:

BW I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

BW I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

BW I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

BW I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

BW I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✓

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.



Original signature of Managing Pharmacist (copies or stamps not accepted)

01/20/2022

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Brantley Wescott

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215



Original signature of Authorized Person (copies or stamps not accepted)

01/20/2022

Date

Board Use Only	Date Received: _____ Amount: _____

Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

BRANLTEY WESCOTT
1911 CHURCH ST
NASHVILLE, TN 37203

September 24, 2021

Request Type: Certificate of Existence/Authorization
Request #: 0437785

Issuance Date: 09/24/2021
Copies Requested: 1

Document Receipt

Receipt # : 006642763 — Filing Fee: $20.00

Payment-Credit Card - State Payment Center - CC #: 3814711044 — $20.00

Regarding: ACA Pharmacy, LLC
Filing Type: Limited Liability Company - Domestic
Formation/Qualification Date: 08/27/2019
Status: Active
Duration Term: Perpetual
Business County: DAVIDSON COUNTY

Control # : 1048029
Date Formed: 09/01/2019
Formation Locale: TENNESSEE
Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

ACA Pharmacy, LLC

* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 048871032

ACA Pharmacy, LLC
1911 Church St STE 210
Nashville, TN 37203
844.344.3060

ACA Pharmacy, LLC owned 100% by Rx Partners, LLC
Bart E Ashley, CEO
Brantley L Wescott, COO

↓

Rx Partners, LLC is owned 100% by Bart E Ashley, Jr

Bart E. Ashley, Jr, Owner/CEO
[redacted]
[redacted]Old Natchez Trace
Franklin, TN 37069

Brantley L. Wescott, Pharm.D, COO/Secretary
[redacted]
[redacted]Concord Rd
Brentwood, TN 37027

Jocelyn Shrum, Pharm.D. PIC
[redacted]
[redacted]Oakfield Grove
Brentwood, TN 37027

ACA Pharmacy, LLC
1911 Church St STE 210
Nashville, TN 37203
844.344.3060

ACA Pharmacy, LLC owned 100% by Rx Partners, LLC
Bart E Ashley, CEO
Brantley L Wescott, COO



Rx Partners, LLC is owned 100% by Bart E Ashley, Jr

Bart E. Ashley, Jr, Owner/CEO
[redacted]
[redacted] Old Natchez Trace
Franklin, TN 37069

Brantley L. Wescott, Pharm.D, COO/Secretary
[redacted]
[redacted] Concord Rd
Brentwood, TN 37027

Jocelyn Shrum, Pharm.D. PIC
[redacted]
[redacted] Oakfield Grove
Brentwood, TN 37027

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler ACA Pharmacy, LLC

Physical Address 1911 Church ST STE 210

City Nashville State TN Zip 37203

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 844-344-3060 Website www.acapharmacy.com

Licensing Company Email bwescott@rxpartnersmgt.com

Section 2: Personal Information

First Brantley Middle Leburn Last Wescott

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Church ST

City Nashville State TN Zip 37203

Telephone [redacted] Email bwescott@rxpartnersmgt.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials BW

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Auburn University		09/1995-05/2003	
Address	City	State	Zip
	Auburn	AL	36849
Diploma/Degree obtained, if any			
Pharm.D.			

School Name		From - To (MM/YY – MM/YY)	
Ezell Harding Christian Schoo		08/1991-05/1995	
Address	City	State	Zip
	Antioch	TN	37013
Diploma/Degree obtained, if any			
HS			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/2015-current	[redacted] Concord Rd	Brentwood	TN	37027
06/2004-06/2015	[redacted] Ballenger Dr	Nolensville	TN	37135

Applicant's initials BW

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Rx Partners, LLC			09/2012-current	
Business Address		**City**	**State**	**Zip**
1911 Church ST		Nashville	TN	37203
Phone	**Title**		**Number of Employed Hours**	
615-301-5953	Chief Operating Officer, EVP, Pharmacist		~20,000	
Description of Duties				
Typical daily Pharmacist duties.				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials BW

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials BW

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

N/A

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Applicant's initials BW

I, Brantley Wescott, **certify that as the designated representative for** ACA Pharmacy, LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Brantley Wescott

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

01/20/2022

Date

Applicant's initials BW

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Brantley Wescott

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

01/20/2022

Date

Please have this section completed in the presence of a Notary Public.

State of TN, ss. County of Davidson.

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Date

Subscribed and Sworn to before me this 20 day of Jan.

Notary Public Signature

CHERYL MURDAY
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON
(Seal)

Applicant's initials _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: ACA Pharmacy LLC

Physical Address: 1911 Church ST STE 210

City: Nashville State: TN Zip: 37203

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 844-344-3060 Website: www.acapharmacy.com

Licensing Company Email: bwescott@rxpartnersmgt.com

Section 2: Personal Information

First: Jocelyn Middle: Freimuth Last: Shrum

Alias(es, nicknames, name changes, etc.): Freimuth (Maiden)

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: [redacted]Church ST STE[redacted]

City: Nashville State: TN Zip: 37203

Telephone: [redacted] Email: jshrum@rxpartnersmgt.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials JS

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Palm Beach Atlantic University		08/13 - 05/17	
Address: 901 S. Flagler Dr.	City: West Palm Beach	State: FL	Zip: 33401
Diploma/Degree obtained, if any: Doctorate of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
University of Wisconsin		08/08 - 05/13	
Address: 333 E Campus	City: Madison	State: WI	Zip: 53706
Diploma/Degree obtained, if any: Bachelor of Science in Nursing/Associate of Arts and Science			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
05/18 - present	[redacted] Oakfield Grove	Brentwood	TN	37027
08/13 - 05/18	[redacted] Vilage Blvd	West Palm Beach	FL	33409
08/09 - 08/13	[redacted] W. Arndt St	Fond du Lac	WI	54935
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
ACA Pharmacy LLC			10/2020-current	
Business Address		**City**	**State**	**Zip**
1911 Church St STE 210		Nashville	TN	37203
Phone	**Title**		**Number of Employed Hours**	
844-344-3060	Director of Pharmacy		40	
Description of Duties				
Pharmacist				

Business Name			From - To (MM/YY – MM/YY)	
CVS Health			08/17-04/21	
Business Address		**City**	**State**	**Zip**
3809 Hillsboro Rd		Nashville	TN	37215
Phone	**Title**		**Number of Employed Hours**	
615 385 0622	Pharmacist-in-Charge		40	
Description of Duties				
Pharmacist/Pharmacy Manager				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Applicant's initials _____

I, Jocelyn Shrum, **certify that as the designated representative for**

ACA Pharmacy, LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Jocelyn Shrum

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/15/2021

Date

Applicant's initials JS

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Joceyln Shrum

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/15/2021

Date

Please have this section completed in the presence of a Notary Public.

State of Tennessee, ss. County of Davidson

I, Jocelyn Shrum, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12/15/2021

Date

Subscribed and Sworn to before me this 15 day of December 2021.

Notary Public Signature

CHERYL MURDAY
STATE OF TENNESSEE NOTARY PUBLIC
(Seal)
COUNTY OF DAVIDSON

Applicant's initials JS

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler ACA Pharmacy LLC

Physical Address 1911 Church ST STE 210

City Nashville State TN Zip 37203

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website www.acapharmacy.com

Licensing Company Email bwescott@rxpartnersmgt.com

Section 2: Personal Information

First Bart Middle Edward Last Ashley Jr

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Church St

City Nashville State TN Zip 37203

Telephone [redacted] Email nashley@rxpartnersmgt.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials BA

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Auburn University		09/2001-05/2005	
Address	City	State	Zip
	Auburn	AL	36849
Diploma/Degree obtained, if any			
BBA			

School Name		From - To (MM/YY – MM/YY)	
Brentwood Academy		08/1997-05/2001	
Address	City	State	Zip
219 Granny White Pike	Brentwood	TN	37027
Diploma/Degree obtained, if any			
HS Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/2016-current	[redacted]Old Natchez TR	Franklin	TN	37069
05/2008-08/2016	[redacted]Lake Colonial Dr	Arrington	TN	37014
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials BA

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Rx Partners			10/2015-current
Business Address	**City**	**State**	**Zip**
1911 Church ST	Nashville	TN	37203
Phone	**Title**		
615-301-5953	President, CEO, Owner		
Description of Duties			
President, CEO, Owner			

Business Name			From - To (MM/YY – MM/YY)
Metro Medical Supply			06/2004-10/2015
Business Address	**City**	**State**	**Zip**
200 Cumberland Bend	Nashville	TN	37228
Phone	**Title**		
615-312-9800	Sales Director		
Description of Duties			
Oversaw sales team.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Applicant's initials BA

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Bart Ashley Jr

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/15/2021

Date

Please have this section completed in the presence of a Notary Public.

State of Tennessee, ss. County of Davidson

I, Bart Ashley, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12/20/21

Date

Subscribed and Sworn to before me this 20th day of Dec.

Notary Public Signature

CHERYL MURDAY
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF DAVIDSON
(Seal)

Applicant's initials BA

APPLICATION FOR CERTIFICATION AS A PROVIDER OF INTERNET PHARMACY SERVICES

Addendum to Pharmacy Application
(Only required if providing internet services)

GENERAL INFORMATION

Name of Nevada license pharmacy: ACA Pharmacy, LLC

Nevada license number: Pending

Websites in use or intended to be used: www.acapharmacy.com

Affiliated websites (websites that link to or otherwise direct users to your website):
NA

VIPPS CERTIFICATION

Is the pharmacy VIPPS (Verified Internet Pharmacy Practice Sites administered be NABP) certified? Please provide a copy with application. Yes ☐ No ☑

If yes, please sign and date page 3 and you will not need to answer questions 1 through 8.

PHARMACIES LACKING VIPPS CERTIFICATION

1. Is the pharmacy licensed in each state in which the pharmacy will practice pharmacy Yes ☑ No ☐

PLEASE ATTACH A SEPARATE SHEET LISTING ALL THE STATES IN WHICH YOU ARE LICENSED, INCLUDING THE DATE OF INITIAL LICENSURE AND THE LICENSE NUMBER.

2. Does the pharmacy maintain and enforce policies and procedures that ensure the following:

A) That the pharmacy will establish the authenticity of each prescription that the pharmacy receives? Yes ☑ No ☐

B) That the pharmacy will not fill any prescription which has been previously filled by another pharmacy? Yes ☑ No ☐

C) That for each pharmacy the pharmacy fills the prescription cannot be filled by another pharmacy? Yes ☑ No ☐

D) That the pharmacy will authenticate the identity of each patient and prescribing practitioner? Yes ☑ No ☐

E) That the prescriptions will be filled in compliance with all applicable federal and state laws? Yes ☑ No ☐

F) That a patient or the caregiver of the patient may make a complaint to the pharmacy regarding a prescription? Yes ☑ No ☐

G) That if a complaint is made, the complaint will be investigated thoroughly and that the results of the investigation will be communicated to the patient or caregiver? Yes ☑ No ☐

H) That if the investigation of a complaint reveals that the operations of the pharmacy resulted in an error in the processing or filling of the prescription, appropriate remedial action was taken by the pharmacy? Yes ☑ No ☐

I) That the pharmacy will communicate to a patient or a prescribing practitioner any delay that might jeopardize or alter the drug therapy of the patient with respect to delivering the prescribed drug or device? Yes ☑ No ☐

J) That the pharmacy will communicate to a patient information regarding recalls of drugs and the appropriate means to dispose of expired, damaged or unusable drugs or devices? Yes ☑ No ☐

3. Does the pharmacy obtain and maintain patient information necessary to facilitate review of drug utilization and counseling of patients pursuant to any applicable statutes? Yes ☑ No ☐

4. Will the pharmacy provide review of drug utilization and counseling of patients pursuant to the applicable statutes in the state in which the patient resides? Yes ☑ No ☐

5. Does the pharmacy maintain controls of its computer system, information concerning patients, and other such confidential information and documents to prevent unauthorized or unlawful access to all such confidential information and documents? Yes ☑ No ☐

6. Does the pharmacy comply with applicable federal and state laws regarding the following:

   A) To the dispensing of prescription drugs? Yes ☑ No ☐

   B) To the record keeping related to the patients served by the pharmacy, the purchase of prescription drugs and the sale and dispensing of prescription drugs? Yes ☑ No ☐

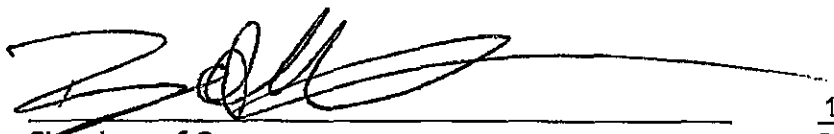
   C) To the sale of over-the-counter products, including any special requirements related to products that have been identified as precursors to the manufacture or compounding of illegal drugs ? Yes ☑ No ☐

7. Does the pharmacy ship prescriptions to a patient using secure and traceable means? Yes ☑ No ☐

8. Does the pharmacy ship prescriptions to a patient using packaging or devices which will ensure that the prescription is maintained within appropriate standards pertaining to temperature, light and humidity as described in the *United States Pharmacopoeia, 25th* edition, 2002, which is hereby adopted by reference? Yes ☑ No ☐

PLEASE ATTACH A COPY OF YOUR POLICIES AND PROCEDURES.

The signature below certifies that the answers provided in this application are true, correct and complete.



Signature of Owner

10/01/2021
Date

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FA0115495	06-30-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	03-31-2021

ACA PHARMACY, LLC
1911 CHURCH ST
STE 210
NASHVILLE, TN 372032313

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
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SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	03-31-2021

ACA PHARMACY, LLC
1911 CHURCH ST
STE 210
NASHVILLE, TN 372032313

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Form DEA-223 (9/2016)

51669

TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF HEALTH RELATED BOARDS

ID NUMBER: 0000006997
EXPIRATION DATE: 02/28/2023

This is to certify that all requirements of the State of Tennessee have been met.

PHARMACY BOARD
PHARMACY
ACA PHARMACY, LLC

COMMISSIONER OF HEALTH

ACA PHARMACY, LLC
1911 CHURCH STREET
STE 210
NASHVILLE TN 37203

12476972
51669

State of Tennessee
Department of Health

TENNESSEE BOARD OF PHARMACY
PHARMACY
ACA PHARMACY, LLC
1911 CHURCH STREET
STE 210
NASHVILLE TN 37203

This is to certify that all requirements of the State of Tennessee have been met.

ID NUMBER: 0000006997
EXPIRATION DATE: 02/28/2023

CONTROLLED SUBSTANCE REGISTRATION
STERILE COMPOUNDING

ASSISTANT COMMISSIONER, HEALTH LICENSURE & REGULATION

COMMISSIONER

DCF171

STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE AND REGULATION
OFFICE OF HEALTH RELATED BOARDS
665 Mainstream Drive, Second Floor
Nashville, TN 37243
http://www.tn.gov/health

Tennessee Board of Pharmacy
Pharmacy
1-800-778-4123

April 5, 2021

ACA Pharmacy, LLC
Attn: Brantley L Wescott, Pharm. D.
1911 Church St
Nashville, TN 37203

TO WHOM IT MAY CONCERN:

This verification can be considered primary source. To expedite the verification process, this is the standard format used by the Tennessee Board of Pharmacy. We are pleased to furnish the following information from our files:

PROFESSION:	Pharmacy
NAME:	ACA Pharmacy, LLC
ADDRESS:	1911 Church St., Ste. 210 Nashville, TN 37203
LICENSE NUMBER:	6997
ISSUE DATE:	February 09, 2021
EXPIRATION DATE:	February 28, 2023
CURRENT STATUS:	Licensed
STATUS DATE:	February 09, 2021
SPECIAL ENDORSEMENT:	Controlled Substance Registration Sterile Compounding

COMMENTS: There is no derogatory information in our files concerning this facilty.

Sincerely,

Tennessee Board of Pharmacy

VERFFACLTY

DEPARTMENT OF HEALTH
TENNESSEE BOARD OF PHARMACY
COMMUNITY INSPECTION
COMPLIANCE INSPECTION

PHARMACY: ACA Pharmacy, LLC	
STREET: 1911 Church Street Ste-210	
CITY: Nashville	ZIP: 37203
DATE OPENED: —	TELEPHONE NO.: (800) 674-7893
LICENSE NO.: —	EXPIRY DATE: —
DEA NO.: —	EXPIRY DATE: —
PHARMACIST IN CHARGE/Duty: Braintley Westcott	LIC NO.: 13021 / EXPIRY DATE: 6/30/2021

Inspected by	Date
Pat Beckham	1/29/2021

This Inspection Satisfactory: Yes ☒ No ☐

☐ Opening ☐ Relocation
☐ New Ownership ☒ Follow-up to opening from 1/4/2021
☐ Counseling Compliance
☐ Periodic ☐ Remodeling

Compliance Yes	Compliance No	PERSONNEL
—		1. Appropriate identification/Name Tags
—		2. D. Ph./Tech ration 1:0
—		3. Personnel/apparel clean
N/A		4. Tech registry & Affidavit

Compliance Yes	Compliance No	PHYSICAL REQUIREMENTS
N/A		5. Certificates Displayed
—		6. RX Dept. – Sufficient Space/Counseling
—		7. Fully enclosed when applicable
—		8. Key Lockable/Key Control

Compliance Yes	Compliance No	DRUGS AND EQUIPMENT
—		9. Dispensing area clean, orderly, well lighted
—		10. Sink, hot and cold water
—		11. Refrigeration
—		12. References, periodicals
		13. Vials and closures (child-proof)
	N/A	14. Shelves and drug stock clean
N/A		15. Drugs in-date
		16. Labels correct on repackaging
		17. Legend drugs stored in RX Dept.
		18. Syringes/insulin, restricted products non-accessible

Compliance Yes	Compliance No	
		19. RXs numerically filed ☐ All C's together ☐ C-11's separate ☐ Multiple file method
		20. Patients identifiable
		21. Prescribers identifiable
		22. New verbal RXs initialed by appropriate personnel
N/A		23. Date of original dispensing
		24. Initials of dispensing D.Ph.
N/A		25. Quantity dispensed indicated
		26. Appropriate Emergency C-11 RXs
		27. Computer labels applied appropriately to RXs
		28. Pharmacist Signature Log
		29. Daily Print Out

Compliance Yes	Compliance No	DRUG PRODUCT SUBSTITUTION
N/A		30. Authorization documented on Rx
		31. Manufacturer indicated on Rx or System
		32. Approved products used.

Compliance Yes	Compliance No	PATIENT COUNSELING
N/A		33. Patient profiles
		34. Drug Utilization Review
		35. Patient Counseling

Compliance Yes	Compliance No	CONTROLLED SUBSTANCE RECORDS
		36. Readily retrievable
		37. All C-11 records separate
	N/A	38. DEA Form 222 Copy 3 on hand & completed
		39. Drug Receipt date on invoices
N/A		40. Record of drug transfers
		41. ☐ Schedule V sales record book ☐ Methamphetamine Sales Log
		42. Last DEA Inventory (date) ____
		42. Last Theft/loss report (date) ____
		43. Access to Control Substance Monitoring Database

Pharmacy Hours: 8:00-4:30pm-f 24/7 Oncall

send inspector results of viable sampling latest certification

ITEMS TO BE CORRECTED: **RESPONSE REQUIRED** YES ☒ NO ☐

Immediately
Needs Improvement
Within 30 Days

Remarks or Recommendations: Reviewed non-viable sampling & check meet USP 797 requirements. Reviewed viable sampling - surface samples had no growth air samplers grew 1 CFU fungal which will be retested 2/4/2021. Reviewed all repairs to ISO suites & all were completed. Reviewed new video of CPhT performing sterile compounding & she adhered to IV an did not uncover vial extender or. Reviewed antineoplastic NIO, sterile water & HD bottles & procedures met requirements.

_____ hereby acknowledge and understand all notations made on this report; and confirm that
Pharmacist Signature

I will notify the Board of Pharmacy within 30 days, in writing, of the correction of all deficiencies. (If noted.)

Reviewed with PIC the responsibility of him overseeing all aspects of sterile compounding conducted at this pharmacy & he verbalized understanding. He will lead the staff & both he & the CPhT have conducted both USP 797 & 800 CE.

PH-4031 REV 01/18 RDA SW-30

11B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- ☐ Nevada
- ☒ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
☐ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☒ Ownership Change*		☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH 01867	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: IgG of America, Inc.

Physical Address: 514 Progress Drive, Ste. X-Z

City: Linthicum Heights State: MD Zip: 21090

Mailing Address (if different from physical address): One CVS Drive

City: Woonsocket State: RI Zip: 02895

Telephone: 877-674-9700 Toll Free # (NAC 639.708, NRS 639.23286): 877-674-9700

Fax: 877-402-4042 Contact Email: tania.cabral@cvshealth.com

Website: USbioservices.com

Nevada Business License # (if applicable)

Supervising/Managing Pharmacist Name (NRS 639.220): Gina Cohenour

Supervising/Managing Pharmacist NV Pharmacist Registration #: 21645

Type of Pharmacy (check all applicable)	Services the Pharmacy will Provide (check all applicable)
☐ Retail/Community	☐ Retail/Community
☐ Hospital (# beds _____)	☐ Non-sterile Compounding
☐ Internet	☒ Sterile Compounding
☐ Nuclear	☐ Mail-Order Service
☒ Other: Specialty/home infusion	☐ Off-site Cognitive Services
	☐ Long Term Care
	☐ Hospital
	☐ Other:

Days of Operation

☒ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday ☒ Friday ☐ Saturday ☐ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy. (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Gina Cohenour	NV Pharmacist Registration #: 21645
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		X
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		X
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		X
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		X
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		X

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: NA	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Caremark Rx, L.L.C.

Corporation/Organization Name: IgG of America, Inc.

Mailing Address: One CVS Drive

City: Woonsocket State: RI Zip: 02895

Telephone: 401-765-1500 Email: tania.cabral@cvshealth.com

Contact Person Name: Tania Cabral

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

Kimberley DeSousa/ Assistant Secretary

1. I am the Assistant Secretary (title) for IgG of America, Inc. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Linda M. Cimbron /Assistant Secretary

Print Name of Authorized Person

Linda M Cimbron

Original signature of Authorized Person (copies or stamps not accepted)

3/3/22

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

NA

Affidavit for Pharmacy License

I, _____ hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the _____ (title) for _____ (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

_____
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this _____ day of _____, 20_____.

_____
Notary Public

N/A

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: _____ Pharmacist Registration #: _____

Pharmacy Name: _____

Initial each statement below to indicate you have read and agree with the following:

_____ I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

_____ I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

_____ I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

_____ I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

_____ I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		X
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		X
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		X

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

_____ _____

Original signature of Managing Pharmacist (copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Linda M. Cimbron/ Assistant Secretary

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Linda M. Cimbron — 5/3/22

Original signature of Authorized Person (copies or stamps not accepted) — Date

Board Use Only	Date Received: 9/16/2021	Amount: $500 CK# 30170834

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
GIna W. Cohenour

Date: 10/07/2021
Amount:
License #: 21645

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:04/07/2022

GIna W. Cohenour

License #
21645
Temporary

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

Expires: 04/07/2022
STATUS: Temporary

License Type: Pharmacist
License #: 21645

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

GIna W. Cohenour

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Details

Demographic Information

Name: IgG of America, inc. DBA: US Bioservices

Address Information

Address: 514 PROGRESS DRIVE
SUITE X

City: LINTHICUM **State:** MD **Zip:** 21090

Maryland License\Permit Information

Number: PW0285 **Type:** Pharmacy Waiver **Status:** Active

Original Issued: 11/29/2006 **Date Renewed:** 4/6/2020 **Expires:** 5/31/2022

Specialty: Sterile Compounding

Specialty: Other

No Related Documents

****Please refer to the Board's Formal Disciplinary Action page for the listing of all disciplinary actions.****

104412

State of Maryland

DEPARTMENT OF HEALTH

THE MARYLAND STATE BOARD OF PHARMACY
CERTIFIES THAT **Igg Of America, Inc. Dba: Us Bioservices**
IS A REGISTERED **Active**
License Expiration Date
Pharmacy Waiver **05/31/2022**

IN ACCORDANCE WITH THE HEALTH OCCUPATIONS ARTICLE OF THE ANNOTATED CODE OF MARYLAND

LIC. REG. PERM. NO.	EXPIRATION DATE
PW0285	05/31/2022

SECRETARY MDH

SIGNATURE OF BEARER

WHERE REQUIRED BY LAW THIS MUST BE CONSPICUOUSLY DISPLAYED IN OFFICE TO WHICH IT APPLIES

VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID VOID

Entity Name	IgG of America, Inc.

Management Name	Title	Address	Phone	Ownership
Conroy, John M.	President/Treasurer	One CVS Drive Woonsocket RI 02895	401-765-1500	0%
Moffatt, Thomas S.	Vice President/Secretary	One CVS Drive Woonsocket RI 02895	401-765-1500	0%
Beaulieu, Sheelagh M.	Assistant Treasurer	One CVS Drive Woonsocket RI 02895	401-765-1500	0%
Clark, Jeffrey E.	Assistant Treasurer	One CVS Drive Woonsocket RI 02895	401-765-1500	0%
Cimbron, Linda M.	Assistant Secretary	One CVS Drive Woonsocket RI 02895	401-765-1500	0%
DeSousa, Kimberley M.	Assistant Secretary	One CVS Drive Woonsocket RI 02895	401-765-1500	0%
St Angelo, Melanie K.	Assistant Secretary	One CVS Drive Woonsocket RI 02895	401-765-1500	0%

Owner	Caremark RX, L.L.C.
%	100%

STATE OF MARYLAND
Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT I.G.G. OF AMERICA, INC. (D04809968), INCORPORATED OCTOBER 16, 1997, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS FEBRUARY 24, 2022.

Michael L. Higgs
Director

301 West Preston Street, Baltimore, Maryland 21201
Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

Online Certificate Authentication Code: ETjreQR0oEOnsWFI81sEbw
To verify the Authentication Code, visit http://dat.maryland.gov/verify

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler IgG of America dba. US Bioservices

Physical Address 514 Progress Drive

City Linthicum Heights State MD Zip 21090

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 877-674-9700 Website _____

Licensing Company Email Permitinfo@cvshealth.com

Section 2: Personal Information

First Gina Middle White Last Cohenour

Alias(es, nicknames, name changes, etc.) Gina Alice White, Gina White Sauls

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] Bilge Drive

City Severn State MD Zip 21144

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☐ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		X

Applicant's initials GWC

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Medical University of South Carolina		5/1991 - 5/1995	
Address	**City**	**State**	**Zip**
171 Ashley Avenue	Charleston	SC	29425
Diploma/Degree obtained, if any			
BS- Pharmacy			
School Name		**From - To (MM/YY – MM/YY)**	
Francis Marion University		8/1989 - 12/1992	
Address	**City**	**State**	**Zip**
4822 E Palmetto St	Florence	SC	
Diploma/Degree obtained, if any			
BS- Biology | Chemistry			
School Name		**From - To (MM/YY – MM/YY)**	
Williamsburg Academy		8/1977-5/1989	
Address	**City**	**State**	**Zip**
1000 Sandy Bay Rd	Kingstree	SC	29556
Diploma/Degree obtained, if any			
high school diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
1/2001 - Present	[redacted] Binge Drive	Severn	MD	21144
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____ 3

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name: IgG of America dba US Bioservices			From - To (MM/YY – MM/YY): 4/4/16 - Present
Business Address: 514 Progress Drive Ste X-2	City: Linthicum Heights	State: MD	Zip: 21090
Phone: 877-674-9700	Title: Pharmacy Manager / PIC		Number of Employed Hours: 12,000
Description of Duties: Prescription order verification to include drug utilization review. Management of home bound patients with complex drug therapies. Maintain operating policies and procedures, quality assurance and record keeping. Oversee and management of Pharmacy staff and facility operations			
Business Name: Cigram Specialty / CVS Caremark			From - To (MM/YY – MM/YY): 6/2008 - 2016
Business Address: 7150 Columbia Gateway Drive Unit E	City: Columbia	State: MD	Zip: 21046
Phone: 800-227-3675	Title: Clinical Pharmacist		Number of Employed Hours: 16,000
Description of Duties: Process & verify Prescription orders. Manage patients on complex therapies of home infusions. Ensure proper record keeping.			
Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			
Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		Number of Employed Hours
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials _____

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		N/A
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

3/1/2022
Date

Applicant's initials

I, Gina Cohenour, **certify that as the designated representative for** IgG of America dba US Bioservices,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Gina Cohenour
Print Name (First, Last)

Gina Cohenour
Original Signature (electronic, copies or stamps not accepted)

3/1/2022
Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Gina Cohenour
Print Name (First, Last)

Gina Cohenour
Original Signature (electronic, copies or stamps not accepted)

3/1/2022
Date

Please have this section completed in the presence of a Notary Public.

State of Maryland, ss. County of Harford

I, Gina Cohenour, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Gina Cohenour
Original Signature

3/2/2022
Date

Subscribed and Sworn to before me this 3rd day of March, 2022

Kira German
Notary Public Signature

KIRA B. GERMAN NOTARY PUBLIC HARFORD COUNTY, MD
(Seal)

Applicant's initials _____

MARYLAND
Department of Health
Larry J. Hogan, Governor - Boyd K. Rutherford, Lt. Governor - Robert R Neall, Secretary

MARYLAND BOARD OF PHARMACY
4201 Patterson Avenue, Baltimore, Maryland 21215-2299
Kevin M. Morgan, Board President, Deena Speights-Napata, Executive Director

SUPPLEMENTAL STERILE PROCESSING INSPECTION FORM

Maryland Pharmacy Permit Number	:	PW0285
Corporate Pharmacy Name	:	IgG of America, Inc. DBA: US Bioservices
Pharmacy Name-Doing Business as (d/b/a) or Trade Name	:	
Street Address	:	514 PROGRESS DRIVE, LINTHICUM, MD, 21090
Business Telephone Number	:	877-674-9700
Business Fax Number	:	877-402-4042
Inspection Date	:	07/23/2020
Arrival Time	:	08:29
Departure Time	:	15:50
Type of Inspection	:	○Opening ◉Annual ○Follow-up ○Others Select
Previous Date	:	09/10/2019
Name of Inspector	:	Jered Pasay

Pharmacy Hours

Monday: 8:30am - 5:00pm	Tuesday: 8:30am - 5:00pm	Wednesday: 8:30am - 5:00pm	Thursday: 8:30am - 5:00pm
Friday: 8:30am - 5:00pm	Saturday: Closed	Sunday: Closed	

Maryland Pharmacy Permit Number	PW0285	Expiration Date	05/31/2022
CDS Registration Number	NA	Expiration Date	
DEA Registration Number	NA	Expiration Date	

○ Yes ◉ No The pharmacy department provides service 24 hours a day. COMAR 10.34.05.

◉ Yes ○ No ○ N/A The pharmacy hours of operation are prominently displayed. COMAR 10.34.05.03B

◉ Yes ○ No All permits, licenses, and registrations are posted conspicuously. HO §12-311, HO §12-408(b) and HO §12-6B-08

○ Yes ◉ No The pharmacy fills original prescriptions received via the internet. If yes, how do pharmacists verify that a relationship exists between the patient and the prescriber?

NA

HG §21-220; COMAR 10.19.03.02 and .07

○ Yes ◉ No The pharmacy wholesale distributes to another pharmacy. COMAR 10.34.37

○ Yes ◉ No The pharmacy wholesale distributes to a wholesale distributor. COMAR 10.34.37

○ Yes ○ No ◉ N/A The wholesale distribution business exceeds 5% of the pharmacy annual sales. COMAR 10.34.37

Per Pharmacist Gina Cohenour, pharmacy does not wholesale distribute

Comments:

2. PERSONNEL

15570 15570 : GINA COHENOUR

Pharmacist Employee	License #	Status	Exp. Date	Vaccine Certification #	Status	Exp. Date	
GINA COHENOUR	15570	Active	02/28/2022				
LOPA PATEL	14355	Active	02/28/2021				
ROBERT J GUNN	09719	Active	03/31/2021	09719	Active	03/31/2021	
ALVENA WINETTE SHERARD	08462	Active	09/30/2020				
GASIM Osman HASSAB ELDAIM	23992	Active	07/31/2021	23992	Active	07/31/2021	

Pharmacist Employee	License #	Status	Exp. Date	Vaccine Certification #	Status	Exp. Date	
TRACY V JOHNSON	16326	Active	07/31/2022				
FREDERICA M COUPET	19532	Active	09/30/2021				
Mischelle C Smoot	25066	Active	05/31/2021				

Registered Technicians	Registration #	Status	Exp. Date	
CHRISTINE HARRINGTON	T14356	Active	07/31/2021	
DOMINIQUE N BRAXTON	T02687	Active	11/30/2021	
Heath Allen Gresko	T01374	Active	11/30/2021	

Unlicensed Personnel (non-registered)	Title	Duties	

Only Pharmacist Cohenour, and Technicians Braxton and Gresko perform sterile compounding
Reviewed CPR certification of Pharmacist Gunn, Eldaim

Comments:

3. FACILITY AND EQUIPMENT STANDARDS FOR COMPOUNDING STERILE PREPARATIONS

Documentation shows:

◉ Yes ○ No Certification that each LAFW (Laminar Air Flow Workbench), BSC (Biological Safety Cabinet), and CAI (Compounding Aseptic Isolator) is functioning properly and meets the air quality requirement of ISO Class 5, and is performed by a qualified operator(s) using current, state-of-the-art electronic air sampling at least every six months and whenever the LAFW, BSC, or CAI is relocated. COMAR 10.34.19.03B(5) & (10); COMAR 10.34.19.15D

◉ Yes ○ No The air quality of the clean room and anteroom area is evaluated by a qualified operator(s) for conformance to ISO Class 7 and ISO Class 8 requirements, as appropriate, at least every six months and when renovations occur. COMAR 10.34.19.03B(5); COMAR 10.34.19.15E

◉ Yes ○ No Records of clean room testing are maintained and reviewed by the supervising pharmacist. COMAR 10.34.19.07B(1)

◉ Yes ○ No Evidence of daily calibration and routine maintenance on the following equipment, if applicable, for use:

○ Yes ○ No ◉ N/A Autoclave

○ Yes ○ No ◉ N/A Electronic Balance

○ Yes ○ No ◉ N/A Convection Oven

◉ Yes ○ No ○ N/A Incubator

○ Yes ○ No ◉ N/A Automated Compounding Devices (pumps) COMAR 10.34.19.10B

◉ Yes ○ No A refrigerator and freezer, if applicable, with sufficient capacity to meet the storage requirements for all material requiring refrigeration/freezing must be available in the facility. Evidence of maintenance of acceptable temperature ranges must be available. COMAR 10.34.19.10A

◉ Yes ○ No The facility must contain appropriate waste containers to isolate sharps, hazardous waste, biological, and chemotherapy waste. COMAR 10.34.19.09B(6) & .15F; COMAR 10.34.19.10A(3) Access to designated areas and clean rooms is limited to those individuals who are properly attired. COMAR 10.34.19.09A

◉ Yes ○ No All equipment used in the designated area or clean room must be made of a material that can be easily cleaned and disinfected. COMAR 10.34.19.09B(3)

○ Yes ○ No ◉ N/A Closed system vial transfer devices (CSTD) are employed when handling cytotoxic drugs. COMAR 10.34.19.12(17)

Pharmacy has appropriate waste containers
Pharmacy does not compound HDs

Comments:

4. COMPOUNDING AREA COMAR 10.34.19.09

◉ Yes ○ No Clean room walls, ceilings, counters, lighting fixtures and floors are made of non-porous, nonshedding, cleanable surfaces. COMAR 10.34.19.09B(3)

◉ Yes ○ No Supplies are stored in a manner that maintains integrity of an aseptic environment.

◉ Yes ○ No The anteroom contains a sink with hot and cold running water. COMAR 10.34.19.09C(2)(a)

None

Comments:

5.POLICIES AND PROCEDURES MUST ADDRESS: COMAR 10.34.19.12

Policies and procedures address at least the following:

◉ Yes ○ No The compounding, filling, and labeling of sterile compounds. COMAR 10.34.19.12C(6)(a), (c) and (d)

◉ Yes ○ No Proper labeling of the compounded sterile preparation including the intended route of administration and recommended rate of administration. COMAR 10.34.19.12C(6)(d)

◉ Yes ○ No Availability of equipment and supplies. COMAR 10.34.19.12C(3); COMAR 10.34.19.12C(17)(a)

◉ Yes ○ No The training of staff in the preparation of compounded sterile preparations. COMAR 10.34.19.12C(10); COMAR 10.34.19.14B

◉ Yes ○ No Staff competency evaluations. COMAR 10.34.19.14E

◉ Yes ○ No Quality Assurance Program. COMAR 10.34.19.12C(9); 10.34.19.15

◉ Yes ○ No All record keeping requirements COMAR 10.34.19.12C(7)

◉ Yes ○ No A written process, verified by a pharmacist, describing ingredients and the process for each preparation. COMAR 10.34.19.05B(4); COMAR 10.34.19.07B(1) and (2)

◉ Yes ○ No Documentation demonstrating that all personnel involved have read the policies procedures before compounding sterile preparations. COMAR 10.34.19.12B

◉ Yes ○ No Documentation of communication of policy and procedure for additions and deletions

◉ Yes ○ No The storage and handling of products and supplies. COMAR 10.34.19.12C(6)(b)

◉ Yes ○ No The storage and delivery of final preparation. COMAR 10.34.19.12(6)(b) and (f)

◉ Yes ○ No Media fill process verification testing. COMAR 10.34.19.12C(11)

◉ Yes ○ No The criteria for Beyond Use Dating (BUD). COMAR 10.34.19.12C(6)(e)

◉ Yes ○ No Personnel access and movement of materials into and near the compounding area. COMAR 10.34.19.12C(2)

◉ Yes ○ No The use and maintenance of environmental control devices used to create the critical area for manipulation of sterile preparations (e.g. laminar air flow workstations, biological safety cabinet, ISO Class 7 clean room, and/or CAIs. COMAR 10.34.19.12C(3)

◉ Yes ○ No A regular cleaning schedule for the controlled area and any equipment in the controlled area and the alternation of disinfectants (pharmacies subject to an institutional infection control policy may follow that policy).

◉ Yes ○ No The method used to monitor the environment for bacterial microorganisms. COMAR 10.34.19.12C(4)

◉ Yes ○ No The disposal of packaging materials, used syringes, containers, and needles to avoid accumulation and maintain sanitation in the controlled area. COMAR 10.34.19.12C(18); COMAR 10.34.19.15F

◉ Yes ○ No Written policies and procedures for the use of established master formulas and worksheets for sterile batch compounding, if applicable

○ Yes ○ No ◉ N/A Established sterilization procedures including documentation of results, if applicable. COMAR 10.34.19.12C(4)

◉ Yes ○ No ○ N/A End-product evaluation and testing, if applicable. COMAR 10.34.19.12C(11); COMAR 10.34.19.15H

Policies kept electronically part of AmerisourceBergen, last review 12/2019

Comments:

6. LABELING REQUIREMENTS COMAR 10.34.19.06

All labeling must include the following:

◉ Yes ○ No The name and concentration or amount of each ingredient contained in the preparation. COMAR 10.34.19.06B(7) and (8)

◉ Yes ○ No Instructions for storage and handling. COMAR 10.34.19.06B(12)

○ Yes ○ No ◉ N/A Cytotoxic agents include a special label which states "Chemotherapy-Dispose of Properly". COMAR 10.34.19.06B(13)

◉ Yes ○ No Beyond Use Dating. COMAR 10.34.19.06B(11)

◉ Yes ○ No For short dated preparations, labeling must include:

◉ Yes ○ No ○ N/A Time

◉ Yes ○ No ○ N/A Date

◉Yes ○No ○N/A Caution label/start-up time

Label attached under supporting documents

Comments:

7. RECORD KEEPING REQUIREMENTS COMAR 10.34.19.07

The following records must be maintained:

◉ Yes ○ No A readily retrievable medication profile for each patient. COMAR 10.34.19.07A

◉ Yes ○ No Compounding worksheets for preparations for future use, indicating the drug name and amount/dose, ingredient lot numbers, quantity prepared, preparation date and BUD. COMAR 10.34.19.07B(2)

◉ Yes ○ No ○ N/A Documentation for 3 years to include: COMAR 10.34.19.07B – 5 years

◉ Yes ○ No Training and competency evaluation of employees in sterile preparation procedures. COMAR 10.34.19.07B(1)(a)

◉ Yes ○ No Refrigerator and freezer temperatures. COMAR 10.34.19.07B(1)(b)

◉ Yes ○ No ○ N/A Certification of the testing of the sterile compounding environment.COMAR 10.34.19.07B(1)(c)

◉ Yes ○ No ○ N/A Other facility quality control logs specific to the pharmacy's policies and procedures (e.g. cleaning logs for facilities and equipment). COMAR 10.34.19.07B(1)(d)

◉ Yes ○ No ○ N/A Preparation records including the master work sheet, the preparation work sheet and records of end product evaluation, if applicable. COMAR 10.34.19.07B(1)(f)

◉ Yes ○ No ○ N/A Daily, weekly and monthly records of disinfection of workbench surface, walls, floors, ceilings, shelving, tables and stools, and after any unanticipated event which increases the risk of contamination. COMAR 10.34.19.07B(1)(d)

Comments:
Patient profiles kept electronically PRx
Compounding is tracked on worksheets
Master tracking sheet used to track pressures, temperatures, humidity, cleaning, and other quarterly/annual checks

8. INVENTORY CONTROL PROCEDURES

○ Yes ○ No ◉ N/A The pharmacy maintains records of wholesale distribution to other pharmacies separately from its other records. COMAR 10.34.37.03

○ Yes ○ No ◉ N/A The pharmacy maintains records of wholesale distribution to wholesale distributors separately from its records of wholesale distribution to other pharmacies. COMAR 10.34.37.03

Per Pharmacist Gina Cohenour, pharmacy does not wholesale distribute

Comments:

9. ATTIRE 10.34.19.13

◉ Yes ○ No ○ N/A Clean room garb consists of a non-shedding coverall, head cover, face mask, and shoe covers must be worn inside the designated area at all times. COMAR 10.34.19.13A(3)

◉ Yes ○ No ○ N/A Clean room garb must be donned and removed outside the designated area. COMAR 10.34.19.13A(4)

◉ Yes ○ No ○ N/A Hand, finger, and wrist jewelry must be removed. COMAR 10.34.19.13A(5)

◉ Yes ○ No ○ N/A Head and facial hair must be covered. COMAR 10.34.19.13A(3)(b)

◉ Yes ○ No ○ N/A Makeup must not be worn in clean room. COMAR 10.34.19.13A(7)

◉ Yes ○ No ○ N/A Protective gloves made of non-shedding materials are required. COMAR 10.34.19.11A

○ Yes ○ No ◉ N/A When preparing cytotoxic agents, appropriate personal protective equipment including gowns and gloves are worn. COMAR 10.34.19.12C(17); COMAR 10.34.19.14B

Pharmacy does not compound HDs

Comments:

Requirements may not apply if a barrier isolator is used to compound sterile preparations.

10. TRAINING OF STAFF, PATIENT, AND CAREGIVER COMAR 10.34.19.14

◉ Yes ○ No ○ N/A In non-hospital environments: Consultation shall be available to the patient and/or primary caregiver concerning proper use of compounded sterile preparations and related supplies furnished by the pharmacy. COMAR 10.34.19.14A

◉ Yes ○ No ○ N/A The supervising pharmacist shall ensure all personnel engaging in compounding sterile drug preparations shall have training and demonstrate on-going competence in the safe handling and compounding of sterile drug preparations including cytotoxic agents if applicable. COMAR 10.34.19.14B

◉ Yes ○ No ○ N/A Pharmacies must establish and follow a written program of training performance evaluation designed to ensure that each person working in the designated area has the knowledge and skills necessary to perform their assigned tasks properly. COMAR 10.34.19.14B(1)

◉ Yes ○ No ○ N/A The program of training and evaluation addresses the following:

◉ Yes ○ No ○ N/A Aseptic technique

◉ Yes ○ No ○ N/A Pharmaceutical calculations/terminology

◉ Yes ○ No ○ N/A Sterile preparations compounding documentation

◉ Yes ○ No ○ N/A Quality assurance procedures

◉ Yes ○ No ○ N/A Aseptic preparation procedures

◉ Yes ○ No ○ N/A Proper cleansing and garbing techniques

◉ Yes ○ No ○ N/A General conduct in the controlled area

◉ Yes ○ No ○ N/A Cleaning/sanitizing and maintaining equipment used in the controlled area

◉ Yes ○ No ○ N/A Sterilization techniques if applicable See COMAR 10.34.19.14E(1)(a) – (i) for above

◉ Yes ○ No ○ N/A Handling, storage, and delivery of sterile compounded preparations

◉ Yes ○ No ○ N/A Equipment training COMAR 10.34.19.14E(1)(j)

◉ Yes ○ No ○ N/A Competency assessment COMAR 10.34.19.14B

◉ Yes ○ No ○ N/A Equipment and closure system selection COMAR 10.34.19.14E(1)(j)

◉ Yes ○ No ○ N/A Each person assigned to the controlled area must successfully complete practical skills training in aseptic technique and aseptic area practices. COMAR 10.34.19.14E(2)

◉ Yes ○ No ○ N/A Evaluations must include written testing and a written protocol of periodic routine performance checks involving adherence to aseptic area policies and procedures. COMAR 10.34.19.14E(3)

◉ Yes ○ No ○ N/A Each person's proficiency and continuing training needs must be reassessed every 12 months (every 6 months for high-risk compounding). COMAR 10.34.19.14E(1)(a)

◉ Yes ○ No ○ N/A Records of training and demonstrated competence shall be available for each individual and shall be retained for three (3) years beyond the period of employment. 5 years for employees. COMAR 10.34.19.14C

Comments:
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Training is through the parent company and each branch as per specialty
Other certification through MOOG medical products
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11. DISPOSAL OF WASTE MATERIAL

◉ Yes ○ No ○ N/A Pharmacies compounding sterile preparations shall have written policies and procedures for disposal of infectious materials and/or materials containing cytotoxic residue or hazardous waste. COMAR 10.34.19.12C(18)

◉ Yes ○ No ○ N/A Procedures must include cleanup of spills and shall be in conformance with local health jurisdictions. COMAR 10.34.19.12C(4)

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Pharmacy has appropriate policies
```

Comments:

12. QUALITY ASSURANCE AND PROCESS VERIFICATION COMAR 10.34.19.15

◉ Yes ○ No ○ N/A Each pharmacy shall have a documented, ongoing quality assurance program that monitors personnel performance, equipment and facilities. COMAR 10.34.19.12C; COMAR 10.34.19.15

◉ Yes ○ No ○ N/A The Quality Assurance Program shall include documentation of monitoring to assure successful:

◉ Yes ○ No ○ N/A Cleaning and sanitization of the parenteral medication preparation area. COMAR 10.34.19.15E

◉ Yes ○ No ○ N/A The storage of compounded parenteral preparations in the pharmacy and periodic documentation of refrigeration/freezer temperature. COMAR 10.34.19.15B

◉ Yes ○ No ○ N/A Steps taken in the event of a drug recall. COMAR 10.34.19.12C(6)(h)

◉ Yes ○ No ○ N/A Written justification including literature references of the chosen beyond use dates for compounded sterile preparations.

◉ Yes ○ No ○ N/A Written policies and procedures for implementing the immediate use exemption for admixtures.

◉ Yes ○ No ○ N/A Each individual involved in the preparation of compounded sterile preparations must successfully complete a verification process before being allowed to prepare sterile preparations. COMAR 10.34.19.14B

◉ Yes ○ No ○ N/A The verification process shall be carried out using the same personnel, procedures, equipment, and materials as normal production, except that an appropriate microbiological growth medium is used in the compounding process to verify the sterility of the final preparation. COMAR 10.34.19.12C(11); COMAR 10.34.19.15C

◉ Yes ○ No ○ N/A Completed media samples must be incubated according to currently accepted standards. COMAR 10.34.19.15C

◉ Yes ○ No ○ N/A If microbial growth is detected, then the sterile preparation process must be evaluated, corrective action taken, and the verification process repeated.

◉ Yes ○ No ○ N/A Personnel competency must be re-verified at least every 12 months (every 6 months for highrisk), whenever the quality assurance program yields an unacceptable result, or whenever improper aseptic technique is observed.

◉ Yes ○ No ○ N/A The verification and re-verification process must be documented. COMAR 10.34.19.07B(3)

◉ Yes ○ No ○ N/A Other personnel monitoring requirements as required by current standards must be performed, such as fingertip touch testing.

◉ Yes ○ No ○ N/A There must be current and appropriate reference materials regarding the compounding of sterile preparations located in or immediately available to the pharmacy. COMAR 10.34.19.16

◉ Yes ○ No ○ N/A Written documentation that the end product has been tested on a periodic sampling basis for microbial contamination and steps taken in the event that testing for contamination proves positive, if applicable. COMAR 10.34.19.15C

Reviewed media fill tests, weekly fingertip testing, competencies, and annual testing and calculations.

Comments:

CONTROLLED DANGEROUS SUBSTANCES WORKSHEET

Pharmacy: IgG of America, inc. DBA: US Bioservices
Permit#: PW0285
Date: 07/23/2020

Rx#: NA
Date Filled:

DRUG	NDC Number	ON HAND INVENTORY	PERPETUAL INVENTORY	
NA	NA			Clear
NA	NA			Clear
NA	NA			Clear
NA	NA			Clear

Pharmacy does not dispense controlled substances

Comments:

SCHEDULE II AUDIT

Drug: NA
NDC Number: NA
Date of last Inspection/Biennial: 09/10/2019

SCHEDULE II AUDIT

Amount at last inspection/biennial	0.00	(A)
Purchased since inspection/biennial	0.00	(B)
Total inventory	0	(C) = A + B
Quantity Dispensed	0.00	(D)
Expected Inventory	0	(E) = C - D
Quantity on Hand	0.00	(F)
Discrepancy	0	(G) = (F-E)excess or (E-F) shortage

INVOICE REVIEW

CII: NA

CIII - CV: NA

PRESCRIPTION REVIEW

CII#: NA

Date: NA

Comments:

CIII - CV#: NA

Date: NA

Comments:

Pharmacist Signature for Controlled Dangerous Substances Audit:

SCHEDULE II AUDIT

Amount at last inspection/biennial	0.00	(A)
Purchased since inspection/biennial	0.00	(B)
Total inventory	0	(C) = A + B
Quantity Dispensed	0.00	(D)
Expected Inventory	0	(E) = C - D
Quantity on Hand	0.00	(F)
Discrepancy	0	(G) = (F-E)excess or (E-F) shortage

INVOICE REVIEW

NA

CII:

CIII - CV: NA

PRESCRIPTION REVIEW

CII#: NA

Date:

NA

Comments:

CIII - CV#: NA

Date:

NA

Comments:

Pharmacist Signature for Controlled Dangerous Substances Audit:

INSPECTOR'S COMMENTS:

Reviewed sterile inspection (virtual) with Gina Cohenour, Mischelle Smoot, and Angela Garcia, and shadowed by Trina Leak. Requirements as listed above were observed through documented communication with the facility staff to ensure that this facility meets the minimum requirement by state law. Documents attached to this inspection were provided during virtual communication with Gina Cohenour.

Pharmacy compounds low to medium risk CSPs. Pharmacy does not wholesale distribute or outsources medications. Pharmacy does not extend BUDs, and does not batch compound. Pharmacy compounds IVIG and provides medication pump services. Pharmacy is permitted in AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, IL, IN, IA, KY, ME, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, PA, RI, SC, SD, TN, UT, VT, VA, WA, DC, WV, WI, and WY.

Due to COVID19, pharmacy temporarily ceased compounding in March 2020 in efforts to avoid any wasted product in the event that a patient or Nurse had to delay or cancel an infusion after shipment. Manufacturer medication vials being shipped to patients to eliminate the 9 day BUD of compounded items. The clean room is still being cleaned at appropriate intervals. On June 3 a patient requested her infusion to be mixed by the pharmacy, fingertip testing was performed after compounding as part of QA.

Technicians pull components and perform compounding. Pharmacist check vials for correctness, drug and dose.

Clean room consists of a positive pressure anteroom and buffer room and 2 LAFWs. ENV Services performed environmental sampling and certification on 3/10/2020. Pharmacy conducts monthly in-house surface and air sampling (settling plates), and weekly fingertip sampling.

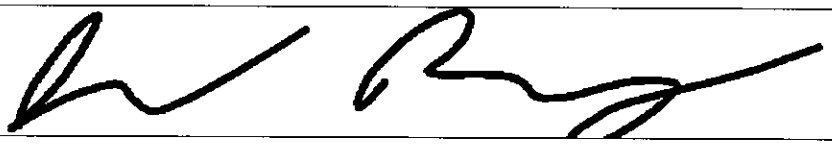
Cleaning of room and hoods is performed by pharmacy staff. Pharmacy uses Cavicide and Sterile Alcohol for the daily, TexQ for the weekly, and Peridox RTU for the monthly cleanings.

Discussed/Recommend
Adding a policy/procedure on reporting AERs to the Board of Pharmacy.

Unresolved matters will be brought to the Board for review.

Pharmacist signatures attached under supporting documents.

Inspector Signature:



Pharmacist Name (Print): 15570 15570 : GINA COHENOUR

Date: 07/23/2020

Signature:

Received a copy of this inspection report:

Supporting Documents.

PW0285_07232020_393_200.307 Pharmacy Sterile Compounding.pdf
PW0285_07232020_393_7-23-2020 Blood-borne_Pathogen_Training_2019_(USB)_Completion__MD Branch .xls
PW0285_07232020_393_7-23-2020 Infection_Control_-_Handwashing_(USB)_MD Branch.xls
PW0285_07232020_393_Board Audit Temp Log.pdf
PW0285_07232020_393_Board Audit- Label and compounding worksheet.pdf
PW0285_07232020_393_Board Audit- MD Pharmacy License.pdf
PW0285_07232020_393_Board Audit-Calculations Test.pdf
PW0285_07232020_393_Board Audit-Compounding Questionnaire.pdf
PW0285_07232020_393_Board Audit-End testing sterility ARL.pdf
PW0285_07232020_393_Board Audit-ENV Biological Sampling Reports.pdf
PW0285_07232020_393_Board Audit-ENV Hepa, Airflow & Smoke test.pdf
PW0285_07232020_393_Board Audit-Fingertip Testing.pdf
PW0285_07232020_393_Board Audit-General Sterile Compounding Policy 200.310.pdf
PW0285_07232020_393_Board Audit-Heath Pump Training.pdf
PW0285_07232020_393_Board Audit-Inspection Form.pdf
PW0285_07232020_393_Board Audit-Pharmacy Staff.docx
PW0285_07232020_393_Board Audit-Pharmacy State Licenses & Exp.docx
PW0285_07232020_393_Board Audit-Staff training & competencies.pdf
PW0285_07232020_393_Board Audit-Sterile Compounding Policy 200.300.pdf
PW0285_07232020_393_board Audit-Surface Sampling.pdf
PW0285_07232020_393_Email questions.pdf
PW0285_07232020_393_Gunn CPR Certification.pdf
PW0285_07232020_393_Pictures.pdf
PW0285_07232020_393_Signature.pdf
PW0285_07232020_393_student_eCard.pdf

410-764-4755 - Fax 410-384-4137 - Toll Free 800-542-4964
MDH 1-877-463-3464 - Maryland Relay Service 1-800-735-2258
Web site: https://health.maryland.gov/pharmacy/Pages/index.aspx

11C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **not transferable money order or cashier's check only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ *New Pharmacy or* ☐ ***Ownership Change*** *(Provide current license number if making changes:* ***PH*** _____

Check box below for type of ownership and complete all required forms.

☐ *Publicly Traded Corporation – Pages 1,2,3,8*
☒ *Partnership - Pages 1,2,6,8*
☐ *Non Publicly Traded Corporation – Pages 1,2,4,8*
☐ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: ICP Holdings, LLC D/B/A Integrity Compounding Pharmacy

Physical Address: 8601 Dunwoody Place, Suite 750

Mailing Address: 8601 Dunwoody Place, Suite 750

City: Sandy Springs State: GA Zip Code: 30350

Telephone: 404.815.1610 Fax: 404.815.1609

Toll Free Number: 844.736.9882 (Required per NAC 639.708)

E-mail: info@mixwithintegrity.com Website: www.mixwithintegrity.com

Managing Pharmacist: Nichole Feagin License Number: 20961 ✓

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☒	☐ Retail	☐	☐ Off-site Cognitive Services
☐	☐ Hospital (# beds_____)	☒	☐ Parenteral **
☐	☐ Internet	☒	☐ Parenteral (outpatient)
☐	☐ Nuclear	☒	☐ Outpatient/Discharge
☐	☐ Ambulatory Surgery Center	☒	☐ Mail Service
☒	☐ Community	☐	☐ Long Term Care
☐	☐ Other: _____	☒	☐ Sterile Compounding **
		☒	☐ Non Sterile Compounding
	All boxes must be checked	☒	☐ Mail Service Sterile Compounding **
	For the application to be complete	☐	☐ Other Services: _____

**If you check "yes" on any of these types of services, you will be <u>required</u> to make an appearance at the board meeting.

nichole Feagin
20961 Temp

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Charles "Casey" Gaetano
Print Name of Authorized Person

6/29/2021
Date

Board Use Only Date Processed:_____ Amount: $500 Check # 0805411133

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP General _____ Limited ✓

Partnership Name: ICP Holdings, LLC (DBA Integrity Compounding Pharmacy)

Mailing Address: 6601 Dunwoody Place, Suite 750

City: Sandy Springs State: GA Zip Code: 30350

Telephone Number: 404.815.1610 Fax Number: 404.815.1609

Contact Person: Casey Gaetano

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership
Use separate sheet if necessary

Name	G or L	Percentage
Charles "Casey" Gaetano	G	70
Susan Gaetano	L	30

List names of 4 largest partners and percentage of ownership:

Name: Charles "Casey" Gaetano %: 70

Name: Susan Gaetano %: 30

Name: _____ %: _____

Name: _____ %: _____

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 530 pm Saturday _____ am _____ pm

Sunday _____ am _____ pm 24 Hours (On Call)

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Georgia)
) ss.
Fulton COUNTY)

I, Charles Gaetano, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Managing Member for Integrity Compounding Pharmacy (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Charles Gaetano, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Charles Gaetano
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
16 day of JULY, 2021.

NOTARY PUBLIC

JAIME SIERRA
NOTARY PUBLIC
Fulton County
State of Georgia
My Comm. Expires Oct. 23, 2022

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Charles Gaetano

Responsible Person of Integrity Compounding Pharmacy

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Charles Gaetano
Print Name of Authorized Person

6/29/2021
Date

Georgia Board of Pharmacy

2 Peachtree Street, N.W., 6th Floor
Atlanta, GA 30303

(404) 651-8000 www.gbp.georgia.gov

Date Mailed: July 1, 2021

Integrity Compounding Pharmacy
8601 Dunwoody Place, Ste 750
Sandy Springs GA 30350

Full Name: Integrity Compounding Pharmacy	Date Issued: 11/23/2018
Type of License: Retail Pharmacy	License #: PHRE010671
Obtained By: Application	Expiration Date: 06/30/2023
License Status: Active	Highest Degree:
Public Board Orders: none	Profession: Pharmacy
Schools:	

VERIFICATION OF LICENSURE

The information above is the only licensure certification information provided by this Division. If other information is needed, it must be obtained from the above-named individual or the agency or institution which initially generated the information. If this verification indicates that a board order exists, please visit our website at https://gadch.mylicense.com/verification/Search.aspx to obtain a copy of the board order.

Eric R. Lacefield
Executive Director
Georgia Board of Pharmacy

STATE OF GEORGIA
Georgia Board of Pharmacy
Retail Pharmacy
LICENSE NO. PHRE010671 Status: Active

Integrity Compounding Pharmacy,
8601 Dunwoody Place Ste 750
Sandy Springs GA 30350

Expires: 06/30/2023
Issued: 11/23/2018

Pharmacist in Charge RPH022111
Nichole Lynn Feagin

Real-time license verification is available at gadch.mylicense.com/verification

Above is your wall certificate license to practice as a **Retail Pharmacy** in the State of Georgia. A pocket-sized license card is below.

Please make note of the expiration date on your license. It is your responsibility to renew your license before it expires.
Please notify the Board if you have a change of address.

STATE OF GEORGIA
Georgia Board of Pharmacy
Retail Pharmacy
LICENSE NO. PHRE010671 Status: Active
Integrity Compounding Pharmacy,
8601 Dunwoody Place Ste 750
Sandy Springs GA 30350

Expires: 06/30/2023 Pharmacist in Charge RPH022111
Issued: 11/23/2018 Nichole Lynn Feagin
Real-time license verification is available at gadch.mylicense.com/verification

ICP HOLDINGS, LLC
8601 DUNWOODY PL STE 750
SANDY SPRINGS, GA 30350-2519

100019907 2/000979-1/1-0

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FI6545303	11-30-2022	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4,5	RETAIL PHARMACY	10-07-2019

ICP HOLDINGS, LLC
D/B/A INTEGRITY COMPOUNDING PHARMACY
8601 DUNWOODY PL STE 750
SANDY SPRINGS, GA 30350-2519

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FI6545303	11-30-2022	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4,5	RETAIL PHARMACY	10-07-2019

ICP HOLDINGS, LLC
D/B/A INTEGRITY COMPOUNDING PHARMACY
8601 DUNWOODY PL STE 750
SANDY SPRINGS, GA 30350-2519

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THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

Georgia Drugs and Narcotics Agency
254 Washington Street SW - G2000
Atlanta, Georgia 30334

RETAIL

Pharmacy Permit Inspection Form

Board Office: 404-651-8000
Board Fax: 470-386-6137
GDNA Office: 404-656-5100
GDNA Fax: 404-651-8210
GDNA Toll Free: 800-656-6568

Pharmacy Information

Inspection Type:	Routine Inspection						
Permit Type Primary:	Independent 10-01	Permit Type Secondary:					
Pharmacy Name	Integrity Compounding Pharmacy					County:	Fulton
						Date:	07/16/2020
Pharmacy Permit #:	PHRE010671	Exp Date:	06/30/2021	DEA:	FI6545303	Exp Date:	11/30/2022
Street Address:	8601 Dunwoody Place Ste 750						
City:	Sandy Springs	State:	GA	Zip:	30350	Hours:	m-f 9-530 sat/sun cls
Phone:	404-815-1610	Fax:	404-815-1609	Pharmacy Email:		info@mixwithintegrity.com	
Pharmacist-in-Charge:	Nichole Lynn Feagin			License #:	RPH022111	Exp Date:	12/31/2020
Other Employees							
See attached list	highlighted staff present for inspection					Exp Date:	
						Exp Date:	
						Exp Date:	
						Exp Date:	
						Exp Date:	
						Exp Date:	
						Exp Date:	
Last GDNA Inspection Date	12/12/2018			Inspected By:		White/Khail/Mathis	
Recommendations Made:	4			Corrections Made:		yes	

Criteria	Satisfactory	Comments
1. Pharmacy License	Yes	
2. DEA Permit	Yes	
3. Pharmacist/Intern License	Yes	
4. Dangerous Drug Rxs	Yes	See comments below
5. Schedule II Rxs	N/A	
6. Schedule III, IV, V Rxs	Yes	
7. Refill Records / Computer Printout Records	Yes	
8. Exempt Narcotic Book	N/A	No sales of exempt narcotics per RPH.
9. PSE Logbook and Combat Meth Certificate	N/A	No sales of psuedophed products per RPH.
10. Drug Distribution Records (Non-Rx Sales)	Yes	
11. DEA Biennial Inventory	Yes	05/01/2020 COB
12. Drug Purchase Records (Invoices/Order Forms)	Yes	
13. Rx Department Security / Authorized Access Only	Yes	
14. Rx Department Sanitation / Orderly	Yes	
15. Adequate Pharmacy Temperature Control	Yes	
16. Rx Drug Stock (Adulterated / Misbranded)	Yes	
17. Laws / Rules / Appropriate Reference Material	Yes	
18. Required Equipment for Pharmacy Type	Yes	36F, 36F, 41F, 38F
19. Exemption Documentation / Other Reports	N/A	Pharmacy not operating under any exemptions per RPH.
20. Policies & Procedures Manual (if required)	N/A	
21. Patient Counseling / Patient Profile Records	Yes	Review 480-31-.01 & 26-4-85 for patient counseling.
22. Safety Concerns, i.e. Adequate Staffing	Yes	
23. Proper Supervision of Pharmacy Technicians	Yes	Review 480-15-.03 & 26-4-82 for pharmacist to pharmacy technician ratio.
24. List Drug Suppliers and Reverse Distributors:	McKesson	PCCA Letco Medisca Fagron Return Solutions (others see attached list)

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Georgia Drugs and Narcotics Agency
254 Washington Street SW - G2000
Atlanta, Georgia 30334

RETAIL

Pharmacy Permit Inspection Form

Board Office: 404-651-8000
Board Fax: 470-386-6137
GDNA Office: 404-656-5100
GDNA Fax: 404-651-8210
GDNA Toll Free: 800-656-6568

Compounding	Does this Pharmacy Compound Medication?	Yes	
	Type of Compounding Conducted	Both Sterile and Non-sterile Compounding Conducted	
25. Was a GDNA non-sterile compounding inspection conducted during this visit?		Yes	
26. Was a GDNA sterile compounding inspection conducted during this visit?		Yes	
27. Is this pharmacy registered with the FDA as a 503B Outsourcing Facility?		No	
28. Does this pharmacy receive compounded products from outside sources?		No	
	If yes, provide names of suppliers:	N/A	
Vaccinations	Does this pharmacy administer vaccinations via protocol?	No	

29. Types of vaccinations adminstered:

Influenza	No	Shingles	No	Pneumococcal	No	Meningitis	No	Other	

	Satisfactory	Comments
30. Vaccination Protocol Agreement	N/A	
31. Signed & Notarized Affidavit	N/A	
32. Liability Insurance for each Vaccinating Pharmacist	N/A	
33. Immunization cards issued	N/A	
34. Attempt to contact PCP within 72hrs	N/A	
35. Reporting vaccinations to G.R.I.T.S.	N/A	
36. Supervision during administration	N/A	

Delivery by Mail	Does the pharmacy deliver prescription mediations to the patient via mail or common carrier?	Yes

	Satisfactory	Comments
37. Controlled substance prescriptions sent signature required	Yes	No CII medications per RPH
38. Temperature sensitive Rxs packed correctly	Yes	
39. Proper documentation maintained by pharmacy	Yes	Utilizes FedEX and UPS, records kept online.
40. Replacement of compromised Rx shipment	Yes	

Recommendations / Comments

4) GDNA was provided a copy a "Consent to Deliver Patient-Specific Prescription Drugs to Licensed Medical Practitioner" form to document patient written authorization for the delivery of patient specific compounded medication to physicians office is received by the pharmacy prior to the delivery.

This inspection report has been read and explained to the pharmacist whose name appears below. Explanations include any observed violations, deficiencies, or comments, and such are based on state/federal laws and rules pertaining to the practice of pharmacy in the State of Georgia. I do affirm the information I have given pursuant to this inspection is true and correct to the best of my knowledge. This inspection report is not intended to be all inclusive, and there may be deficiencies, non-compliance, or violations of the laws and rules not detected and noted in this report.

Pharmacist's Email: N/A

Printed Name: Nichole Feagin

Nichole Feagin Pharm D

Signature: Pharmacist-in-Charge or on Duty

Today's Date 07/16/2020

Printed Name: Ron Acoff/Rick White/Eric Durham

Special Agent, Georgia Drugs & Narcotics Agency

Georgia Drugs and Narcotics Agency
254 Washington Street SW - G2000
Atlanta, Georgia 30334

NONSTERILE COMPOUNDING

Inspection Form

Board Office: 404-651-8000
Board Fax: 470-386-6137
GDNA Office: 404-656-5100
GDNA Fax: 404-651-8210
GDNA Toll Free: 800-656-6568

Pharmacy Information							
Inspection Type:	Routine Inspection		Permit Type:				
Pharmacy Name:	Integrity Compounding Pharmacy					County:	Fulton
						Date:	07/16/2020
Pharmacy Permit #:	PHRE010671	Exp Date:	06/30/2021	DEA:	FI6545303	Exp Date:	11/30/22
Street Address:	8601 Dunwoody Place Ste 750						
City:	Sandy Springs	State:	GA	Zip:	30350	Hours:	m-f 9-530
Phone:	404-815-1610	Fax:	404-815-1609	Pharmacy Email:		info@mixwithintegrity.com	
Pharmacist-in-Charge:	Nicole Lynn Feagin			License #:	RPH022111	Exp Date:	12/31/2020
Is this facility registered with the FDA as a 503B Outsourcing Facility?				No			
Does this pharmacy receive compounded products from outside sources?				No			
	If yes, provide names of suppliers:		N/A				
Types of non-sterile products compounded:							
Non-hazardous	Yes	Hazardous	Yes	Radiopharmaceuticals	N/A	Cytotoxic	Yes

Compounded Drug Preparations 480-11-.02	**Satisfactory**
1. Labeling of compounded product	Yes
2. Documentation of proof for all BUDs	Yes
3. Proper RPh final verification of product	Yes
4. Prescription bulk substances	Yes
5. Record keeping	Yes
6. Radiopharmaceuticals (if applicable)	N/A
7. Cytotoxic drugs (if applicable)	Yes

Organization and Personnel 480-11-.03	**Satisfactory**
8. Documented training kept for 5 years	Yes
9. Appropriate clothing & protective apparel	Yes

Facilities 480-11-.04(1)	**Satisfactory**
10. Adequate compounding area	Yes
11. Bulk drug, chemical, & material storage	Yes
12. Adequate lighting and ventilation	Yes
13. Adequate washing facilities to include:	
a. Hot and cold water	Yes
b. Soap or detergent	Yes
c. Air-drier or single-use towels	Yes
d. Sanitary compounding area	Yes

Equipment 480-11-.04(2)	**Satisfactory**
14. Clean / sanitized equipment and utensils	Yes
15. Equipment and utensil storage	Yes
16. Inspection and calibration of equipment	Yes

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Compounding of Drugs in Anticipation 480-11-.05(1)		Satisfactory
Does the pharmacy compound non-sterile prescription drugs in anticipation?	Yes	
17. Compounding record for each compound (for drugs made in anticipation) contains the following:		
a. Ingredient names & lot numbers		Yes
b. Quantities of each ingredient		Yes
c. Order of component mixing		Yes
d. Personnel involved in any step		Yes
e. Date of preparation		Yes
f. Ingredient expiration dates		Yes
g. Lot number for compounded product		Yes
h. Assigned BUD for compounded product		Yes

Compounding of Drugs for an Individual Prescription Drug Order 480-11-.05(2)	Satisfactory
18. Compounding record for each compound contains the following:	
a. Ingredient names & lot numbers	Yes
b. Quantities of each ingredient	Yes
c. Order of component mixing	Yes
d. Description of compounding process	Yes
e. Personnel involved in any step	Yes
f. Date of preparation (USP795)	Yes
h. Ingredient expiration dates (USP795)	Yes
i. Total quantity compounded (USP795)	Yes
j. Description of final product (USP795)	Yes
k. Assigned control or Rx # (USP795)	Yes
l. Assigned BUD (USP795)	Yes

Additional Requirements	Satisfactory
19. Labeling excess compounded products	Yes
20. Storage of excess compounded products	Yes
21. Drug Preparation containers/closures	Yes
22. Records readily available	Yes

Compliance with USP 795 – Pharmaceutical Compounding – Nonsterile Preparations	
23. Bulk component containers are labeled according to OSHA and MSDSs are available for all drugs and chemicals used in compounding.	Yes
24. Purified water shall be used for compounding nonsterile drug preparations when formulations indicate the inclusion of water.	Yes
25. The entire compounding and storage area shall be controlled using heating and air conditioning systems	Yes
26. All components, equipment and containers shall be stored off the floor and in a manner to prevent contamination and permit inspection and cleaning of the compounding and storage area.	Yes
27. Hazardous drugs shall be stored, prepared, handled and disposed of by appropriately trained personnel.	Yes
28. For components that do not have expiration dates assigned by the manufacturer or supplier, the compounder shall label the container with the date of receipt and assign a conservative expiration date, not to exceed three years after receipt.	Yes

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29. Beyond-Use Dates (BUD) shall be determined using stability information that is applicable to the specific drug and preparation. In the absence of stability information, the BUD shall adhere to the following:		Yes
	Nonaqueous Formulations - The BUD is not later than the time remaining until the earliest expiration date of any active pharmaceutical ingredient (API) or 6 months, whichever is earlier.	
	Water-Containing Oral Formulations – The BUD is not later than 14 days when stored at controlled cold temperatures	
	Water-containing topical/dermal and mucosal liquid and semisolid formulations – The BUD is not later than 30 days.	
30. A Master Formulation Record shall be followed for each compound and shall include the following:		
	a. Official or assigned name, strength and dosage form of the preparation	Yes
	b. Calculations and equipment needed	Yes
	c. Description of ingredients and quantities	Yes
	d. Compatibility and stability information, including references	Yes
	e. Mixing instructions	Yes
	f. Sample labeling	No
	g. Container used in dispensing	Yes
	h. Packaging and storage requirements	Yes
	i. Description of final preparation	Yes
31. Written standard operating procedures (SOPs) should be developed for the facility, equipment, personnel, preparation, packaging, and storage of compounded preparations to ensure accountability, accuracy, quality, safety, and uniformity in compounding.		Yes
32. Training requirements for all personnel involved in the compounding, evaluation, packaging, and dispensing of compounded preparations shall include written documentation to show all personnel involved in compounding has completed the following:		
	a. Read and become familiar with USP 795	Yes
	b. Read and become familiar with the pharmacy's SOPs for compounding	Yes
	c. Hazardous drug training (if applicable)	Yes
	d. Signature of the compounder (pharmacist) to show the employee has been appropriately trained	Yes

Recommendations / Comments

30 f) Master formulation record did not include a sample label with all required information.

This inspection report has been read and explained to the pharmacist whose name appears below. Explanations include any observed violations, deficiencies, or comments, and such are based on state/federal laws and rules pertaining to the practice of pharmacy in the State of Georgia. I do affirm the information I have given pursuant to this inspection is true and correct to the best of my knowledge. This inspection report is not intended to be all inclusive, and there may be deficiencies, non-compliance, or violations of the laws and rules not detected and noted in this report.

Email: N/A

Printed Name: Nichole Feagin

Printed Name: Ron Acoff/Rick White/Eric Durham

Nichole Feagin Pharm D

Signature: Pharmacist-in-Charge or on Duty

Ron Acoff / R White / E Durham

Special Agent, Georgia Drugs & Narcotics Agency

Today's Date 07/16/2020

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STERILE COMPOUNDING

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Pharmacy Information							
Inspection Type:	Routine Inspection		Permit Type:				
Pharmacy Name:	Integrity Compounding Pharmacy					County:	Fulton
						Date:	07/16/2020
Pharmacy Permit #:	PHRE010671	Exp Date:	06/30/2021	DEA:	FI6545303	Exp Date:	
Street Address:	8601 Dunwoody Place Ste 750						
City:	Sandy Springs	State:	GA	Zip:	30350	Hours:	m-f 9-530
Phone:	404-815-1610	Fax:	404-815-1609	Pharmacy Email:		info@mixwithintegrity.com	
Pharmacist-in-Charge:	Nichole Lynn Feagin			License #:	RPH022111	Exp Date:	12/31/2020
Is this facility registered with the FDA as a 503B Outsourcing Facility?				No			
Does this pharmacy receive compounded products from outside sources?				No			
If yes, provide names of suppliers:	N/A						

Risk levels compounded:							
Immediate Use	No	Low Risk	No	Medium Risk	Yes	High Risk	Yes

Types of sterile products compounded:							
Non-hazardous	Yes	Hazardous	Yes	Radiopharmaceuticals	N/A	Cytotoxic	N/A

480-11-.02 Compounded Drug Preparations	Satisfactory
1. Compounded drug preparations are based on the existence of a pharmacist/patient/prescriber relationship or anticipation of a prescription	Yes
2. The facility maintains proof that beyond use dates are valid	Yes
3. Pharmacists personally supervise compounding and provide final verification	Yes
4. Prescription ingredients for sterile compounding meet the following:	
a. Approved for use in the United States by the FDA	Yes
b. Manufactured by a facility registered by the FDA	Yes
c. Distributed by a wholesale distributor licensed by the Board and registered by the FDA	Yes
5. Appropriate safety and containment techniques for compounding cytotoxic drugs are being used in conjunction with aseptic technique (if applicable)	N/A
6. Disposal of cytotoxic waste complies with local, state, federal requirements (if applicable)	N/A
7. Records for all compounded pharmaceutical products	Yes
8. Pharmacy maintains a compounding formula that contains:	
a. Procedures	Yes
b. Necessary equipment	Yes
c. Necessary environmental considerations	Yes
9. Radiopharmaceuticals meet the rules outlined for nuclear pharmacists and pharmacies (if applicable)	N/A
10. Special precaution preparations are handled according to Board rules (if applicable)	Yes
11. Cytotoxic drugs (if applicable)	
a. Compounded using appropriate safety and containment techniques for cytotoxic drugs	N/A
b. Proper disposal of cytotoxic waste	N/A
c. Proper dispensing, labeling, and delivery to minimize the risk of accidental rupture	N/A

480-11-.03 Organization and Personnel	Satisfactory
12. Training records for compounding personnel are maintained for a minimum of five years	Yes
13. Personnel engaged in compounding wear clean and appropriate clothing to include protection from cytotoxic drug exposure (if applicable). This should include disposable masks and sterile, disposable gloves, as well as gowns, hair and shoe covers and goggles (when indicated)	Yes

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Atlanta, Georgia 30334

STERILE COMPOUNDING

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14. Only authorized personnel are in the immediate vicinity of the compounding operation	Yes
15. Personnel known to have an apparent illness or open lesions that may adversely affect the safety or quality of a drug preparation are excluded from the compounding process	Yes
480-11-.04 Facilities and Equipment	**Satisfactory**
16. Bulk drugs, chemicals, or materials used in compounding are properly stored	Yes
17. Sewage, trash and other refuse is disposed of in a safe and sanitary manner	Yes
18. Equipment used in compounding of drug preparations is:	
a. Composed of suitable composition to prevent alteration of the compounded product	Yes
b. Cleaned and sanitized	Yes
c. Mechanical equipment - Inspected, calibrated or checked (if necessary)	Yes
19. Physical requirements for compounding sterile products include:	
a. Designated sterile compounding area separate from non-sterile compounding	Yes
b. Adequate ventilation and lighting	Yes
c. Washing areas easily accessible to the compounding area	Yes
d. Sink with hot and cold running water	Yes
e. Soap or detergent; hand washing soap with bactericidal action	Yes
f. Single use towels (USP <797>)	Yes
g. Laminar airflow hood (ISO 5) located within a clean room, or barrier isolator, etc.	Yes
h. Infusion pumps, if appropriate	N/A
i. Facility for light and dark field examination	Yes
j. Appropriate disposal containers for syringes and cytotoxic waste (if applicable)	Yes
k. A properly vented Class II, vertical flow BSC or appropriate barrier isolator if required	Yes
l. Refrigerator/freezer in working condition (with temperature monitored)	Yes
m. Class I or II electronic balance	Yes
n. Disposable syringes and other supplies needed for compounding	Yes
o. Disinfectant and Cleaning solutions (USP <797>)	Yes
p. Appropriate filters and filtration equipment	Yes
q. Oncology drug spill kit (if applicable)	Yes
20. Appropriate references for sterile compounding	Yes
21. Approved variances from the Board of Pharmacy are posted (if applicable)	N/A

480-11-.05 Drug Compounding Controls			**Satisfactory**
Does the pharmacy compound sterile prescription drugs in anticipation?	Yes		
22. Each drug compounded in anticipation has a compounding record that includes the following:			
a. Listing of each ingredient			Yes
b. Amount of each ingredient			Yes
c. Source of each ingredient			Yes
d. Lot number of each ingredient			Yes
e. Expiration date of each ingredient			Yes
f. Order of ingredient mixing			Yes
g. Date mixed			Yes
h. Pharmacy's lot number for final product			Yes
i. Pharmacy's expiration date/BUD for final product			Yes
j. Description of the compounding process			Yes
k. Personnel involved in any step of the compounding process			Yes

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23. Each drug compounded for an individual prescription drug order has a compounding record that includes the following:	
a. Listing of each ingredient	Yes
b. Amount of each ingredient	Yes
c. Lot number of each ingredient (480-11-.08(4)(b))	Yes
d. Expiration date of each ingredient (480-11-.08(4)(b))	Yes
e. Order of component mixing	Yes
f. Description of the compounding process	Yes
g. Personnel involved in each step of the compounding process	Yes
24. Excess compounded drug product shall be properly stored and labeled or documentation referenced to contain a complete list of ingredients, the preparation date, and BUD. (480-11-.06)	Yes
25. Components, drug preparation containers, closures and bagged or boxed components of drug containers and closures are handled in a manner to prevent contamination and stored in a manner to permit unhindered cleaning of the work area (e.g., floors) and inspection. (480-11-.07(1))	Yes
26. Drug preparation containers and closures meet the requirements as described in 480-11-07(2).	Yes
480-11-.08 Records and Reports	**Satisfactory**
27. Procedures and records required by 480-11 are retained for a minimum of two years. These records may be kept as originals, photocopies, electronic files or other means of accurate reproduction.	Yes
28. All records and reports can be produced immediately to the Georgia State Board of Pharmacy or GDNA if stored on site or within 48 hours if maintained in a central database.	Yes
480-11-.09 Quality Assurance Program for Sterile Compounding	**Satisfactory**
29. Documented, ongoing quality assurance program that monitors personnel performance, equipment, and facilities.	Yes
30. All buffer areas, ante areas, LAFWs, BSCs, CAIs, and CACIs shall be certified following procedures, such as those outlined in the CETA Certification Guide for Sterile Compounding Facilities, by a qualified individual no less than every six months and whenever the device or room is relocated or altered or major service to the facility is performed. This documentation shall be maintained for a minimum of 2 years.	Yes
Date of last certification: 04/7/2020	
31. Documentation of quality assurance audits at regular, planned intervals, including infection control and sterile technique audits.	Yes
32. The facility maintains a current SOP / P&P manual. **Last revision date:** Ongoing	Yes

USP 797 Pharmaceutical Compounding -- Sterile Preparations Training of personnel involved in compounding sterile preparations		**Satisfactory**
Type of training	**Fequency of training**	
33. Written testing	Initial; Annual for low/medium risk level; semiannual for high risk level	Yes
34. Garbing & gloving	Initial and Annual	Yes
35. Media fill testing	Initial; Annual for low/medium risk level; semiannual for high risk level	Yes
36. Cleaning & disinfecting	Initial and Annual	Yes
37. Gloved finger tip	Initial x 3; Annual for low/medium risk level; semiannual for high risk level	Yes
38. Aseptic work practices	Initial and Annual	Yes
39. Aseptic manipulation	Initial; Annual for low/medium risk level; semiannual for high risk level	Yes

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USP 797 Pharmaceutical Compounding – Sterile Preparations Cleaning		**Satisfactory**
Type/location of cleaning	**Frequency of cleaning**	
40. Counters and easily cleanable work surfaces	Daily	Yes
41. Floors*	Daily	Yes
42. Walls*	Monthly	Yes
43. Ceilings	Monthly	Yes
44. Storage Shelving	Monthly	Yes
45. The facility maintains appropriate cleaning documentation for 2 years.		Yes
*Hood placement must allow for cleaning as outlined in USP797.		

USP 797 Pharmaceutical Compounding – Sterile Preparations Facility	**Satisfactory**
46. Temperature is monitored and recorded at least once daily (this can be manual or electronic)	Yes
47. Pressure gauge is installed and the pressure is monitored and recorded each work shift.	Yes
48. There is a line of demarcation in the anteroom or segregated compounding area	Yes
49. The furniture, equipment and physical plant surfaces are nonporous, smooth and cleanable	Yes
50. If the ceiling is composed of inlaid panels, the panels are hydrophobic & caulked around perimeter	Yes
51. The floors are cleanable with coved molding	Yes
52. The walls are solid or locking panels that are impervious, cleanable and non-shedding	Yes
53. There are no sources of water (e.g., sink) inside the buffer area	Yes

Sterile Compounding Standard Operating Procedures (SOPs) or Policy and Procedures (P&Ps)

The following items are required to be included in an SOP for each sterile compounding facility. By signing below, this person is confirming this facility has an SOP or P&P that addresses each item that is applicable to the type of sterile compounding conducted, and personnel involved in compounding shall adhere to these SOPs or P&Ps

CSP microbial containment risk levels	Single and multiple dose containers	Hazardous drugs as CSPs
Radiopharmaceuticals as CSPs	Allergen extracts	Sterilization methods
Depyrogenation by dry heat	Environmental quality and control issues	Exposure of critical sites
Total particle counts	Pressure monitoring	Air sampling frequency and process
Growth media	Viable air sampling	Air sampling devices
Incubation period	Action levels, documentation and data evaluation	Facility design and environmental controls
Environmental viable airborne particle testing program sampling plan	ISO class 5 air sources, buffer areas, and ante-areas	Sterilization of high-risk level CSPs by filtration and/or steam
Personnel training and evaluation in aseptic manipulation skills immediate-use CSPs	Evaluation via personnel glove fingertip sampling	Viable and nonviable environmental sampling testing
Environmental nonviable particle testing program	Placement of primary engineering controls within ISO 7 class buffer areas	Cleaning and disinfecting of sterile compounding areas
Personnel cleansing and garbing	Personnel training & competency evaluation of garbing, aseptic work practices and cleaning & disinfecting procedures	Competency evaluation of garbing and aseptic work practices
Aseptic work practice assessment	Verification of compounding accuracy and sterility	Cytotoxic and infectious waste

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Recommendations / Comments

This inspection was requested by the licensee due to out of state BOP request(s).
30) The EOC Summary Certification Results from 04/07/2020 shows that the DCA smoke study was conducted w/o video. The pharmacy staff stated they took their own video and downloaded to a USB.
49) The negative pressure buffer area's fixed vent was observed to have caulk that was porous.
* A copy of the cleanroom design was provided at the inspection (see attached).

This inspection report has been read and explained to the pharmacist whose name appears below. Explanations include any observed violations, deficiencies, or comments, and such are based on state/federal laws and rules pertaining to the practice of pharmacy in the State of Georgia. I do affirm the information I have given pursuant to this inspection is true and correct to the best of my knowledge. This inspection report is not intended to be all inclusive, and there may be deficiencies, non-compliance, or violations of the laws and rules not detected and noted in this report.

Email: nikkif@mixwithintegrity.com
Printed Name: Nicole Lynn Feagin

Printed Name: Ron Acoff/Rick White/Eric Durham

Nicole Feagin Pharm D
Signature: Pharmacist-in-Charge or on Duty

Special Agent, Georgia Drugs & Narcotics Agency

Today's Date 07/16/2020

Control Number : 16090169

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

ICP Holdings, LLC
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number	: 22438590
Date Inc/Auth/Filed	: 09/27/2016
Jurisdiction	: Georgia
Print Date	: 02/01/2022
Form Number	: 211

Brad Raffensperger

Brad Raffensperger
Secretary of State

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler ICP Holdings LLC D/B/A Integrity Compounding Pharmacy

Physical Address 8601 Dunwoody Place, Suite 750

City Sandy Springs State GA Zip 30350

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 404.815.1610 Website www.mixwithintegrity.com

Licensing Company Email info@mixwithintegrity.com

Section 2: Personal Information

First Susan Middle Aviles Last Gaetano

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] Bucksport Drive

City Roswell State GA Zip 30075

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials SAG

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Suffern High School		09/73 - 05/76	
Address	**City**	**State**	**Zip**
49 Viola Road	Suffern	NY	10901
Diploma/Degree obtained, if any			
High School Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Miami University		09/76 - 05/77	
Address	**City**	**State**	**Zip**
1320 S Dixie Hwy	Coral Gables	FL	33146
Diploma/Degree obtained, if any			
N/A			
School Name		**From - To (MM/YY – MM/YY)**	
Rockland Community College		09/77 - 05/79	
Address	**City**	**State**	**Zip**
145 College Road	Suffern	NY	10901
Diploma/Degree obtained, if any			
Associate Degree in Nursing			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/85 - 11/21	[redacted] Bucksport Drive	Roswell	GA	30075
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials SAG

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
ICP Holdings, LLC D/B/A Integrity Compounding Pharmacy			09/16 - 11/21
Business Address	**City**	**State**	**Zip**
8601 Dunwoody Place, Suite 750	Sandy Springs	GA	30350
Phone	**Title**		
404.815.1610	Member		
Description of Duties			
Silent Partner			

Business Name			From - To (MM/YY – MM/YY)
P3 Compounding of Georgia, LLC			10/12 - 09/16
Business Address	**City**	**State**	**Zip**
1140 Hammond Drive, Suite K220	Sandy Springs	GA	30328
Phone	**Title**		
404.815.1610	Member		
Description of Duties			
Silent Partner.			

Business Name			From - To (MM/YY – MM/YY)
Seagaet, LLC			11/11 - 11/21
Business Address	**City**	**State**	**Zip**
12845 Bucksport Drive	Roswell	GA	30075
Phone	**Title**		
770.992.9681	Office Management		
Description of Duties			
Office Management			

Business Name			From - To (MM/YY – MM/YY)
P3 Compounding, LLC			04/10 - 06/15
Business Address	**City**	**State**	**Zip**
8848 Cedar Springs Lane, Suite 100	Knoxville	TN	37923
Phone	**Title**		
865.769.5180	Member		
Description of Duties			
Silent Partner.			

Business Name			From - To (MM/YY – MM/YY)
P3 Compounding of Alabama, LLC			02/11 - 10/15
Business Address	**City**	**State**	**Zip**
818 Leighton Avenue, Suite B	Anniston	AL	36207
Phone	**Title**		
256.238.7166	Member		
Description of Duties			
Silent Partner.			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's Initials SAG

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials SAG

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Applicant's initials SAG

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Susan Gaetano

Print Name (First, Last)

Susan Gaetano

Original Signature (electronic, copies or stamps not accepted)

11/19/2021

Date

Please have this section completed in the presence of a Notary Public.

State of GEORGIA, ss. County of FULTON

I, Susan Gaetano, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Susan Gaetano

Original Signature

11/19/2021

Date

Subscribed and Sworn to before me this 19TH day of NOV, 2021

Notary Public Signature

Charles Evans
My Commission Expires
Notary
Public
May 17, 2022
Cobb County, Georgia

(Seal)

Applicant's initials SAG

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: ICP Holdings LLC D/B/A Integrity Compounding Pharmacy

Physical Address: 8601 Dunwoody Place, Suite 750

City: Sandy Springs State: GA Zip: 30350

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 404.815.1610 Website: www.mixwithintegrity.com

Licensing Company Email: caseyg@mixwithintegrity.com

Section 2: Personal Information

First: Charles Middle: Patrick Last: Gaetano III

Alias(es, nicknames, name changes, etc.): "Casey"

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted] Brookline Circle

City: Brookhaven State: GA Zip: 30319

Telephone: [redacted] Email: caseyg@mixwithintegrity.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty: _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's Initials: CPG

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
The Walker School		08/01 - 05/05	
Address	**City**	**State**	**Zip**
700 Cobb Parkway North	Marietta	GA	30062
Diploma/Degree obtained, if any			
High School Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Emory University		08/05 - 05/09	
Address	**City**	**State**	**Zip**
201 Dowman Drive	Atlanta	GA	30322
Diploma/Degree obtained, if any			
B.A.			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/21 - 11/21	[redacted]Brookline Circle	Brookhaven	GA	30319
05/17 - 03/21	[redacted]Peachtree Street, Unit 1206	Atlanta	GA	30309
03/15 - 05/17	[redacted]Hammond Drive, Unit 570	Sandy Springs	GA	30328
06/13 - 03/15	[redacted]Los Angeles Avenue, Suite B	Atlanta	GA	30306
11/11 - 06/13	[redacted]Kings Court	Atlanta	GA	30306

Applicant's Initials CPG

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
ICP Holdings, LLC D/B/A Integrity Compounding Pharmacy			09/16 - 11/21
Business Address	**City**	**State**	**Zip**
8601 Dunwoody Place, Suite 750	Sandy Springs	GA	30350
Phone	**Title**		
404.815.1610	Managing Member		
Description of Duties			
Operating Partner.			

Business Name			From - To (MM/YY – MM/YY)
P3 Compounding of Georgia, LLC			10/12 - 09/16
Business Address	**City**	**State**	**Zip**
1140 Hammond Drive, Suite K220	Sandy Springs	GA	30328
Phone	**Title**		
404.815.1610	Managing Member		
Description of Duties			
Operating Partner.			

Business Name			From - To (MM/YY – MM/YY)
True Nature Holding			04/16 - 09/16
Business Address	**City**	**State**	**Zip**
1355 Peachtree Street NE, Suite 1150	Atlanta	GA	30309
Phone	**Title**		
844.383.8689	VP of Corporate Development		
Description of Duties			
Business Expansion Planning.			

Business Name			From - To (MM/YY – MM/YY)
P3 Compounding, LLC			04/10 - 06/15
Business Address	**City**	**State**	**Zip**
8848 Cedar Springs Lane, Suite 100	Knoxville	TN	37923
Phone	**Title**		
865.769.5180	VP		
Description of Duties			
Strategy.			

Business Name			From - To (MM/YY – MM/YY)
P3 Compounding of Alabama, LLC			02/11 - 10/15
Business Address	**City**	**State**	**Zip**
818 Leighton Avenue, Suite B	Anniston	AL	36207
Phone	**Title**		
256.238.7166	Member		
Description of Duties			
Silent Partner.			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Applicant's Initials CPG

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Charles Gaetano

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/19/2021

Date

Please have this section completed in the presence of a Notary Public.

State of Georgia, ss. County of Fulton

I, Charles Gaetano, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/19/2021

Date

Subscribed and Sworn to before me this 19TH day of NOV, 2021

Notary Public Signature

Charles Evans
My Commission Expires
Notary
Public
May 17, 2022
Cobb County, Georgia

(Seal)

Applicant's initials CPG

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: ICP Holdings LLC, dba Integrity Compounding Pharmacy

Physical Address: 8601 Dunwoody Place, Suite 750

City: Sandy Springs State: GA Zip: 30350

Mailing Address (if different from physical address): same

City: State: Zip:

Telephone: 404-815-1610 Website: www.mixwithintegrity.com

Licensing Company Email: info@mixwithintegrity.com

Section 2: Personal Information

First: Nichole Middle: Lynn Last: Feagin

Alias(es, nicknames, name changes, etc.): Nichole Lynn McNinch

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: [redacted] Ragley Hall Rd NE

City: Brookhaven State: GA Zip: 30319

Telephone: [redacted] Email: nikkif@mixwithintegrity.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: NLF

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Mercer University School of Pharmacy		08/01 - 05/04	
Address	**City**	**State**	**Zip**
3001 Mercer University Dr	Atlanta	GA	30341
Diploma/Degree obtained, if any			
Doctor of Pharmacy (PharmD)			
School Name		**From - To (MM/YY – MM/YY)**	
West Virginia University		08/98 - 05/01	
Address	**City**	**State**	**Zip**
PO Box 6201	Morgantown	WV	26506
Diploma/Degree obtained, if any			
N/A			
School Name		**From - To (MM/YY – MM/YY)**	
John Marshall High School		08/96 - 06/98	
Address	**City**	**State**	**Zip**
1300 Wheeling Ave	Glen Dale	WV	26038
Diploma/Degree obtained, if any			
High School Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/13 - current	[redacted]Ragley Hall Rd NE	Brookhaven	GA	30319
06/13 - 12/13	[redacted]Oak Crest Dr	Tucker	GA	30084
01/04 - 06/13	[redacted]Mockingbird Ln	Decatur	GA	30030
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials NLF

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Integrity Compounding Pharmacy			03/16 - current
Business Address	**City**	**State**	**Zip**
8601 Dunwoody Place, Suite 750	Sandy Springs	GA	30350
Phone	**Title**		**Number of Employed Hours**
404-815-1610	Pharmacist in Charge		12,000
Description of Duties			
dispensing, record keeping, compounding, employee supervision			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials NLF

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's Initials NLF

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Applicant's Initials NLF

I, Nichole Lynn Feagin, **certify that as the designated representative for**

ICP Holdings LLC, dba Integrity Compounding Pharmacy,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Nichole Feagin

Print Name (First, Last)

Nichole Feagin

Original Signature (electronic, copies or stamps not accepted)

1/31/2022

Date

Applicant's initials NLF

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Nichole Feagin

Print Name (First, Last)

Nichole Feagin

Original Signature (electronic, copies or stamps not accepted)

1/31/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Georgia, ss. County of Fulton

I, Nichole Feagin, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Nichole Feagin

Original Signature

1/31/2022

Date

Subscribed and Sworn to before me this 31st day of January.

Amy Chapin

Notary Public Signature

AMY CHAPIN NOTARY PUBLIC COBB COUNTY, GEORGIA MY COMMISSION EXPIRES DECEMBER 14, 2025

(Seal)

Applicant's Initials NLF

11D

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application
Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- ☐ Nevada
- ■ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
■ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
☐ Ownership Change*		☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH_____	■ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Mid Valley Health Services

Physical Address: 2800 Mitchell Rd, Suite S

City: Ceres State: CA Zip: 95307

Mailing Address (if different from physical address): same

City: _____ State: _____ Zip: _____

Telephone: 209-531-1858 Toll Free # (NAC 639.708, NRS 639.23286): 888-313-2950

Fax: 209-531-0825 Contact Email: jdent@avevorx.com

Website: www.midvalleyhealthservices.com

Nevada Business License # (if applicable) NA

Supervising/Managing Pharmacist Name (NRS 639.220): Nhu-Cam Tran

Supervising/Managing Pharmacist NV Pharmacist Registration #: 11904 ✓ OK exp. 10/31/23

Type of Pharmacy (check all applicable)	Services the Pharmacy will Provide (check all applicable)
■ Retail/Community	■ Retail/Community
☐ Hospital (# beds _____)	☐ Non-sterile Compounding
☐ Internet	■ Sterile Compounding
☐ Nuclear	☐ Mail-Order Service
■ Other: Specialty Home Infusion	☐ Off-site Cognitive Services
	☐ Long Term Care
	☐ Hospital
	☐ Other:

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ☐ Saturday ☐ Sunday

Section 2: List all Nevada Registered Pharmacists (s) that will be providing Pharmacy Services in this Medical Marijuana Establishment (NRS 453A.322(3)(a)) (Attach separate piece of paper if additional space is needed.)

Name: Nhu-Cam Tran	NV Pharmacist Registration #: 11904
Name: Robert Barsamian	NV Pharmacist Registration #: 08596
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?		✔
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Account of the owners a health professional (i.e. Physician licensed by BMS/COM, Advanced Practice Registered Nurse licensed by Nursing, Physician Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Podiatrist, Optometrist, etc.) who provides the health(s) of the community in which the proposed medical marijuana establishment is located. (Attach separate piece of paper if additional space is needed.)

Name: NA	Credentials: NA	%: NA
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: NA

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: NA

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ■ Yes ☐ No

Section 7: Partnership

Partnership Name: AvevoRx, LLC

Mailing Address: 200 W Lexington Ave STE 203

City: High Point State: NC Zip: 27262

Telephone: 877-283-8679 Email: contactus@avevorx.com

Contact Person Name: Justin Dent / jdent@avevorx.com

Please check type of partnership (NAC 639.214) ☐ General ■ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ■ Yes ☐ No

Section 8: Sole Owner

Owner's Name: NA

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 4: Statement of Responsibility – MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the MEMBER, OWNER (title) for Mid Valley Health Services (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

COURTNEY L. REMLEY

Print Name of Authorized Person

Courtney L. Remley

Original signature of Authorized Person (copies or stamps not accepted)

11/22/2021

Date

N/A

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, _____ hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the _____ (title) for _____ (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

_____
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this _____ day of _____, 20_____

_____
Notary Public

N/A

Section III: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICATIONS ONLY

Managing Pharmacist Name: _____ Pharmacist Registration #: _____

Pharmacy Name: _____

Initial each statement below to indicate you have read and agree with the following:

_____ I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

_____ I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

_____ I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

_____ I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

_____ I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	Charge:	Status:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

_____ _____

Original signature of Managing Pharmacist (copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

COURTNEY L. REMLEY

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Courtney L. Remley

Original signature of Authorized Person (copies or stamps not accepted)

11/21/2021

Date

Board Use Only	Date Received: 11/24/21	Amount: 500	CHECK # 2221

Officers & Directors

AvevoRx, LLC Members and Directors

200 V Lexington Ave, Ste 203

High Point, NC 27262

Title	Name	Phone Number	Email	Address	% Ownership
Co-President	Douglas E. Hill	[redacted]	ehill@avevorx.com	[redacted]S. Birch Road, Apt 3c Fort Lauderdale, Fl 33316	25
Co-President	Philip C. Rielly	[redacted]	priely@avevorx.com	[redacted]sla Bahia Drive Fort Lauderdale, FL 33316	25
CFO	Robin R. Johnson	[redacted]	rlohnson@avevorx.com	[redacted]East Canyon Creek Lane Weatherford, TX 76087	16.67
Member;Sales Director East	Courtney L Remley	[redacted]	cremley@avevorx.com	[redacted]Johnson Marina Road Chapin, SC 29036	16.67
Member;Sales Director West	Lauren A. Pumphrey	[redacted]	lpumphrey@avevorx.com	[redacted]E. Broward Blvd Unit [redacted]Fort Lauderdale, FL 33301	16.67
Director of Operations	Justin Dent	[redacted]	ident@avevorz.com	[redacted]Cedar Crest Lane High Point, NC 27265	

Secretary of State
Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name:	MID-VALLEY HEALTH SERVICES, LLC
File Number:	202130110274
Registration Date:	10/25/2021
Entity Type:	DOMESTIC LIMITED LIABILITY COMPANY
Jurisdiction:	CALIFORNIA
Status:	ACTIVE (GOOD STANDING)

As of December 6, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of December 7, 2021.

SHIRLEY N. WEBER, Ph.D.
Secretary of State

Certificate Verification Number: YWXGLLR

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bebizfile.sos.ca.gov/certification/index.

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

Board of Pharmacy

ORIGINAL CERTIFICATE

Sterile Compounding License

LICENSE NO. LSC 101713

ISSUE DATE NOVEMBER 05, 2021

MID VALLEY HEALTH SERVICES

2800 MITCHELL RD
STE S
CERES CA 95307

The above is licensed with the State Board of Pharmacy as a Corporation.

CORPORATION

The official status of this license can be verified at www.pharmacy.ca.gov

PLACE RENEWAL LICENSE HERE

VALID UNTIL APRIL 15, 2022

RECEIPT NUMBER 00000000

This original license must be kept for the life of the license and posted in public view.

In accordance with the provisions of Chapter 9 of Division 2 of the Business and Professions Code, the business named above is hereby licensed at the above address, and is subject to the rules and regulations of the California State Board of Pharmacy.

This permit is non transferable. Contact the California State Board of Pharmacy when there is change of ownership, location, corporate officer, director, shareholder (more than 10 percent share change), administrator or pharmacist-in-charge.

CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
(916) 518-3100

----- POST IN PUBLIC VIEW -----

BPHLSC 09/30/19

BOARD OF PHARMACY

LICENSING DETAILS FOR: LSC 101713

NAME: MID VALLEY HEALTH SERVICES

LICENSE TYPE: STERILE COMPOUNDING PHARMACY

LICENSE STATUS: CLEAR

ADDRESS
2800 MITCHELL RD
STE S
CERES CA 95307
STANISLAUS COUNTY

ISSUANCE DATE
NOVEMBER 5, 2021

EXPIRATION DATE
APRIL 15, 2022

CURRENT DATE / TIME
NOVEMBER 9, 2021
3:39:00 PM

LICENSE RELATIONSHIPS

NAME: MID VALLEY HEALTH SERVICES

LICENSE/REGISTRATION TYPE: PHARMACY (COMMUNITY)

LICENSE NUMBER: 58328 **PRIMARY STATUS:** CLEAR

ADDRESS :
2800 MITCHELL RD STE P-U
CERES CA 95307
STANISLAUS COUNTY

BOARD OF PHARMACY

LICENSING DETAILS FOR: PHY 58328

NAME: MID VALLEY HEALTH SERVICES

LICENSE TYPE: PHARMACY (COMMUNITY)

LICENSE STATUS: CLEAR

ADDRESS
2800 MITCHELL RD STE P-U
CERES CA 95307
STANISLAUS COUNTY

ISSUANCE DATE
NOVEMBER 5, 2021

EXPIRATION DATE
APRIL 15, 2022

CURRENT DATE / TIME
NOVEMBER 9, 2021
3:34:01 PM

LICENSE RELATIONSHIPS

NAME: MID VALLEY HEALTH SERVICES

LICENSE/REGISTRATION TYPE: STERILE COMPOUNDING PHARMACY

LICENSE NUMBER: 101713 **PRIMARY STATUS:** CLEAR

ADDRESS :
2800 MITCHELL RD
STE S
CERES CA 95307
STANISLAUS COUNTY

NAME: BARSAMIAN, ROBERT CHARLES

LICENSE/REGISTRATION TYPE: REGISTERED PHARMACIST

LICENSE NUMBER: 37908 **PRIMARY STATUS:** CLEAR ◆ PRIOR DISCIPLINARY ACTION ◆ PUBLIC REPRIMAND

ADDRESS NOT DISCLOSED

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BM2662509	01-31-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	12-08-2020

MID-VALLEY HEALTH SERVICES
DBA: MID-VALLEY HEALTH SERVICES INC
2800 MITCHELL RD STE S
CERES, CA 95307-9463

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

3859

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Name of Pharmacy/Wholesaler Mid Valley Health Services

Physical Address 2800 Mitchell Rd, Suite S

City Ceres State CA Zip 95307

Mailing Address (if different from physical address) same

City _____ State _____ Zip _____

Telephone 209-531-1858 Website www.midvalleyhealthservices.com

Licensing Company Email nc.tran@midvalleyhs.com

First Nhu-Cam Middle Tien Last Tran

Alias(es, nicknames, name changes, etc.) Nhucam Tran

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Address [redacted] Mornington Lane

City San Ramon State CA Zip 94582

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's initials nct

School Name		From - To (MM/YY – MM/YY)	
Creighton University School of Pharmacy		1987-1993	
Address	**City**	**State**	**Zip**
2500 Califomia Plaza	Omaha	NE	68178
Diploma/Degree obtained, if any			
Doctor of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
Pearl City High School		1984-1987	
Address	**City**	**State**	**Zip**
2100 Hookiekie Street	Pearl City	HI	96782
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/06-11/21	[redacted] Mornington Lane	San Ramon	CA	94582
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Business Name		From - To (MM/YY – MM/YY)
Mid-Valley Health Services		07/94-11/21
Business Address	City	State / Zip
Phone	Title	Number of Employed Hours
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
Business Address	City	State / Zip
Phone	Title	Number of Employed Hours
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
Business Address	City	State / Zip
Phone	Title	Number of Employed Hours
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
Business Address	City	State / Zip
Phone	Title	Number of Employed Hours
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
Business Address	City	State / Zip
Phone	Title	Number of Employed Hours
Description of Duties		

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials nct

1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

11/8/21
Date

nct
Applicant's initials _____

I, Nhu-Cam Tien Tran, **certify that as the designated representative for**

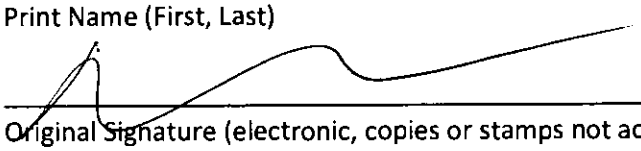
Mid-Valley Health Services

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Nhu-Cam Tran

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

11/8/21

Date

Applicant's initials nct

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Nhu-Cam Tran

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/8/21

Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

See attached for notary

Date

Subscribed and Sworn to before me this _____ day of _____.

Notary Public Signature

(Seal)

Applicant's initials nct

CALIFORNIA JURAT WITH AFFIANT STATEMENT GOVERNMENT CODE § 8202

☐ See Attached Document (Notary to cross out lines 1–6 below)
☐ See Statement Below (Lines 1–6 to be completed only by document signer[s], not Notary)

1
2
3
4
5
6

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Alameda

CAECILIA SUGIJOTO
Notary Public - California
Alameda County
Commission # 2352340
My Comm. Expires Mar 26, 2025

Place Notary Seal and/or Stamp Above

Subscribed and sworn to (or affirmed) before me

on this 8th day of November, 2021,
by *Date* *Month* *Year*

(1) Nhu Cam Tien Tran

(and (2) —),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature
Signature of Notary Public

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Nevada State Board of Pharmacy - Designated Representative Application

Document Date: Nov 8 2021 Number of Pages: 9

Signer(s) Other Than Named Above: —

©2019 National Notary Association

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Mid Valley Health Services

Physical Address 2800 Mitchell Rd, Suite S

City Ceres State CA Zip 95307

Mailing Address (if different from physical address) same

City _____ State _____ Zip _____

Telephone 209-531-1858 Website www.midvalleyhealthservices.com

Licensing Company Email nc.tran@midvalleyhs.com

Section 2: Personal Information

First Lauren Middle Ashley Last Pumphrey

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Address [redacted] E Broward Blvd Unit [redacted]

City Fort Lauderdale State FL Zip 33301

Telephone 317 340 0843 Email lpumphrey@avevorx.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	**Yes**	**No**
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	**Yes**	**No**
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔ N/A

Applicant's initials LP

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Ball State Univeristy		1/08-12/12	
Address	City	State	Zip
2000 W. University Ave.	Muncie	IN	47306
Diploma/Degree obtained, if any			
Bachlors of Marketing			
School Name		From - To (MM/YY – MM/YY)	
Hamilton Southeaster High School		8/04-5/07	
Address	City	State	Zip
13910 E 126th St	Fishers	IN	46037
Diploma/Degree obtained, if any			
Diploma obtained			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
4/21-current	[redacted]E. Broward Blvd Unit [redacted]	Fort Lauderdale	FL	33301
From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/20-4/21	[redacted] Portia Circle	Key Largo	FL	33307
From - To (MM/YY – MM/YY)	Address	City	State	Zip
5/19-11/20	[redacted] White Horse Lane	Huntington Beach	CA	92646
From - To (MM/YY – MM/YY)	Address	City	State	Zip
9/16-5/19	[redacted]Canal Street Unit [redacted]	Boston	MA	02114
From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/13-9/16	[redacted] Forst Park Ave	St Louis	MO	63108
From - To (MM/YY – MM/YY)	Address	City	State	Zip
2000-current	[redacted] Alamosa Drive	Fishers	IN	46038
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials RP

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Bio Rx (purchases by Diplomat Pharmacy, then Optum Rx)			12/12-6/~~2022~~ 2021 JP
Business Address	**City**	**State**	**Zip**
10828 Kenwood Rd.	Cincinnati	OH	45242
Phone	**Title**		
513-746-7080	Sales Rep promoted to Regional Manager		

Description of Duties

Sales rep calling directly on perscriber to promote home infusion, manager regional team of sales rep promoting the same services

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Applicant's initials KD

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials AP

Section B: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔ N/A
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Applicant's initials JP

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

11/8/21
Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Lauren Pumphrey
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/8/21
Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Broward

I, Lauren Pumphrey, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/8/21
Date

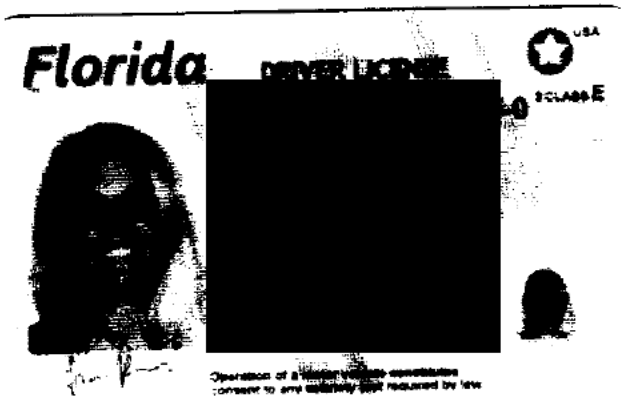
Subscribed and Sworn to before me this 8 day of Nov 2021.

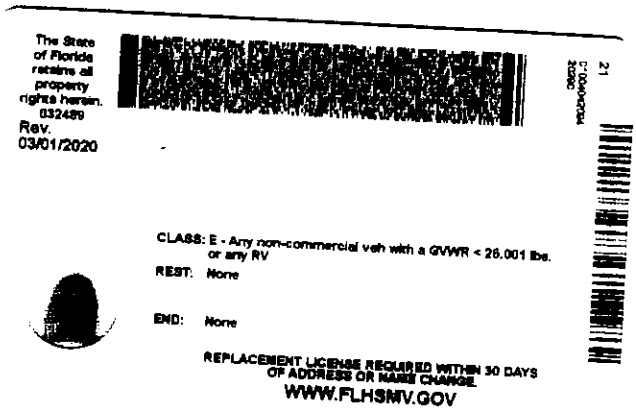
Notary Public Signature

RICHARD AGUIRRE
Notary Public - State of Florida
Commission # GG 921353
My Comm. Expires Oct 9, 2023

(Seal)

Applicant's initials


Florida
DRIVER LICENSE
USA
CLASS E



The State of Florida retains all property rights herein.
032489
Rev.
03/01/2020

CLASS: E - Any non-commercial veh with a GVWR < 26,001 lbs. or any RV
REST: None

END: None

REPLACEMENT LICENSE REQUIRED WITHIN 30 DAYS OF ADDRESS OR NAME CHANGE
WWW.FLHSMV.GOV

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Mid Valley Health Services

Physical Address: 2800 Mitchell Rd, Suite S

City: Ceres State: CA Zip: 95307

Mailing Address (if different from physical address): same

City: State: Zip:

Telephone: 209-531-1858 Website: www.midvalleyhealthservices.com

Licensing Company Email: nc.tran@midvalleyhs.com

Section 2: Personal Information

First: Philip Middle: Cameron Last: Richy

Alias(es, nicknames, name changes, etc.): Phil

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted] Isla Bahia Dr.

City: Fort Lauderdale State: FL Zip: 33316

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: PCR

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Spring Hill College			9/1985 – 5/1989	
Address		City	State	Zip
4000 Dauphin St.		Mobile	AL	36608
Diploma/Degree obtained, if any				
BA Communications				
School Name			From - To (MM/YY – MM/YY)	
Saint Xavier High School			08/1981 – 05/1985	
Address		City	State	Zip
600 W North Bend Rd.		Cincinnati	OH	45224
Diploma/Degree obtained, if any				
College Prep				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/2015 – new	[redacted] Isla Bahia Dr.	Ft. Lauderdale	FL	33316
From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/2009 – 9/2015	[redacted] Isle of Palms Dr.	Ft. Lauderdale	FL	33301
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials PCR

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
BioRx LLC			09/2004 - 09/20x
Business Address	**City**	**State**	**Zip**
7167 E. Kemper Rd.	Cincinnati	OH	45249
Phone	**Title**		
(513) 792-7080	President		
Description of Duties			
Co-founder & President			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials PCR

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

11/9/2021
Date

Applicant's initials PCR

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Philip Rielly
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/9/2021
Date

Please have this section completed in the presence of a Notary Public.

State of Florida, ss. County of Broward

I, Philip Rielly, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/9/2021
Date

Subscribed and Sworn to before me this 9th day of November 2021

Notary Public Signature

MAX CODIO
Notary Public
State of Florida
Comm# HH131640
Expires 6/28/2025

(Seal)

Applicant's initials PCR

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Mid Valley Health Services

Physical Address: 2800 Mitchell Rd, Suite S

City: Ceres State: CA Zip: 95307

Mailing Address (if different from physical address): same

City: State: Zip:

Telephone: 209-531-1858 Website: www.midvalleyhealthservices.com

Licensing Company Email: nc.tran@midvalleyhs.com

Section 2: Personal Information

First: Douglas Middle: Eric Last: Hill

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]S. Birch Road, Apt [redacted]

City: Fort Lauderdale State: FL Zip: 33316

Telephone: [redacted] Email: ehill@avevorx.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.320)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 606.120)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		N/A DEH

Applicant's initials DEH

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Wake Forest University		08/85 - 5/89	
Address	**City**	**State**	**Zip**
1834 Wake Forest Rd	Winston Salem	NC	27109
Diploma/Degree obtained, if any			
Bachelor of Arts Degree			
School Name		**From - To (MM/YY – MM/YY)**	
Bassett High School		08/81 - 05/85	
Address	**City**	**State**	**Zip**
85 Riverside Drive	Basset	VA	24055
Diploma/Degree obtained, if any			
Diploma			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			
School Name		**From - To (MM/YY – MM/YY)**	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/21 - Current	[redacted]S. Birch Road, Apt [redacted]	Fort lauderdale	FL	33316
04/20 - Current	[redacted]Hillcrest Drive	High Point	NC	27262
06/18 - 04/20	[redacted]Woodbrook Drive	High Point	NC	27262
2AS-06/18	[redacted]Hillcrest Drive	High Point	NC	27262
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials [redacted]

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
AvevoRx, LLC			07/21 - Current
Business Address	**City**	**State**	**Zip**
200 W. Lexington Ave, Suite 203	High Point	NC	27262
Phone	**Title**		
336.688.4909	Member		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
OptumRx (Diplomat Specialty Infusion Group)			08/04 - 09/20
Business Address	**City**	**State**	**Zip**
200 W. Lexington Ave, Suite 203	High Point	NC	27262
Phone	**Title**		
513.792.7080	Chief Operating Officer		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Alpha Waste Industries, LLC			03/11 - Current
Business Address	**City**	**State**	**Zip**
343 City lake Road	Lexington	NC	27295
Phone	**Title**		
336.731.0201	Member		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
3A&E Holdings, LLC			09/04 - Current
Business Address	**City**	**State**	**Zip**
200 W. Lexington Ave Suite 203	High Point	NC	27262
Phone	**Title**		
336.688.4909	Owner		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials TSH

Section 3: Arrests, Detentions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials DSA

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials [illegible]

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Douglas, Hill

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/11/2021

Date

Please have this section completed in the presence of a Notary Public.

State of North Carolina, ss. County of Guilford

I, Douglas E. Hill, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/11/2021

Date

Subscribed and Sworn to before me this 11th day of November.

Notary Public Signature

DOTTIE S SHAW NOTARY PUBLIC DAVIDSON COUNTY, NC My Commission Expires 08-26-22 (Seal)

Applicant's initials DEH

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Mid Valley Health Services

Physical Address 2800 Mitchell Rd. Suite S

City Ceres State CA Zip 95307

Mailing Address (if different from physical address) same

City _____ State _____ Zip _____

Telephone 209-531-1858 Website www.midvalleyhealthservices.com

Licensing Company Email nc.tran@midvalleyhs.com

Section 2: Personal Information

First COURTNEY Middle LEE Last REMLEY

Alias(es, nicknames, name changes, etc.) COURTNEY LEE COPELAND

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] JOHNSON MARINA RD

City CHAPIN State SC Zip 29036

Telephone [redacted] Email CREMLEY@AVEVORX.COM

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (Mark N/A if not applicable)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Personal Statement (Mark N/A if not applicable)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials CR

[redacted]

School Name		From - To (MM/YY – MM/YY)	
PURDUE UNIVERSITY		08/00 – 12/04	
Address	City	State	Zip
150 N. UNIVERSITY ST	WEST LAFAYETTE	IN	47907
Diploma/Degree obtained, if any			
BACHELOR OF SCIENCE, AUDIOLOGY AND SPEECH SCIENCES			

School Name		From - To (MM/YY – MM/YY)	
LAWRENCE NORTH HIGH SCHOOL		08/96 – 05/00	
Address	City	State	Zip
7802 HAGUE RD	INDIANAPOLIS	IN	46256
Diploma/Degree obtained, if any			
DIPLOMA			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

[redacted]

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/18 – current	[redacted] JOHNSON MARINA RD	CHAPIN	SC	29036
10/11 – 10/18	[redacted] WOODROW ST	COLUMBIA	SC	29205
08/09 – 10/11	[redacted] OLIVE ST	COLUMBIA	SC	29205

Section 3: Employment List the most current employment first. Provide 10 years of employment history and explain any periods of unemployment exceeding 30 days during the last 10 years.

Business Name	From - To (MM/YY – MM/YY)
AvevoRx, LLC	07/21 - Current

Business Address	City	State	Zip
200 W. LEXINGTON AVE, STE 203	HIGH POINT	NC	27262

Phone	Title
336-688-4909	MEMBER, OWNER

Description of Duties: MEMBER, OWNER

Business Name	From - To (MM/YY – MM/YY)
OPTUM Rx (DIPLOMAT SPECIALTY INFUSION GROUP)	10/2010 - 07/21

Business Address	City	State	Zip
200 W. LEXINGTON AVE, STE 203	HIGH POINT	NC	27262

Phone	Title
(513) 792-7080	REGIONAL SALES DIRECTOR

Description of Duties:

Business Name	From - To (MM/YY – MM/YY)
GOLDEN TAHOE, LLC	09/2010 - current

Business Address	City	State	Zip
2212 JOHNSON MARINA RD	CHAPIN	SC	29036

Phone	Title
(803) 529-0929	OWNER

Description of Duties: SELF - STORAGE OWNER

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties:

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties:

Continue on next page if additional space is needed.

Applicant's initials _____

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 3 Arrest, Conviction, Litigation, Activities	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		X
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		X
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		X
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Applicant's initials _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

COURTNEY REMLEY
Print Name (First, Last)

Courtney R. Remley
Original Signature (electronic, copies or stamps not accepted)

11/22/2021
Date

Please have this section completed in the presence of a Notary Public.

State of South Carolina, ss. County of Lexington

I, COURTNEY LEE REMLEY, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Courtney R. Remley
Original Signature

11/22/2021
Date

Subscribed and Sworn to before me this 22nd day of Nov, 2021.

Lisa L Boozer
Notary Public Signature

LISA L. BOOZER
Notary Public - State of South Carolina
My Commission Expires April 9, 2023

LISA L. BOOZER COMM EXP NOTARY PUBLIC APRIL 9, 2023 SOUTH CAROLINA

(Seal)

Applicant's initials _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Mid Valley Health Services

Physical Address 2800 Mitchell Rd, Suite S

City Ceres State CA Zip 95307

Mailing Address (if different from physical address) same

City _____ State _____ Zip _____

Telephone 209-531-1858 Website www.midvalleyhealthservices.com

Licensing Company Email nc.tran@midvalleyhs.com

Section 2: Personal Information

First Robin Middle Rae Last Johnson

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Addres [redacted] E Canyon Creek Lane

City Weatherford State TX Zip 76087

Telephone [redacted] Email rjohnson@avevorx.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials RJ

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Boyd County High School		8/73-5/76	
Address	City	State	Zip
14375 Lions Lane	Ashland	KY	41102
Diploma/Degree obtained, if any			
High School			

School Name		From - To (MM/YY – MM/YY)	
Florida Atlantic University		8/80-12/84	
Address	City	State	Zip
777 Glades Road	Boca Raton	FL	33431
Diploma/Degree obtained, if any			
Bachelor of Arts in Education			

School Name		From - To (MM/YY – MM/YY)	
Morehead State University		8/89-5/91	
Address	City	State	Zip
150 University Blvd	Morehead	KY	40351
Diploma/Degree obtained, if any			
Bachelor of Science in Accounting, Masters of Business Administration			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
AvevoRx LLC			07-21-Current
Business Address	**City**	**State**	**Zip**
200 West Lexington Ave. Suite 203	High Point	NC	26272
Phone	**Title**		
	Member		
Description of Duties			
CFO duties which are all duties of a financial nature			

Business Name			From - To (MM/YY – MM/YY)
Diplomat Specialty Infusion Group			01/11-06-20
Business Address	**City**	**State**	**Zip**
11262 Cornell Park Drive	Cincinnati	OH	25242
Phone	**Title**		
513-792-7080	CFO		
Description of Duties			
All duties of a financial nature			

Business Name			From - To (MM/YY – MM/YY)
Johnson Girls Consulting, LLC			01-18-Current
Business Address	**City**	**State**	**Zip**
644 E Canyon Creek Lane	Weatherford	TX	76087
Phone	**Title**		
513-439-4017	Member, Owner		
Description of Duties			
Financial duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

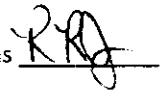
Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials 

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date 11/15/2021

Applicant's initials RA

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Robin Johnson

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/15/2021

Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Parker

I, Robin Johnson, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/15/21

Date

Subscribed and Sworn to before me this 15th day of November, 2021

Notary Public Signature

Emily Pair
NOTARY PUBLIC
STATE OF TEXAS
129052601
EXP 07/13/2024
(Seal)

Applicant's initials RRJ

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
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Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

Pharmacy X Hospital Pharmacy ___ Clinic ___ Exempt Hospital ___ Wholesaler ___ Hypodermic ___

Date: 3/3/2021 Inspector: Mayta Vu

Firm: MID VALLEY HEALTH SERVICES Phone: (209) 531-1858

Address: 2800 MITCHELL RD City: CERES Zip: 95307

Ownership: CORPORATION

Permit #: LSC100004 PHY37093 Permit Exp: 4/1/2021 DEA#: BM2662509 DEA Exp: 1/31/2024

Date of Self Assessment Form: 1/7/2021 Other Permit #: N/A Date of DEA Inventory: 12/4/2020

Hours M-F: 0830 to 1700 Hours Saturday on-call Hours Sunday: on-call

PIC ROBERT C BARSAMIAN RPH37908 Administrator

RPH Consultant

Staff	RPH Name:	License #:	Staff Name:	License #:
	NHU-CAM T TRAN	RPH46598	ELINA L BERNAL	TCH124650
	STACIE L SHARAR	RPH51719	JOSEPHINE R YOUNG	TCH50225
			PARIS A CHABOYA	TCH151639
			SARAI GARZA-HODSON	TCH5789

Inspector Remarks:

Sterile Compounding Renewal Inspection
Assisted by RPh Tran and RPh Sharar
Outpatient infusion pharmacy
Compounding and Pharmacy self-assessments – available
Previous BOP inspection report from 2020 – viewed
No FDA, DEA or other accreditation agency inspections in the last 12 months
No changes to the list of sterile compounded preparations in the last 12 months
Sterile compounding: Sterile to sterile, Non-hazardous preparations, TPNs, Batch
CSP Risk Level: Low and medium risk

Wholesaler: Amerisource Bergen
Reverse Distributor: EXP/Inmar
Pharmaceutical Waste Management: Stericycle
Quarterly CII reconciliation: last completed 12/4/2020; viewed
Posted: Notice to consumer, Interpretive Services, Original Pharmacy and Sterile compounding licenses and current renewals, DEA registration

Several documents including but not limited to: certification reports, self-assessments, pharmacist and technician training records, environmental logs, end-product testing, compounding logs/labels, master formulas, and policies and procedures were collected via email and reviewed prior to inspection on or about February 16, 2021.

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STERILE COMPOUNDING AREA

The compounding suite consists of an ISO 7 ante room, an ISO 7 non-hazardous buffer room, and an ISO 7 hazardous buffer room. The HD buffer room is certified as ISO 7 but is not in use. The non-HD buffer room has two ISO 5 laminar airflow workbenches. There have been no physical changes to the compounding suite in the last 12 months.

Last certification completed on December 10, 2020 by CERTS
- Dynamic testing, HEPA filter leak testing, Non-viable air sampling
- Viable air and surface sampling – no growth detected on air and surface samples collected
- Air changes – ante room at 63.6 acph, non-HD buffer room at 64.6 acph, HD buffer room at 32.8 acph
- Pressure differentials – ante room to pharm prep room at 0.068" w.c., non-HD buffer room to ante room at 0.062" w.c., HD buffer room to ante room at -0.013" w.c.
- Smoke studies – available

Cleaning agents
- Germicidal detergent: Decon-Quat or TexQ
- Disinfectant: Sterile 70% Isopropyl Alcohol
- Sporicidal: Peridox RTU

Cleaning of walls, ceilings, and other hard surfaces: done monthly

POLICIES AND PROCEDURES
- Annual review of Policies and Procedures by PIC. Last reviews performed in January 2021
- Aseptic Technique, Hand hygiene and garbing, Conduct in an ISO environment – available
- Facility cleaning and disinfecting – available
- QA program/policy and procedure: end-product testing, recalls – available
- Master formulas and compounding logs - available
- Environmental sampling: action levels for CFUs and actions to be taken when CFUs have been exceeded – available
- Equipment maintenance and use/Training – available
- Compounding, filling, and labeling; BUDs; storage of compounded preparations – available
- Reference materials: Trissel's, USP 797

LABELING REQUIREMENTS
- Compounded by pharmacy – prints on patient specific label
- Generic names of principal ingredients/ Instructions for storage and BUD
- Rate of infusion for intravenous sterile preparations
- Route of administration for injectable preparations

RECORDKEEPING – maintain for 3 years
- Master formulas/ Patient specific compounding records – viewed for:
  - Nafcillin 12 gram in in NS 240 ml, Rx 6930882 – *please update Nafcillin master formula; under procedures #11 the master formula stotes to reconstitute Vancomycin vial with sterile water for injection. Nafcillin compounding log missing manufacturer information.*
  - Vancomycin 1.S gram in NS 100 ml, Rx 6930995 – *BUD listed as 9 days if using bulk 5gm vials, 14 doys using 1gm single dase vials. See discussion.*
  - Cefepime 1 gram in SWFI 10 ml syringes, Rx 6930848 – *BUD listed as 14 days; 6 syringes were compounded. 13-day BUD ossigned. See discussion and correction.*
- Refrigerator/ room / freezer / incubator temperature logs – viewed for December 2020 and January 2021
- Pressure and humidity logs – viewed for December 2020 and January 2021 – *ante room pressures documented as negative in January 2021 log sheet*
- Cleaning logs for room, PECs, shelving – viewed for December 2020 and January 2021; *Documentation for cleaning of incubator with 70% IPA provided for review*
- Log of looking for expired medications – available; viewed for December 2020 and January 2021

TRAINING – viewed for both RPh Stacie Sharar and TCH Josie Young; maintain for 3 years
- Gloved fingertip and media fill testing; written documentation and process review by qualified pharmacy personnel
- Didactic – including Repeater Pump and Exactamix training videos, pharmaceutical calculations

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Observational skills assessments – hand hygiene and garbing, aseptic technique, Exactamix use

QUALITY ASSURANCE / PROCESS EVALUATION

End-product testing performed by Eagle Labs

- TPN sample, received 3/13/2020 – tested for sterility
- Cefazolin 2 gram in 20 ml, received 2/4/2020 – tested for potency

No ADRs attributable to CSPs reported in the last 12 months

PHARMACY LAW WAIVERS:

Waiver(s) implemented at this facility: None

Discussion:

1. Recommend modifying patient label to separate the phone number of the pharmacy from the zip code. Currently, the information is one contiguous entry.
2. Discussed CCR 1735.2(i)(3)-(4) as they relate to CCR 1751.8 and the assignment of BUDs.
3. Discussed patient labels as related to CCR 1735.4(a)(3) which states "Instructions for storage, handling, and administration. For admixed IV solutions, the rate of infusion shall be included."

Education:

1. COVID-19 CDPH/FDA Guidance documents are available on the Board of Pharmacy's website

Please submit all requested items within 14 days, not later than March 17, 2021 to Inspector Mayta Vu by email:
mayta.vu@dca.ca.gov

Mayta Vu, Inspector
Phone: (559) 753-1446
Fax: (559) 291-1013
Email: mayta.vu@dca.ca.gov

Licensee Remarks:

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I have reviewed, discussed,understand and received a copy of this form .

Pharmacist (sign) _____

Pharmacist (print) _____

Inspector (sign) _____

Inspector (print) Mayra Vu

Owner(sign) _____

Owner(print) _____

Additional information (for example - corrective plan of action, Quality Assurance outcomes, factors in mitigation, etc.) you want to submit for consideration may be sent on the attached form to my attention at the above address no later than 14 calendar days from the date above. Please include a copy of this form with any information that you submit.

Within 14 calendar days from the above date, please submit to me at the above address the following:

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ORDER OF CORRECTION

Date: 3/3/2021 Permit #: LSC100004

Time of Day: 7:27 AM

Name as shown on permit: **MID VALLEY HEALTH SERVICES**

Address: 2800 MITCHELL RD City: CERES

Please be advised it appears there is a failure to comply with the following laws governing the practice of pharmacy, and/or the rules and regulations of the Board of Pharmacy:

1. **CCR 1735.2(i)(2)**	Compounding Limitations and Requirements; Self-Assessment. Every compounded drug preparation shall be given a beyond use date representing the date or date and time beyond which the compounded drug preparation should not be used, stored, transported or administered, and determined based on the professional judgment of the pharmacist performing or supervising the compounding. For sterile compounded drug preparations, the beyond use date shall not exceed any of the following:
Verified w/ RPH 9 days	During the desk audit, it was found that Rx 6930848, Cefepime 1 gram in SWFI 10 ml syringes, Qty 6, was assigned a BUD of 13 days. The compounding process for this prescription is medium risk.

I have reviewed, discussed, understand and received a copy of this form.

Inspector (sign) _____ Signed _____

Inspector (print) Nayta Vu Print Name _____

Date March 3, 2021 Title _____

Pursuant to Business and Professions Code §4083, a licensee of the California State Board of Pharmacy, may submit a written request within 30 days of service of the order of correction, for an office conference with the board's executive officer to contest the order of correction.

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ORDER OF CORRECTION

Date: 3/3/2021 Permit #: LSC100004

Time of Day: 7:27 AM

Name as shown on permit: **MID VALLEY HEALTH SERVICES**

Address: 2800 MITCHELL RD City: CERES

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1. **CCR 1735.2(i)(2)**	Compounding Limitations and Requirements; Self-Assessment. Every compounded drug preparation shall be given a beyond use date representing the date or date and time beyond which the compounded drug preparation should not be used, stored, transported or administered, and determined based on the professional judgment of the pharmacist performing or supervising the compounding. For sterile compounded drug preparations, the beyond use date shall not exceed any of the following: During the desk audit, it was found that Rx 6930848, Cefepime 1 gram in SWFI 10 ml syringes, Qty 6, was assigned a BUD of 13 days. The compounding process for this prescription is medium risk.

I have reviewed, discussed, understand and received a copy of this form.

Inspector (sign) _____ Signed _____

Inspector (print) Mayra Vu Print Name Stacie Sharar

Date March 3, 2021 Title Pharmacist

Pursuant to Business and Professions Code §4083, a licensee of the California State Board of Pharmacy, may submit a written request within 30 days of service of the order of correction, for an office conference with the board's executive officer to contest the order of correction.

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I have reviewed, discussed,understand and received a copy of this form .

Pharmacist (sign) Stacie Shaver

Pharmacist (print) Stacie Shaver

Inspector (sign) _____

Inspector (print) Maytar Vu

Owner(sign) _____

Owner(print) _____

Additional information (for example - corrective plan of action, Quality Assurance outcomes, factors in mitigation, etc.) you want to submit for consideration may be sent on the attached form to my attention at the above address no later than 14 calendar days from the date above. Please include a copy of this form with any information that you submit.

Within 14 calendar days from the above date, please submit to me at the above address the following:

11E

Y

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **not transferable money order or cashier's check only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ *New Pharmacy or* ☑ ***Ownership Change*** *(Provide current license number if making changes:* **PH** 03015

Check box below for type of ownership and complete all required forms.

☐ *Publicly Traded Corporation – Pages 1,2,3,8*
☐ *Partnership - Pages 1,2,6,8*
☐ *Non Publicly Traded Corporation – Pages 1,2,4,8*
☐ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Optum Infusion Services 550, LLC

Physical Address: 1819 Aston Avenue, Ste 104

Mailing Address: [Same as physical address]

City: Carlsbad State: CA Zip Code: 92008

Telephone: 760-707-1486 Fax: 760-931-0516

Toll Free Number: 866-827-0972 (Required per NAC 639.708)

E-mail: orxpharmlic@optum.com Website: https://specialty.optumrx.com/infusion

Managing Pharmacist: Rose Feaver License Number: RPH 36502 (CA)

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☐	Retail	☐	Off-site Cognitive Services
☐	Hospital (# beds____)	☐	Parenteral **
☐	Internet	☐	Parenteral (outpatient)
☐	Nuclear	☐	Outpatient/Discharge
☐	Ambulatory Surgery Center	☐	Mail Service
☑	Community	☐	Long Term Care
☑	Other: Infusion	☐	Sterile Compounding **
		☐	Non Sterile Compounding
	All boxes must be checked	☐	Mail Service Sterile Compounding **
	For the application to be complete	☐	Other Services: Infusion

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☑ No ☐

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Karen Peterson

Original Signature of Person Authorized to Submit Application, no copies or stamps

Karen Peterson, Secretary

Print Name of Authorized Person

07/21/2021

Date

Board Use Only Date Processed:_____ Amount: $500 Check 66176847

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION Ownership is an LLC

State of Incorporation: Entity is an LLC - Formed in Delaware

Parent Company if any: Diplomat Blocker, LLC

Mailing Address: 1600 McConnor Parkway

City: Schaumburg State: IL Zip: 60173

Telephone: 763-321-2595 Fax: 844-377-0216

Contact Person: Cathy Winters

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) No individual owners
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. N/A - entity is an LLC

3) What was the price paid per share? N/A - entity is an LLC

4) What date did the corporation actually receive the cash assets? N/A - entity is an LLC

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership. N/A - entity is an LLC

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8:00 am 5:00 pm Saturday On call am _____ pm

Sunday On Call am _____ pm 24 Hours On call

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Karen Peterson

Responsible Person of Optum Infusion Services 550, LLC

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Karen Peterson

Original Signature of Person Authorized to Submit Application, no copies or stamps

Karen Peterson, Secretary
Print Name of Authorized Person

07/21/2021
Date

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Vicky S. Lo

Date: 09/29/2021
Amount:
License #: 21378

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:03/29/2022

Vicky S. Lo

License #
21378
Temporary

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

Expires: 03/29/2022
STATUS: Temporary

License Type: Pharmacist
License #: 21378

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Vicky S. Lo

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Agatha M. Zurawska

Date: 10/06/2021
Amount:
License #: 21620

(ID Card)

Trim ID Card to fit your wallet

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:04/06/2022

Agatha M. Zurawska

License #
21620
Temporary

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

License Type: Pharmacist
License #: 21620

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

Expires: 04/06/2022
STATUS: Temporary

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Agatha M. Zurawska

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

the time frame required by California State Board of Pharmacy regulations. $500 fine paid.

Scottsdale, AZ Location

- **California Board of Pharmacy, 2018**. California Board of Pharmacy issued a Citation and Fine to BioRx, LLC for failing to report ownership change within the time frame required by California State Board of Pharmacy regulations. $500 fine paid.

Karen Peterson

Signature

Karen Peterson, Secretary

Printed Name

07/21/2021

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Illinois)
) ss.
Cook COUNTY)

I, Karen Peterson, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Secretary for Optum Infusion Services 550, LLC (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Karen Peterson, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Karen G Peterson
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
3rd day of September, 2021.

Maleta G. Beahan
NOTARY PUBLIC

Official Seal
Maleta G Beahan
Notary Public State of Illinois
My Commission Expires 03/06/2

Optum Infusion Services 550, LLC
Carlsbad, CA

Officer, and Ownership Information

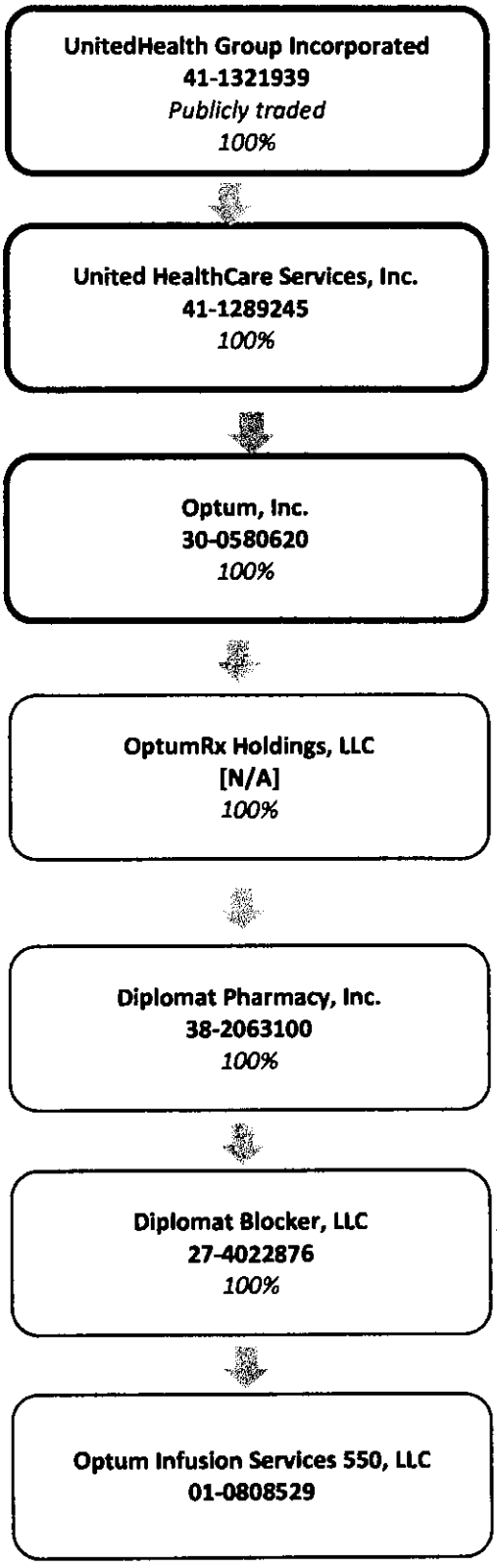
Officers:

Name	Title
Michael Zeglinski	CEO & President
Peter Gill	Treasurer
Karen Peterson	Secretary
Heather Lang	Assistant Secretary
David Oberg	Assistant Secretary
Timothy Langdon	Assistant Secretary

The pharmacy is wholly owned by:
Optum Infusion Services 550, LLC
FEIN: 01-0808529
1600 McConnor Parkway
Schaumburg, IL 60173
(763) 321-2595

The sole member of Optum Infusion Services 550, LLC is:
Diplomat Blocker, LLC
FEIN: 27-4022876
4100 S. Saginaw St.
Flint, MI 48507
(763) 321-2595

Optum Infusion Services 550, LLC – Organizational Chart



BOARD OF PHARMACY

LICENSING DETAILS FOR: PHY 57643

NAME: OPTUM INFUSION SERVICES 550 LLC

LICENSE TYPE: PHARMACY (COMMUNITY)

LICENSE STATUS: CLEAR

ADDRESS

1819 ASTON AVE STE 104
CARLSBAD CA 92008-7338
SAN DIEGO COUNTY

ISSUANCE DATE

FEBRUARY 10, 2020

EXPIRATION DATE

FEBRUARY 1, 2023

CURRENT DATE / TIME

JANUARY 20, 2022
4:02:56 PM

LICENSE RELATIONSHIPS

NAME: OPTUM INFUSION SERVICES 550 LLC

LICENSE/REGISTRATION TYPE: STERILE COMPOUNDING PHARMACY

LICENSE NUMBER: 101535 **PRIMARY STATUS:** CLEAR

ADDRESS :
1819 ASTON AVE STE 104
RM 109 110
CARLSBAD CA 92008-7338
SAN DIEGO COUNTY

NAME: FEAVER, ROSE R

LICENSE/REGISTRATION TYPE: REGISTERED PHARMACIST

LICENSE NUMBER: 36502 **PRIMARY STATUS:** CLEAR

ADDRESS NOT DISCLOSED

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **Optum Infusion Services 550, LLC** , as a FOREIGN LIMITED-LIABILITY COMPANY duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 03/25/2011, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 02/08/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202202082379668
You may verify this certificate online at http://www.nvsos.gov

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FB9155842	12-31-2022	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	03-24-2020

OPTUM INFUSION SERVICES 550, LLC
1819 ASTON AVE STE 104
CARLSBAD, CA 920087338

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FB9155842	12-31-2022	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	03-24-2020

OPTUM INFUSION SERVICES 550, LLC
1819 ASTON AVE STE 104
CARLSBAD, CA 920087338

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

Managing Pharmacist

Pharmacist Name: Rose Ridings Feaver License #: 36502 (CA)

Pharmacy Name: Optum Infusion Services 550, LLC

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☑
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☑	☐

If you marked YES to any of the numbered questions above, please include the following information

Board Administrative Action: State: CA Date: Approx. 2001 Case #: Not available

And/or Criminal Action: State: _____ Date: _____ Case #: _____

County _____ Court: _____

Disciplinary Action History

Please note, although the California Board of Pharmacy does not consider a citation disciplinary action, we are disclosing citations out of an abundance of caution.

Rose Feaver

Approximately 15 to 20 years ago, while serving as a PIC of a Coram pharmacy, Ms. Feaver received a citation and fine of $500 from the California Board of Pharmacy, with an allegation that a pharmacy technician had a recently expired license which had not been renewed timely. No documentation is available.

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)

2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)

3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)

4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)

5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)

6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)

7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)

8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)

9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Rose Aidinger Feaver — Signature

9/2/2021 — Date

Disciplinary Action History
Optum Infusion Services 550, LLC
Carlsbad, CA

Optum Infusion Services 550, LLC (fka BioRx, LLC)

Cincinnati, OH Location

- **Hawaii Board of Pharmacy, 2020**. Hawaii Board of Pharmacy Department of Commerce and Consumer Affairs issued a $500 fine to BioRx, LLC, doing business as Diplomat Specialty Infusion Group, for allegations that a 2018 Texas Board of Pharmacy action was not reported timely.

- **New Hampshire Board of Pharmacy, 2019**. New Hampshire Board of Pharmacy issued a notice of violation to Diplomat Specialty Infusion Group for failing to report an August 7, 2018 Texas Board of Pharmacy Order (discipline). NH BOP imposed a $150 fine to resolve the matter.

- **Texas Board of Pharmacy, 2018**. Texas Board of Pharmacy reprimanded Diplomat Specialty Infusion Group for failing to ensure the accuracy of a sample compounded sterile preparation, compounded and collected during an inspection, met the United States Pharmacopeia established range.

- **Hawaii Board of Pharmacy, 2016**. Hawaii Department of Commerce and Consumer Affairs issued a fine to BioRx, LLC for failing to report a disciplinary action from the Alaska Board of Pharmacy in a timely manner. $500 fine paid.

Urbandale, IA Location

- **Alabama Board of Pharmacy, 2020**. Alabama Board of Pharmacy imposed a $1500 fine against BioRx LLC (dba Diplomat Specialty Infusion Group) for failing to disclose a 2010 disciplinary action on the 2011-2012 renewal and failing to timely disclose a 2017 disciplinary action.

- **Texas Board of Pharmacy, 2017**. Texas Board of Pharmacy issued a fine to BioRx, LLC for failing to report disciplinary action from the Colorado State Board of Pharmacy in a timely manner. $1,000 fine paid.

- **Hawaii Board of Pharmacy, 2017**. Hawaii Regulated Industries Complaint Office issued a $500 fine for failing to report the disciplinary action from the Colorado State Board of Pharmacy in a timely manner.

Please note, although the California Board of Pharmacy does not consider a citation disciplinary action, we are disclosing citations out of an abundance of caution.

Carlsbad, CA Location

- **California Board of Pharmacy, 2018**. California Board of Pharmacy issued a Citation and Fine to BioRx, LLC in Carlsbad, CA for failing to report ownership change within

Updated copy of the DEA with the new name. A copy of the updated DEA is enclosed

Updated inspection with the new name (if Available). California, the facility's resident state, does not conduct new inspections for name changes. As a result, the facility does not have an inspection report in the new name.

If you have any questions, please contact me at (608) 283-2628 or Rachel.Dykema@quarles.com or Anne O'Brien at (312) 715-5259 or Anne.O'Brien@quarles.com.

Very truly yours,

Rachel Dykema

Rachel Dykema

Enclosures

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

Pharmacy X Hospital Pharmacy ___ Clinic ___ Exempt Hospital ___ Wholesaler ___ Hypodermic ___

Date: 1/11/2021 Inspector: Ben Rustia

Firm: DIPLOMAT SPECIALTY INFUSION GROUP Phone: (760) 707-1486

Address: 1819 ASTON AVE STE 104 City: CARLSBAD Zip: 920087338

Ownership: CORPORATION

Permit #: LSC101535 PHY56130 Permit Exp: 2/1/2021 DEA#: FB3737903 DEA Exp: 6/30/2021

Date of Self Assessment Form: 8/14/2019 Other Permit #: N/A Date of DEA Inventory: 7/15/2019

Hours M-F: 8AM-5PM Hours Saturday CLOSED Hours Sunday: CLOSED

PIC ROSE R FEAVER RPH36502 Administrator

RPH Consultant

Staff RPH Name:	License #:
.IL R SALTER	RPH53820
VICKY S LO	RPH61137
AGATHA M ZURAWSKA	RPH61899

Staff Name:	License #:
ANGELICA BARRIGA	TCH125079
FRANK MENDEZ III	TCH84671
JAMES D MONTANA JR	TCH124666
JENNIFER J FREEMAN	TCH120010
JOSHUA A SAGER	TCH126962
VERONICA A MENDOZA	TCH128529

Inspector Remarks:

Due to the COVID-19 Public Health Emergency, this inspection was performed remotely with data supplied by the facility. The information was reviewed by the inspector and conversations with the pharmacist-in-charge or pharmacy contact occurred as appropriate.

General Information:

- Renewal of LSC permit for Diplomat Specialty Infusion Group, PHY57643, LSC101535
- Assisted by PIC Rose Feaver
- Compounding self-assessments completed on 8/14/2019 and 1/6/2021 were reviewed
- Updated list of CSPs: Received
- No accreditation inspections conducted within the past 12 months:

Previous BOP Inspection Report
- Reviewed 1/23/2020 inspection report for previous corrections or written notice of noncompliance. Non-compliance issues was addressed with PIC Feaver

.armacy Law Waivers: None utilized

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

Sterile Compounding Area
Facility and equipment:
SEC:
1. ISO 8 Anteroom positive pressure
2. ISO 7 Cleanroom positive pressure

PEC:
1. Hood 1: Nuaire NU-301-636 Series 63 SN 184365021218.
2. Hood 2: Nuaire NU-301-636 Series 63 SN 184367021218
3. Hood 3: Nuaire NU-301-636 Series 63 SN 184366021218

- Certification completed by: CERTS conducted on 2/7/2020 and 7/31/2020
- Dynamic testing, Non-viable air sampling, HEPA filter leak testing, air changes, smoke study, and viable air and surface sampling for bacteria and mold were reviewed
- Sporicidal, cleaning, and disinfecting agents: BruClean, Vesphene, PreEmpt, SIPA, Sporicidin, Dispatch, Bleach.
- Cleaning logs reviewed: Daily, weekly, and monthly.

Policies and Procedures
Updated and new PnPs reviewed.

Record Keeping
-Compounding records/master formula/labeling
- Sterile compounding equipment calibration and maintenance logs:
- Pressure differential monitoring logs:
- Refrigerator/freezer/incubator/room temperature logs

Employee training/competencies
- Didactic training, pharmaceutical calculations, gloved fingertip sampling, media fill testing, practical skills training in aseptic area practices, cleaning.

Quality Assurance
- End product sterility reviewed

ADRS
- No ADRS reported within past 12 months.

Discussion: None

No corrections issued.

For inquiries regarding the status of your sterile compounding licensure, please use the following: compounding.pharmacy@dca.ca.gov

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

INSPECTION REPORT

Licensee Remarks:

I have reviewed, discussed,understand and received a copy of this form .

Pharmacist (sign) Ron Feaver

Pharmacist (print) Rose Feaver

Inspector (sign) Benedicto Rustia

Inspector (print) Benedicto Rustia

Owner(sign) _____

Owner(print) _____

Additional information (for example - corrective plan of action, Quality Assurance outcomes, factors in mitigation, etc.) you want to submit for consideration may be sent on the attached form to my attention at the above address no later than 14 calendar days from the date above. Please include a copy of this form with any information that you submit.

Within 14 calendar days from the above date, please submit to me at the above address the following:

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Optum Infusion Services 550, LLC

Physical Address 1819 Aston Avenue, Ste. 104

City Carlsbad State CA Zip 92008

Mailing Address (if different from physical address) N/A - same as physical address

City _____ State _____ Zip _____

Telephone (760) 707-1486 Website https://specialty.optumrx.com/infusion

Licensing Company Email orxpharmlic@optum.com

Section 2: Personal Information

First Vicky Middle _____ Last Lo

Alias(es, nicknames, name changes, etc.) _____

Date of Birth _____ SSN or ITIN _____ Sex ☐ M ☐ F ☐ X

Mailing Address [redacted] Aston Avenue, Ste. [redacted]

City Carlsbad State CA Zip 92008

Telephone [redacted] Email _____

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.1294)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials VL

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Kingman High			1991-1994	
Address		City	State	Zip
4182 N Bank St		Kingman	Az	86409
Diploma/Degree obtained, if any				
High School Diploma				
School Name			From - To (MM/YY – MM/YY)	
University of Arizona			1994-1999	
Address		City	State	Zip
1200 E. University Blvd		Tucson	Az	85721
Diploma/Degree obtained, if any				
BSBA				
School Name			From - To (MM/YY – MM/YY)	
University of Arizona School of Pharmacy			2003-2007	
Address		City	State	Zip
1295 N Martin Ave		Tucson	Az	85721
Diploma/Degree obtained, if any				
PharmD				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2011-2019	[redacted] Portofino Dr	Del Mar	Ca	92014
From - To (MM/YY – MM/YY)	Address	City	State	Zip
2019-current	[redacted] Caminito Leon #203	Carlsbad	Ca	92009
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials VL

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5095) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Optum Infusion			2/2020 to current
Business Address	**City**	**State**	**Zip**
1819 Aston Ave #104	Carlsbad	CA	92009
Phone	**Title**	**Number of Employed Hours**	
760-707-1486	Pharmacist	3760 hours	
Description of Duties			
Dispense, order drug, review med profile, counsel patients, enter/obtain orders			

Business Name			From - To (MM/YY – MM/YY)
OptionCare			7/2011-1/2020
Business Address	**City**	**State**	**Zip**
15025 Innovation Dr #100	San Diego	CA	92182
Phone	**Title**	**Number of Employed Hours**	
858-547-8487	Clinical Pharmacist	17,680 hours	
Description of Duties			
Dispense, review med profile, counsel patients, enter/obtain orders			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials VL

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations:	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials _____

I, Vicky Lo, **certify that as the designated representative for**

Optum Infusion Services 550, LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Vicky Lo

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/17/21

Date

Applicant's initials VL

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Vicky Lo

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

~~12/19/21~~ 1/4/22

Date

Please have this section completed in the presence of a Notary Public.

State of CALIFORNIA, ss. County of SAN DIEGO

I, Vicky Lo, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

1/4/22

Date

Subscribed and Sworn to before me this 4th day of JANUARY 2022.

Notary Public Signature

* PLEASE SEE ATTACHED CALIFORNIA JURAT

(Seal)

CALIFORNIA JURAT GOVERNMENT CODE § 8202

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of SAN DIEGO

Subscribed and sworn to (or affirmed) before me on

this 4th day of JANUARY, 2022, by

Date *Month* *Year*

(1) VICKY LO

(and (2) _____).

Name(s) of Signer(s)

HERMIE AQUINO
Notary Public - California
San Diego County
Commission # 2238483
My Comm. Expires May 14, 2022

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature _____

Signature of Notary Public

Place Notary Seal and/or Stamp Above

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document NEVADA STATE BOARD OF PHARMACY

Title or Type of Document: DESIGNATED REPRESENTATIVE APPLICATION

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

2019 National Notary Association

11F

Y

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **not transferable money order or cashier's check only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ *New Pharmacy* **or** ☑ ***Ownership Change*** *(Provide current license number if making changes:* **PH** 02195

Check box below for type of ownership and complete all required forms.

☐ *Publicly Traded Corporation – Pages 1,2,3,8*
☐ *Partnership - Pages 1,2,6,8*
■ *Non Publicly Traded Corporation – Pages 1,2,4,8*
☐ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Optum Infusion Services 550, LLC

Physical Address: 7167 E. Kemper Road

Mailing Address: [Same as physical address]

City: Cincinnati State: OH Zip Code: 45249

Telephone: 513-792-7080 Fax: 513-792-3838

Toll Free Number: 866-442-4679 (Required per NAC 639.708)

E-mail: orxpharmlic@optum.com Website: https://specialty.optumrx.com/infusion

Managing Pharmacist: Mark Kestler License Number: 03215192 (OH)

NV - Brendon Kestler 21304

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☑	☐ Retail	☐	■ Off-site Cognitive Services
☐	■ Hospital (# beds_____)	☐	■ Parenteral **
☐	■ Internet	☐	■ Parenteral (outpatient)
☐	■ Nuclear	☐	■ Outpatient/Discharge
☐	■ Ambulatory Surgery Center	■	☐ Mail Service
☑	☐ Community	☐	■ Long Term Care
☑	☐ Other: Home Infusion Pharmacy	☑	☐ Sterile Compounding **
		☐	■ Non Sterile Compounding
	All boxes must be checked	☐	■ Mail Service Sterile Compounding **
	For the application to be complete	☐	■ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☑ No ☐

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Karen Peterson

Original Signature of Person Authorized to Submit Application, no copies or stamps

Karen Peterson, Secretary

Print Name of Authorized Person

07/21/2021

Date

Board Use Only Date Processed:_____ Amount: $500 check 46176846

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Entity is and LLC - Formed in Delaware

Parent Company if any: Diplomat Blocker, LLC

Mailing Address: 1600 McConnor Parkway

City: Schaumburg State: IL Zip: 60173

Telephone: 763-321-2595 Fax: 844-377-0216

Contact Person: Cathy Winters

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) No individual owners
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. N/A - entity is an LLC

3) What was the price paid per share? N/A - entity is an LLC

4) What date did the corporation actually receive the cash assets? N/A - entity is an LLC

5) Provide a copy of the corporation's stock register evidencing the above information N/A - entity is an LLC

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 08:30 am 05:30 pm Saturday On call am _____ pm

Sunday On call am _____ pm 24 Hours No

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Karen Peterson

Responsible Person of Optum Infusion Services 550, LLC

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Karen Peterson

Original Signature of Person Authorized to Submit Application, no copies or stamps

Karen Peterson, Secretary

Print Name of Authorized Person

07/21/2021

Date

Disciplinary Action History
Optum Infusion Services 550, LLC
Cincinnati, OH

Optum Infusion Services 550, LLC (fka BioRx, LLC)

Cincinnati, OH Location

- **Hawaii Board of Pharmacy, 2020.** Hawaii Board of Pharmacy Department of Commerce and Consumer Affairs issued a $500 fine to BioRx, LLC, doing business as Diplomat Specialty Infusion Group, for allegations that a 2018 Texas Board of Pharmacy action was not reported timely.

- **New Hampshire Board of Pharmacy, 2019.** New Hampshire Board of Pharmacy issued a notice of violation to Diplomat Specialty Infusion Group for failing to report an August 7, 2018 Texas Board of Pharmacy Order (discipline). NH BOP imposed a $150 fine to resolve the matter.

- **Texas Board of Pharmacy, 2018.** Texas Board of Pharmacy reprimanded Diplomat Specialty Infusion Group for failing to ensure the accuracy of a sample compounded sterile preparation, compounded and collected during an inspection, met the United States Pharmacopeia established range.

- **Hawaii Board of Pharmacy, 2016.** Hawaii Department of Commerce and Consumer Affairs issued a fine to BioRx, LLC for failing to report a disciplinary action from the Alaska Board of Pharmacy in a timely manner. $500 fine paid.

Urbandale, IA Location

- **Alabama Board of Pharmacy, 2020.** Alabama Board of Pharmacy imposed a $1500 fine against BioRx LLC (dba Diplomat Specialty Infusion Group) for failing to disclose a 2010 disciplinary action on the 2011-2012 renewal and failing to timely disclose a 2017 disciplinary action.

- **Texas Board of Pharmacy, 2017.** Texas Board of Pharmacy issued a fine to BioRx, LLC for failing to report disciplinary action from the Colorado State Board of Pharmacy in a timely manner. $1,000 fine paid.

- **Hawaii Board of Pharmacy, 2017.** Hawaii Regulated Industries Complaint Office issued a $500 fine for failing to report the disciplinary action from the Colorado State Board of Pharmacy in a timely manner.

Please note, although the California Board of Pharmacy does not consider a citation disciplinary action, we are disclosing citations out of an abundance of caution.

Carlsbad, CA Location

- **California Board of Pharmacy, 2018.** California Board of Pharmacy issued a Citation and Fine to BioRx, LLC in Carlsbad, CA for failing to report ownership change within

the time frame required by California State Board of Pharmacy regulations. $500 fine paid.

Scottsdale, AZ Location

- **California Board of Pharmacy, 2018**. California Board of Pharmacy issued a Citation and Fine to BioRx, LLC for failing to report ownership change within the time frame required by California State Board of Pharmacy regulations. $500 fine paid.

Karen Peterson
Signature

Karen Peterson, Secretary
Printed Name

07/21/2021
Date

Ohio | eLicense Ohio Professional Licensure

License Look Up

8/13/2021 6:01 PM

Optum Infusion Services 550, LLC

Status	Active
Sub-Status	
Board	Board of Pharmacy
License Type	Terminal - Pharmacy - Category 3
License Number	022104800
License Issue Date	01/27/2011
License Expiration Date	03/31/2023
License Effective Date	08/12/2021
Street Address	7167 E. KEMPER RD
City	CINCINNATI
State	OH
Zipcode	45249
Country	United States
Board Action	No

Supervised By:

Supervisor Name	Supervisor License	Status	Start Date	End Date
MARK KESTLER	03215192	Active	Fri Jan 30 00:00:00 GMT 2015	

Current date & time: **8/13/2021 6:01 PM**

3951

Disclaimer: The Joint Commission and NCQA consider on-line status information as fulfilling the primary source verification requirement for verification of licensure in compliance with their respective credentialing standards.

Managing Pharmacist

Pharmacist Name: Mark Robert Kestler License #: 03215192 (OH)

Pharmacy Name: Optum Infusion Services 550, LLC

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☑
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	☑	☐
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☑
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☑

If you marked YES to any of the numbered questions above, please include the following information

Board Administrative Action: State: _____ Date: _____ Case #: _____

And/or Criminal Action: State: OH Date: 11/12/1992 Case #: 407164610

County: Hamilton Court: Sharonville, OH

To Whom It May Concern:

Attached you will find documentation relating to the arrest record of

Mark R. Kestler
6990 Clawson Ridge Court
Liberty Township, Ohio
45011-9118
513-844-1234

Document #1 relates to a misdemeanor arrest for a non-drug related theft (under $150) which occurred on February 2nd, 1978.
I was sentenced to pay a $50 fine and court cost.

This arrest was expunged on January 23rd, 1980.

Document #2 relates to a traffic/misdemeanor DUI arrest which occurred on November 12th, 1992.
I was sentenced to pay a $400 fine, court cost, 7 days community service, attend a 2 day alcohol awareness class and had driving privileges restricted to and from work for 60 days. This sentence was successfully completed within the 60 day period.

While I regret these incidents, I am proud of my accomplishments since and consider myself to be a person of good moral character and a competent responsible Pharmacist.

Should you have any questions or concerns regarding these incidents or the corresponding documentation, please contact me.

Respectfully,

Mark R. Kestler, R.Ph.
Ohio License #03-2-15192

HAMILTON COUNTY SHERIFFS DIV.
ROOM 100, JUSTICE CENTER
1000 SYCAMORE STREET
CINCINNATI, OHIO 45202

NOTARIAL SEAL * STATE OF OHIO *

GEORGE J. BUTTELWIETH
Notary Public, State of Ohio
My Commission Expires Aug. 11, 1982

I HEREBY CERTIFY THIS TO BE A TRUE COPY OF THE ORIGINAL WRIT WITH ALL ENDORSEMENTS THEREON.

NOTARY PUBLIC

STATE OF OHIO, COUNTY OF HAMILTON
COURT OF COMMON PLEAS

THIS IS TO CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DOCUMENT ON FILE IN THIS OFFICE ENTERED 1-23-80

WITNESS MY HAND AND SEAL OF SAID COURT THIS 11-11-97

JAMES CISSELL, CLERK OF COURTS
BY _____
DEPUTY CLERK

Court order for expungement received 1/23/80
Mark Kestler Springfield Township case mailed
to Springfield Township 1/23/80 SE.

MARK R. KESTLER

CTL NO. 768028 BCI NO. A 915238
ARRESTING AGENCY: SPRINGFIELD TWP. POLICE DEPT.
ARREST DATE: 2-2-78 SENTENCING DATE: 2-6-78
SENTENCING: $50.00 FINE AND COURT COST
CHARGE: THEFT-UNDER $150.00

5/
431
11/24

CITY OF SHARONVILLE, OHIO
TRAFFIC DOCKET

NOVEMBER 23, 1992 PAGE 3

T	NAME ADDRESS	DATE OFFENSE COMPLAINANT	SEC NUM	BOND	PLEA	JDGMNT	FINE	COST	TOTAL	JAIL	REMARKS
	4062 64997 C: MINDERMAN, EVE	92/11/11 FAILURE TO YIELD MERKLE	331.17								
	4063 59621 C: BROTHIAN, JAMES C	92/11/11 PKING/HANDICAP AUTHORIZED HALPIN	351.04F								CAPIAS
	4071 64610 C: RESTLER, MARK R	92/11/12 DUI LARUE	333.01	NC	G		400 400	30 30	430 430	7	CAPIAS 180 d. susp Bal 173 d. SP to Hom/Drug Use
	4072 64611 C: RESTLER, MARK R	92/11/12 SPEEDING LARUE	333.03		DM						
	074 5000 C: BARBER-PELS, GREGORY W	92/11/12 FAIL TO DISPLAY/PROD LIC MERKLE	335.06	NC	DM						
	075 501 C: BARBER-PELS, GREGORY W	92/11/12 LEFT OF CENTER MERKLE	331.01	NC	G		23 23	17 17	40 40		
	77 503 C: CLARKE, SUZANNE B	92/11/12 PARK IN FIRE LANE MERKLE	351.17								
	9 09 C: LIAKOS, GREG J	92/11/12 SPEEDING LEVO	333.03								CAPIAS WARRANT FTA
	10 C: VOLZ, MICHAEL J	92/11/12 RED LIGHT LEVO	[illegible]								CAPIAS WARRANT FTA
	BAK, GLEN F	92/11/13	313.03								CAPIAS WARRANT FTA

I, Linda Ittes, Clerk of Courts for the City of Sharonville, hereby certify that the above is a true and exact copy of the Mayor's Court Docket of 11/23/92.

Linda Ittes, Clerk of Courts

3956

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)

2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)

3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)

4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)

5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)

6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)

7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)

8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)

9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Signature _____ Date 9.2.21

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Illinois)
) ss.
Cook COUNTY)

I, Karen Peterson, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Secretary for Optum Infusion Services 550, LLC (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, Karen Peterson, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Karen Peterson
Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
3rd day of September, 2021.

Official Seal
Maleta G Beahan
Notary Public State of Illinois
My Commission Expires 03/06/2022

Maleta G. Beahan
NOTARY PUBLIC

I certify that this is a true certified copy of the Ohio Board of Pharmacy License.

Mark Kestler, Pharmacist-in-Charge

9-1-21

Date

STATE OF OHIO BOARD OF PHARMACY

LICENSE TO DISTRIBUTE DANGEROUS DRUGS

The entity named below is duly licensed, and is entitled to conduct business in the state of Ohio until March 31, 2023.

Notary

ALBERT D. RAMEZ, Attorney at Law
NOTARY PUBLIC - STATE OF OHIO
My Commission has no expiration
date. Section 147.03 O.R.C.

Albert D. Ramez

Optum Infusion Services 550, LLC

7167 E. KEMPER RD

CINCINNATI, OH 45249

License Number: 022104800

Terminal - Pharmacy - Category 3

Expiration Date: March 31, 2023

CLASS: Terminal - Pharmacy - Category 3
BUSINESS TYPE: SP - Specialty Pharmacy

Responsible Person – Print, sign and keep license in a readily retrievable location at the address listed on this license.

Responsible Person Name (Print)	Signature of Responsible Person
MARK KESTLER RPH	

Any change of responsible person must be reported within ten days of the effective date of the appointment of the new responsible person via Service Request on your Ohio eLicense Dashboard - https://elicense.ohio.gov/oh_homepage.

State of Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215
T: 614/466-4143 | F: 614/752-4836 | licensing@pharmacy.ohio.gov

10001558 2/001318-1/1-0

1: 4
262/525

OPTUM INFUSION SERVICES 550, LLC
7167 E. KEMPER RD.
CINCINNATI, OH 45249-0000

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BB8820537	12-31-2022	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	05-03-2019

OPTUM INFUSION SERVICES 550, LLC
7167 E. KEMPER RD.
CINCINNATI, OH 45249-0000

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BB8820537	12-31-2022	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	05-03-2019

OPTUM INFUSION SERVICES 550, LLC
7167 E. KEMPER RD.
CINCINNATI, OH 45249-0000

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Brendon A. Kestler

Date: 01/13/2022
Amount:
License #: 21304

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:10/31/2023

Brendon A. Kestler

License #
21304
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

Expires: 10/31/2023
STATUS: Active

License Type: Pharmacist
License #: 21304

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Brendon A. Kestler

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Optum Infusion Services 550, LLC
7167 E. Kemper Rd
Cincinnati, OH

Pharmacists with Nevada Licensure

Pharmacist Name	License Number
Brendon Kestler	21304 (NV)
John McMaken	22085 (NV)

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **Optum Infusion Services 550, LLC** , as a FOREIGN LIMITED-LIABILITY COMPANY duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 03/25/2011, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 02/08/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202202082379668
You may verify this certificate online at http://www.nvsos.gov

Updated copy of the DEA with the new name. A copy of the updated DEA is enclosed ✓

Updated inspection with the new name (if Available). Ohio, the facility's resident state, does not conduct new inspections for name changes. As a result, the facility does not have an inspection report in the new name.

If you have any questions, please contact me at (608) 283-2628 or Rachel.Dykema@quarles.com or Anne O'Brien at (312) 715-5259 or Anne.O'Brien@quarles.com.

Very truly yours,

Rachel Dykema

Rachel Dykema

Enclosures

State of Ohio Board of Pharmacy

77 South High Street, 17th Floor, Columbus, Ohio 43215-6126
(614) 466-4143 | Fax (614) 752-4836 | http://www.pharmacy.ohio.gov

License 022104800

Diplomat Specialty Infusion Group

7167 E. Kemper Rd
Cincinnati, OH 45249
Hamilton County

Terminal - Pharmacy - Category 3

Compounding Inspection for Pharmacies

November 18, 2020

License 022104800 - Diplomat Specialty Infusion Group

Full

State of Ohio Board of Pharmacy
77 South High Street, 17th Floor, Columbus, Ohio 43215-6126
(614) 466-4143 | Fax (614) 752-4836
http://www.pharmacy.ohio.gov

Completed by Elizabeth Bond
Start 11/18/2020 8:42 AM
End 11/18/2020 3:46 PM

Organization

Name	License Type	Category
Diplomat Specialty Infusion Group	Terminal - Pharmacy - Category 3	
License Number	**Business Type**	**DEA Number**
022104800	SP - Specialty Pharmacy	BB8820537
Responsible Person	**Hours of Operation**	
Mark Robert Kestler, RPH	M-F: 8:30 AM to 5:30 PM; Closed Sat & Sun	

Contact

Address	Primary Number	Fax Number	Website
7167 E. Kemper Rd Cincinnati, OH 45249 Hamilton County	(866) 442-4679	(513) 792-3838	

Personnel

Name	Initials	Position	I.D. No.	Phone	Email
Christopher Thomas Ball, RPH		Pharmacist	03228422	(513) 310-8285	ballct@gmail.com
Mark Robert Kestler, RPH		Pharmacist	03215192	(513) 403-1970	mkestler@diplomat.is
Rosa Maria Voyten, RPH		Pharmacist	03234248	(724) 875-9616	rvoyten@gmail.com

1) General Operations and Information

3965

1) Multiple inspection reports were generated during this inspection. A full report will include the following information:

No

2) The pharmacy intends to use this inspection as part of the NABP Multistate Pharmacy Inspection Blueprint Program.

No

3) Ohio State Board of Pharmacy Personnel Present at Inspection Include:

Observation
C/S Elizabeth Bond

4) Description of Business

Observation
This pharmacy is a closed door specialty pharmacy that provides both specialty and sterile compounded drug products. The specialty products are primarily for hemophilia, neurologic, GI, and immunodeficiency conditions. The sterile compounded products are primarily TPNs for nutrition. Only low and medium risk compounded sterile products are compounded at this location. The pharmacy services 1683 patients with an approximate prescription volume of 6,000 prescriptions per month. Staffing includes: 13 pharmacists, 12 technicians, 5 support staff, and 15 ancillary employees.

5) Is the license current and on-site available for viewing at the time of inspection?

Yes

Observation
TDDD exp of 3-31-2021
DEA: exp of 6-30-22

6) The pharmacy is licensed in other states.

Yes

Observation
The pharmacy is licensed in 49 states.

7) The pharmacy is registered with the FDA as a repackager or 503B outsourcer?

No

9) At all times a pharmacist provides supervision and control of dangerous drugs.

Yes

10) Pharmacy staff are properly credentialed and performing duties within their scope of practice.

Yes

12) The pharmacy is appropriately staffed to conduct the practice of pharmacy in a safe and effective manner.

Yes

13) Additional observations regarding the pharmacy general operations and information include:

Observation
This is a complete inspection requested by the licensee. The inspection is needed for multiple out of state license renewals. The licensee also requested approval of an additional 3000 square feet of space to be added to the pharmacy barricade. The focus of the inspection was sterile compounding, drug security and record keeping, controlled substance accountability, and overall pharmacy operations.

2) Security/Theft or Loss of Drugs

1) Is the security of the pharmacy drug stock adequate to detect and deter drug theft and diversion?

Yes

Observation
The building is a single story building with solid floors, walls and ceilings. The site is equipped with a total of 61 cameras and motion sensors monitoring the exterior and interior of the facility (including the parking lot). The building is equipped with an alarm system. The system is monitored via Dial One and leadership, as well as, local law enforcement are notified as necessary. The exterior doors are equipped with badge access and key back ups. Keys to the main entrance (non-pharmacy space) are in the possession of select individual employees and pharmacists. All visitors must sign in and have a photograph taken before entering the facility.
The pharmacy space is equipped with a separate alarm system. Only pharmacists have individual alarm codes. Access to a code is granted and audited by the RP. Cameras, motion sensors, and panic buttons are located throughout. The doors to the pharmacy barricade are badge access and key lock back up. The keys are only under the control of pharmacists. No issues noted.

2) Dangerous drugs, exempt narcotics, hypodermics, poisons, D.E.A controlled substance order forms and records related to the practice of pharmacy are located inside the pharmacy barricade.

Yes

3) Are all records of accountability that are stored outside of the pharmacy barricade but within the same physical location secure and tamper evident?

No

Observation
All records of accountability are stored on-site.

4) Has the pharmacy experienced any drug thefts or losses in the last three (3) years?

No

5) Drug Theft or Loss Statement

Observation
Any theft or significant loss of drugs must be reported, by telephone, to the Board of Pharmacy and local law enforcement immediately upon discovery. If a controlled substance the DEA must be notified as well using a DEA-106 form.

3) Electronic Record Keeping Systems and Positive Identification

1) The pharmacy uses the following electronic record keeping system

Observation
CPR is the EMR utilized. It is accessed by username + password and fingerprint (biometrics) with a 30 second lock out. The site prints an end of day report that is signed via wet ink signature for positive ID.
Paper records include: Annual CS Inventory, CS audits, drug invoices, sterile compounding competencies, and dispensing records for at least one year before becoming electronically maintained.

2) Positive identification of the pharmacist or pharmacists responsible for performing all activities relating to the practice of pharmacy is documented in accordance with OAC 4729-5-01.

Yes

Observation
Pen and ink signature is utilized for all paper records.

4) Controlled Substances

1) The facility maintains controlled substances on-site.

Yes

2) The facility compounds using controlled substances.

Observation
The facility does not compound controlled substances.

3) The facility orders controlled substances using the following methods:

Paper DEA 222 Forms

6) The facility maintains a record of all controlled substances received, dispensed, administered, sold or used.

Yes

7) The facility maintains a perpetual or running inventory of controlled substances on-hand.

Yes

Observation
Leadership audits the inventory on a weekly basis.

8) Controlled substances awaiting destruction are maintained with appropriate security and control.

Yes

9) Controlled substance destruction is conducted in accordance with OAC 4729-9-06.

Yes

Observation
PharmaLink is the reverse distributor utilized.

10) The facility conducts a complete and accurate inventory of all controlled substances on-hand annually.

Yes

Observation
Observed the CS inventory dated 2-11-2020 and 2-22-2019

5.3) General Non-Sterile Compounding Information

7) Additional general information regarding non-sterile compounding includes:

Observation
The pharmacy does not perform non-sterile compounding.

6.1.1) *General Sterile Compounded Product Information

1) *The licensee reports they compound the following risk levels for sterile products:

Low Risk
Medium Risk

2) *The licensee compounds the following types of sterile products.

IV Fluids
Antibiotics
TPN

4) *All CSP's are dispensed pursuant to a patient specific prescription?

Yes

6.1.2) Sterile Compounded Blood Products/Biologics/Sensitizing Agents

1) The licensee is performing compounding activities with blood-derived or biological material?

No

6.1.4) Radiopharmaceuticals

1) Does the licensee prepare CSPs which are considered radiopharmaceutials?

No

6.1.5) Sterile Compounding for Animals

1) The pharmacy sterile compounds animal products.

No

6.2) *Compounding Policies and Procedures

1) *The facility has a policy and procedure manual for sterile product compounding.

Yes

2) The policy and procedure manual contains written and properly approved SOPs designed to ensure the quality of the quality of the environment in which the CSP is prepared?

Yes

Observation
Observed manual updated and signed off on January 24, 2020 by RP, Mark Kestler, RPh. The P&P is available both electronically and in printed form.

3) Observation of facility adherence to policies and procedures:

Yes

Observation
Observed the Garbing policy by three pharmacy staff members with no issues noted. (Policy PE 005.00)

8) *The pharmacy has a plan in place to provide continued compounding services in the event the cleanroom fails environmental testing, as as a result must be closed for additional cleaning and re-certification.

Yes

Observation
The pharmacy would move operations to a sister facilty.

6.3) *Sterile Compounding Training

1) *The training program includes the following essential elements to safely compound sterile products.

Yes

Observation
Reviewed employee files of RV (supervisor), DB (pharmacist), MB (technician). All required competencies were present.

2) *Compounding supervisors are adequately trained to supervise and/or verify staff training and compounding?

Yes

Observation
I reviewed the employee training for Rosa Voyten, RPh.

3) Relief personnel from outside agencies performing sterile compounding are appropriately trained.

No

4) *There is documentation that compounding staff have completed and passed a didactic compounding review and exam prior to compounding and annually/semiannually thereafter.

Yes

Observation
RV: 1-27-2020; 2-12-2019
DB: 1-28-2020; 1-28-2019
MB: 2-14-2020; 1/28/19 & 11-19-20

6) *There is documentation that compounding personnel have passed an annual/semi-annual gowning procedure and gloved fingertip sampling test.

Yes

Observation
RV: 1/17/2020, 2/21/2020
DB: 1/28/2020, 1/28/2020
MB: 1/24/2020, 1/28/2020

7) *There is documentation that compounding personnel have passed a media fill test of appropriate breadth and depth prior to compounding and at least annually/semi-annually.

Yes

Observation
RV: 2/21/2020; 1/25/2020
DB: 1/28/2020; 1/28/2019
MB: 1/28/2020; 1/25/2019

9) *There is documentation that compounding personnel have passed an initial and annual/semi-annual observational compounding skills assessment.

Yes

Observation
RV: 1/17/2020; 1/25/2019
DB:1/28/2020; 1/28/2019
MB: 1/24/2020; 1/25/2019

6.4.1) *General Storage for Sterile Product Components

1) *Temperature monitoring of controlled room temperature drug storage areas is performed at least once daily.

Yes

Observation
Both paper and electronic logs are maintained twice daily. The electronic system is Simplifi. Panasonic is the continuous web based monitoring system in place. The pharmacy is notified of excursions by telephone and email alerts. Dial One is also utilized as a back up monitoring and alerting system. Current temperature is 70 degrees F.

2) *Temperature monitoring for refrigerated drug storage areas is performed at least once daily.

Yes

Observation
Both paper and electronic logs are maintained twice daily. The electronic system is Simplifi. Panasonic is the continuous web based monitoring system in place. The pharmacy is notified of excursions by telephone and email alerts. Dial One is also utilized as a back up monitoring and alerting system. Current temperature is 40 degrees F.

3) *Temperature monitoring for frozen drug storage areas is performed at least once daily.

No

Observation
No frozen drugs are on site but observed current temperature of -10 degrees F.

4) The pharmacy has an action plan in place for temperature excursions including evaluating excursion effects on drug product integrity for all temperature monitored areas.

Yes

Observation
Panasonic is the continuous web based monitoring system in place. The pharmacy is notified of excursions by telephone and email alerts. Dial One is also utilized as a back up monitoring and alerting system.

6.4.2) *Active pharmaceutical Ingredients used in Sterile Compounding

16) Additional findings regarding active pharmaceutical ingredients used in sterile compounding include:

Observation
The site does not utilize any APIs.

6.4.3) Single and Multiple-Dose Vials used in Sterile Compounding

1) Single-dose vials used more than one (1) time after puncture follow USP 797 standards.

Yes

Observation
Thiamine is the only drug utilized more than one time. No issues noted.

2) Multiple-dose vials were observed stored outside of USP 797 and USP 51 standards.

Observation
Folic acid and methadone are the only MDIs utilized. No issues noted.

6.4.4) Sterile Compounded Stock Solutions

1) The pharmacy compounds stock solutions.

No

6.5) *Sterile Compounding Environmental Certification, Sampling and Monitoring

1) *Certification of primary engineering controls and ISO classified spaces has been conducted every 6 months, and whenever a device or room is moved, or major work is done to the space, by a CETA Certified vendor.

Observation
STERIS certified all classified spaces on the following dates: 9-19-2020, 3-14-2020, 9-14-2019, 3-16-2019. STERIS is CETA certified.

2) *The certification report includes information about the equipment used for performing calibration testing.

Yes

3) Compounding supervisors are familiar with certification requirements and interpretation of results.

Yes

4) *ISO spaces meet or exceed the required air changes per hour (ACPH).

Observation
Ante Room: 37 ACPH
Buffer: 93 ACPH
Neg. Pressure: 30 ACPH

5) *Air pattern analysis using smoke studies was performed under dynamic conditions.

Yes

6) *Particle generating equipment located in ante and buffer areas are actively used during certification processes.

Yes

7) *Differential air pressures between rooms was measured and recorded during certification.

Observation
The differential pressure measured from the clean/buffer room to the anteroom was _0.023___ water column positive pressure.

The differential pressure measured from the anteroom and all adjacent spaces was __0.048_ water column positive pressure.
From Buffer to the Neg. Pressure Room: -0.030

Readings were taken when all doors were closed.

8) Air velocity from buffer rooms (or zones) to ante areas is at least 40 feet/minute.

Observation
Ranged from 91 fpm to 96 fpm
In PECS: 91 fpm to 96 fpm

9) *Certification included the measurement of particle counts 0.5um and larger under dynamic conditions.

Observation
Ante Room: 3120 to 5380
Buffer: 240 to 29,720
Neg Room: 7900 to 35,460
No particles in any PEC.

10) *HEPA filters were leak tested.

Yes

11) *Viable air sampling has been conducted no less than every 6 months in each PEC, in all compounding rooms, and whenever a device or room is relocated or altered, or if major service to the facility was performed.

12) *Viable air samples were collected in appropriate locations, on appropriate growth media, and incubated for an appropriate interval.

Yes

13) *Viable air samples did not exceed USP action levels.

Observation
On September 19, 2020:
OG PEC 1332601006609- Hood was not in use at the time of the certification. It was triple cleaned and retested clean before use reinstated.
OG in Negative Pressure Room- no PEC in room, room not in use
OG in Ante Room- Triple cleaned and retested.
On October 17, 2020:
PEC above passed with no growth
Negative Pressure Room- 1 CFU of OG- tripled cleaned again and retested ***Room not used and no PEC in room***
Ante: passed with no growth

14) *Surface sampling has been conducted periodically according to the pharmacy surface sampling plan.

Observation
Pharmacy conducts surface sampling in-house on a monthly basis. If a positive result is obtained, the plates are sent to ARL labs. ARL is an accredited, credentialed lab that identifies growth to the genus species. Discussed the need for outside validation of surface sampling. Steris will conduct independent surface sampling as soon as possible and the results will be emailed to C/S Bond for review.

15) *Surface samples did not exceed USP action levels.

Yes

Observation
See 6.5.14 above

16) *Compounding operations are suspended if mold, yeast, coagulase positive staphylococcus or gram negative rods are detected in the PEC.

Yes

Observation
See 6.5.13 above

19) Additional findings regarding the sterile compounding environmental certification include:

Observation
Pharmacy does not use the negative pressure room and does not have a PEC in that space. If room is ever to be utilized, site will notify C/S Bond and ensure space tests clean.

6.6) Sterile Compounding Equipment Certification and Calibration

1) Appropriate equipment and utensils are available, clean, and in good working order.

Yes

Observation
Repeater pump and ACD utilized.

2) *Types of equipment/compounding devices utilized include:

Incubators
Automated Compounding Devices
Repeater Pumps
Balances

Observation
Maintenance for incubators includes confirmation of correct functioning, including control of gas levels, temperature mapping of empty and simulated load chambers and alarm functioning.

Maintenance for automated compounding devices involves programming the ACD to deliver a specific volume to a volumetric device. The volume delivered should be accurately represented on the volumetric device (and/or) weight accuracy; If sterile water (assuming relative density of water is 1.0) the weight of the water in grams should equal the volume of water measured. Tubing is changed daily.

Maintenance for repeater pumps involves programming the pump to deliver a specific volume to a volumetric device. The volume delivered should be accurately represented on the volumetric device (and/or) weight accuracy; If sterile water (assuming relative density of water is 1.0) the weight of the water in grams should equal the volume of water measured.

Balance maintenance includes internal calibration per manufacturer instructions. Performance check after auto-calibration. Weigh known weights individually, shall be within 0.1% of actual mass value of the individual weight. Drift test uses one weight weighted 10 times (sometimes over several days) variation of observed weights from the mean shall not exceed +/- 0.2mg. Calibrate daily, after any maintenance, and after relocation of or failure of balance.

3) *The pharmacy maintains documentation of calibration and maintenance of equipment/compounding devices?

Yes

Observation
Observed calibration records for the repeater pump and the ACD for the past year with no issues noted.

4) *Environmental monitoring equipment and gauges are periodically inspected and calibrated yearly or in accordance with the equipment manufacturer guidelines, and calibration is documented.

Yes

6.7.1) *General Sterile Environment

1) *Sterile Compounding is performed in a separate and distinct compounding area.

Yes

3) *Walls are painted with epoxy based paint or other impermeable surface, and are seamless or have sealed seams.

Yes

4) *Ceiling tiles and light fixtures are impervious, smooth, mounted flush and sealed.

Yes

Observation
Clean room tiles that are sealed.

5) *Floors are overlaid with wide sheet flooring with seamless or heat welded seams and coving.

Yes

6) *Compounding areas do not contain dust collecting overhangs.

Yes

7) *HEPA filtered air is introduced though ducts in the ceiling and returns are located low on walls.

Yes

8) *ISO room which are completely enclosed are equipped with monitors/gauges to measure differential pressure.

Yes

9) *Pressures are continuously monitored and a plan is in place to detect and react to pressure differentials outside acceptable limits.

Yes

Observation
Current Differential Pressure from the ante room into the pharmacy is 0.050 wc. DP from the buffer to the ante room is 0.025 wc. DP from the buffer to the negative pressure room is -0.03 wc. Observed previous monthly logs with no issues noted.

11) *Temperatures of the compounding areas are controlled by a thermostat, with appropriate air-conditioning systems in place.

Yes

Observation
Current temperature is 68.6 degrees F.

12) Temperature monitoring of the compounding is in place to detect any excursions.

Yes

13) Humidity of the compounding area is maintained to provide humidity within the specified ranges.

Yes

Observation
Current humidity is 27%. Humidity has been within the stated range. Leadership will monitor.

6.7.2) *Sterile Compounding Ante-Area

1) *A working sink is available that enables pharmacy personnel to wash hands and enter the sterile compounding area without contaminating his/her hands and is away from/not adjacent to any PECs.

Yes

6.7.3) *Cleanrooms for Sterile Compounding

1) *The licensee maintains the following primary engineering control devices.

Laminar Air Flow Hoods (LAFW)

2) *The buffer/clean room (ISO 7) space does not contain sinks or drains.

Yes

3) Primary engineering controls are located out of traffic flow and avoid disruption from the HVAC system.

Yes

4) *Only appropriate furniture, equipment, supplies and other material required for compounding is located in the clean room.

Yes

5) *Clean room provides adequate windows/observational space for compounding supervision.

Yes

6.7.4) *Isolators for Sterile Compounding

8) Additional findings regarding isolators used for sterile compounding include:

Observation
The site does not utilize isolators.

6.8) *Sterile Compounding Environment Cleaning

5) *Cleaning agents effective for bacteria, viruses, fungi and spores are used in the appropriate order and for the appropriate dwell times.

Yes

Observation
PreEmpt and Peridox are utilized.

6) *All ISO 5 PECs are cleaned at the beginning of each shift, between compounding activities, and at least every 30 minutes while compounding, and after spills or suspected surface contamination.

Yes

7) *The pharmacy has documentation that counters, easily cleanable work surfaces, and floors are cleaned and disinfected daily.

Yes

Observation
Observed complete logs for 2020 with no issues noted.

9) *Monthly cleaning includes cleaning and disinfecting of walls, ceilings and shelving in the buffer/clean room and in the ante-room.

Yes

Observation
Observed complete logs for 2020 with no issues noted.

6.9.1) General Requirements of Compounding Personnel- observed

1) Entry to compounding areas is limited to authorized staff only.

Yes

2) Compounding personnel were observed free of rashes, burns, sunburn, weeping sores, conjunctivitis or active respiratory infections.

Yes

3) Compounding personnel were observed free of personal outer garments, cosmetics, visible jewelry and artificial nails/nail polish.

Yes

4) *No food, drink or inappropriate materials were observed in ante-areas, buffer areas, or segregated compounding areas.

Yes

6.9.2) *Sterile Environment Ante-Room Observation

1) *There is a clear line of demarcation between the dirty and clean side of the ante-room.

Yes

3) *Compounding personnel were observed donning all required personal protective equipment, in the correct order and replacing personal protective equipment when appropriate.

Personal items such as sweaters, coats, hats etc. were removed prior to entering the ante-area.
Head and facial hair covers and masks were donned prior to crossing the line of demarcation
Shoe covers were donned while crossing the line of demarcation, and the dedicated shoe cover never touched the dirty side of the line of demarcation.
Face masks and eye shields were donned after crossing the line of demarcation
Hand cleansing procedures were performed
Hands and forearms were dried using a lint-free disposable towel or an electronic hand dryer
A nonshedding gown with sleeves that fit snugly around the wrist and enclosed at the neck was donned.

4) *Personnel do not enter the ante-room and cross the line of demarcation without donning shoe covers or dedicated shoes.

Yes

6.9.3) *Sterile Environment Cleanroom Observation

1) *Personnel enter the clean room properly garbed from the ante room and immediately complete aseptic hand cleansing using alcohol-based surgical hand scrubs with persistent activity.

Yes

3) *Disinfection of contaminated gloved hands is accomplished by wiping/rubbing sterile 70% isopropyl alcohol to all contact surfaces and letting the gloved hands dry thoroughly.

Yes

4) *Compounding personnel were observed routinely applying sterile 70% isopropyl alcohol throughout the compounding process and whenever non-sterile surfaces were touched.

Yes

8) Pharmacists or other personnel do NOT enter the clean/buffer room without fully washing and garbing.

Yes

11) *Observations or concerns with compounding staff handling of first air in the primary engineering control included:

Observation
Observed 3 technicians involved in the sterile compounding process with no issues noted. Proper first air technique used, sanitation of gloves observed, clean DCA area.

7.1) Hazardous sterile compounding policies and procedures.

2) Additional findings regarding hazardous drug policies and procedures includes:

Observation
Hazardous drugs are not compounded on site.

7.2) Training for Hazardous Sterile Drug Compounding

4) Have compounding personnel verified in writing they understand the risk associated with compounding hazardous drugs, or compounding with hazardous chemicals?

Yes

7.3) Hazardous Drug Compounding

1) *Does the licensee prepare hazardous drugs as CSPs?

No

8) *Record Keeping For Compounding

3) The pharmacy maintains a record of all compounds dispensed.

Yes

5) *The pharmacy maintains records of all drugs compounded.

Yes

16) Quality Assurance and Recall Procedures for Sterile, Non-Sterile and Hazardous Compounding

1) Does the licensee have a formal QA program for monitoring, evaluating, correcting and improving the activities and processes for CSPs?

Yes

Observation
The facility utilizes a Quality Action Team (QAT) for peer review. The team meets monthly on the 2nd Tuesday of each month and minutes are kept. The team addresses incident reports resulting from a variety of errors and potential errors, and focuses on those identified as reaching a patient. The errors are investigated and processes and policies are reviewed and updated/changed as warranted.

17) Error in Dispensing

4) Has a dispensing error occurred in the pharmacy?

No

18) Records Request

1) Requested Records

Observation
The pharmacy is to produce, within three (3) business days (in a mutually acceptable format), any records of accountability or dispensing, to the Board of Pharmacy upon request. Cut and paste this language into the observation section of your records request, and document what is .

(C) Records relating to the practice of pharmacy, the administration of drugs, or any patient specific drug transaction which may be required as evidence of a violation shall be released, upon request, to a member, inspector, agent, or investigator of the state board of pharmacy or any state, county, or municipal officer whose duty is to enforce the laws of this state or the United States relating to drugs and who is engaged in a specific investigation involving a designated person or drug. Such person shall furnish a receipt to the person having legal custody of the records. If the record is a prescription, the receipt shall list the following information:

(1) Prescription identification number; or, if an order for medication, the name of the patient;
(2) The drugs prescribed or ordered;
(3) Quantity of drugs prescribed, dispensed, administered or personally furnished;
(4) Name of the prescriber;
(5) Date, name of agency, and signature of person removing the records.

19) Additional Findings

1) Additional Findings Upon Inspection Include:

Observation
This inspection included a barricade inspection to add approximately 3000 square feet of space to the pharmacy barricade. The additional space will include a walk-in freezer and a walk-in refrigerator. It will also be utilized for bulk storage. The space will also include two dock doors. Access to the dock doors will be by pharmacy staff or under pharmacy staff supervision only. No drivers or couriers have after hours access. There are three exterior entrances, one traditional door and two dock type doors. The traditional door is badge access with a key back up. Only pharmacists have the keys. The area is alarmed and equipped with cameras and motion sensors. The floors, walls, and ceilings are solid. The building is a one story building. No issues were noted. This space is approved as part of the pharmacy barricade as of today, November 18, 2020.

2) Additional Findings Upon Inspection Include:

Observation
Reviewed staff competencies for the specialty group with no issues noted. Files of BK (1-17-20), CB (1-31-20), DA (1-17-20), and SM (1-21-20) reviewed.

20) Inspection Affirmation

1) Inspection Affirmation

Observation
As the on-duty pharmacist, at the time of this inspection, I affirm that I have reviewed this inspection report with the Specialist/Agent, and understand its content. If this inspection report requires a written response of corrective action, the response shall be provided to the Ohio State Board of Pharmacy within 30 days of this inspection. I understand that if I am not the Responsible Person documented on this site's Ohio TDDD license, I will ensure the Responsible Person is notified of this inspection report and any corrective actions required. Responses can be emailed (with a copy of the inspection report) to writtenresponse@pharmacy.ohio.gov or they may be mailed to 77 South High Street, 17th Floor, Columbus, Ohio 43215.

Summary

No Issue Found

Reviewed by Mark Robert Kestler, RPH

(signature)

Optum Infusion Services 550, LLC

Officer, and Ownership Information

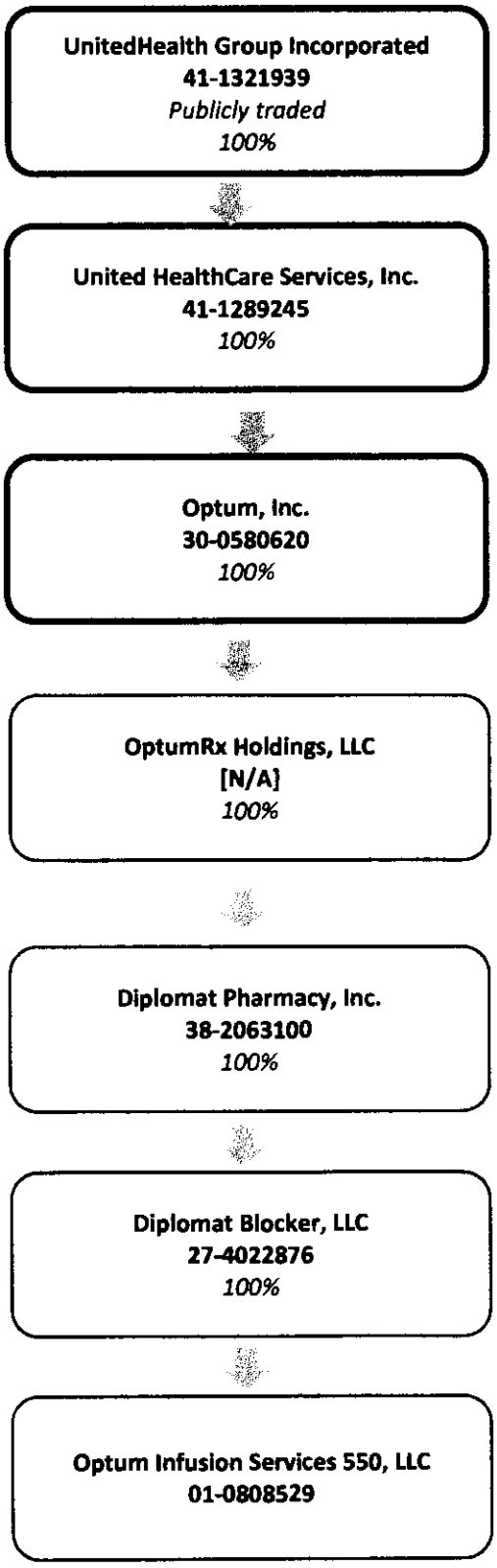
Officers:

Name	Title
Michael Zeglinski	CEO & President
Peter Gill	Treasurer
Karen Peterson	Secretary
Heather Lang	Assistant Secretary
David Oberg	Assistant Secretary
Timothy Langdon	Assistant Secretary

The pharmacy is wholly owned by:
Optum Infusion Services 550, LLC
FEIN: 01-0808529
1600 McConnor Parkway
Schaumburg, IL 60173
(763) 321-2595

The sole member of Optum Infusion Services 550, LLC is:
Diplomat Blocker, LLC
FEIN: 27-4022876
4100 S. Saginaw St.
Flint, MI 48507
(763) 321-2595

Optum Infusion Services 550, LLC – Organizational Chart



NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Optum Infusion Services 550, LLC

Physical Address: 7167 E. Kemper Rd.

City: Cincinnati State: OH Zip: 45249

Mailing Address (if different from physical address): N/A - same as physical address

City: State: Zip:

Telephone: (513) 792-7080 Website: https://specialty.optumrx.com/infusion

Licensing Company Email: orxpharmlic@optum.com

Section 2: Personal Information

First: Brendon Middle: A Last: Kestler

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] E. Kemper Rd.

City: Cincinnati State: OH Zip: 45249

Telephone: [redacted] Email: BKestler@optum.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty: _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 630.120)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: BAK

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
James L Winkle College of Pharmacy (University of Cincinnati)			08/13-04/17	
Address		City	State	Zip
3255 Eden Ave (161 Kowalewski Hall)		Cincinnati	Ohio	45229
Diploma/Degree obtained, if any				
PharmD				

School Name			From - To (MM/YY – MM/YY)	
University of Cincinnati (College of Arts and Sciences)			08/10-05/13	
Address		City	State	Zip
2700 Campus Way		Cincinnati	Ohio	45219
Diploma/Degree obtained, if any				
Neuroscience (Biology)				

School Name			From - To (MM/YY – MM/YY)	
Trine University			08/09-04/10	
Address		City	State	Zip
1 Universtiy Ave		Angola	In	46703
Diploma/Degree obtained, if any				
Transferred to Cincinnati				

School Name			From - To (MM/YY – MM/YY)	
Lakota West High School			08/06-05/09	
Address		City	State	Zip
8940 Union Centre Blvd		West Chester	Ohio	45069
Diploma/Degree obtained, if any				
High School Diploma				

School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/13- current	[redacted] Moatbridge Court	West Chester	Ohio	45069
06/11-06/13	[redacted] Stratford Ave	Cincinnati	Ohio	45219
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials BAK

Section 7: A designated representative must provide proof that he or she has been employed for at least 4,000 hours in pharmacies (NAC 639.5095) or wholesalers (NAC 639.5085) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment relevant to the above.

Business Name			From - To (MM/YY – MM/YY)
Optum Specialty Infusion (Diplomat Specialty Infusion Group)			06/17 - current
Business Address	**City**	**State**	**Zip**
7167 E Kemper Rd	Cincinnati	Ohio	45249
Phone	**Title**		**Number of Employed Hours**
513-792-7080	Clinical Pharmacist		9360
Description of Duties			
Perform clinical and dispensing duties relating to patient clinical service; including proper documentation.			

Business Name			From - To (MM/YY – MM/YY)
Walgreens Staff Pharmacist			06/17-04/19
Business Address	**City**	**State**	**Zip**
7804 Cincinnati Dayton Rd (Floater)	West Chester	Ohio	45069
Phone	**Title**		**Number of Employed Hours**
513-779-8302	Staff/Floater Pharmacist		750
Description of Duties			
Perform clinical and dispensing duties.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials BAK

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials BAK

Section 2: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

N/A

Original Signature (electronic, copies or stamps not accepted)

1-4-2022
Date

BAK
Applicant's initials _____

I, Brendon Kestler, **certify that as the designated representative for**

Optum Infusion Services 550, LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Brendon Kestler

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

01/04/2022

Date

Applicant's initials BAK

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Brendon Kestler

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

01/04/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Ohio, ss. County of Hamilton

I, Brendon Kestler, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

1-9-2022

Date

Subscribed and Sworn to before me this 4th day of January 2022

Albert D. Ranz

Notary Public Signature

ALBERT D. RANZ, Attorney at Law
NOTARY PUBLIC - STATE OF OHIO
My Commission has no expiration date, Section 147.03 O.R.C.

(Seal)

Applicant's initials BAK

11G

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Y

Where is the facility located?

- ☐ Nevada
- ■ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
☐ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH 02052	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Pentec Health, Inc.

Physical Address: 4 Creek Parkway

City: Boothwyn State: PA Zip: 19061

Mailing Address (if different from physical address): N/A

City: _____ State: _____ Zip: _____

Telephone: 610-494-8700 Toll Free # (NAC 639.708, NRS 639.23286): 800-223-4376

Fax: 800-355-1029 Contact Email: pharmacyregulatory@pentechealth.com

Website: www.pentechealth.com

Nevada Business License # (if applicable) NV20111019801

Supervising/Managing Pharmacist Name (NRS 639.220): Laura Reichl

Supervising/Managing Pharmacist NV Pharmacist Registration #: ~~(Pending)~~ 21915

Type of Pharmacy (check all applicable)

- ☐ Retail/Community
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ■ Other: Sterile Compounding

Services the Pharmacy will Provide (check all applicable)

- ☐ Retail/Community
- ☐ Non-sterile Compounding
- ■ Sterile Compounding
- ☐ Mail-Order Service
- ☐ Off-site Cognitive Services
- ☐ Long Term Care
- ☐ Hospital
- ☐ Other:

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ☐ Saturday ☐ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Laura Reichl	NV Pharmacist Registration #: 21915
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✓	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Pennsylvania

Parent Company (if any): Pentech Holdings, Inc

Corporation/Organization Name: Pentec Health, Inc.

Mailing Address: 50 Applied Bank Blvd

City: Glen Mills State: PA Zip: 19342

Telephone: 800-223-4376 Email: pharmacyregulatory@pentechealth.com

Contact Person Name: Lisa Scannapieco

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the Chairman, President, & CEO (title) for Pentec Health, Inc. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Joseph Cosgrove
Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

11/01/2021
Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

N/A Pentec Health Inc. performs sterile compounding.

Affidavit for Pharmacy License

I, _____ hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the _____ (title) for _____ (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

_____
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this _____ day of _____, 20_____

_____
Notary Public

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: _____ Pharmacist Registration #: _____

Pharmacy Name: _____

Initial each statement below to indicate you have read and agree with the following:

_____ I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

_____ I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

_____ I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

_____ I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

_____ I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		✓
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		✓
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		✓

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	State:	Date:	Case #:

Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

_____ _____

Original signature of Managing Pharmacist (copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Joseph Cosgrove

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

11/01/2021

Date

Board Use Only	Date Received: _____	Amount: 500 cc ✓ Processed 11/10/21

Nevada State Board Of Pharmacy

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 03/02/2022
Amount:
License #: 21915

Laura A. Reichl

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Effective Date:03/02/2022
Expires:10/31/2023

Laura A. Reichl

License #
21915
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

Expires: 10/31/2023
STATUS: Active

License Type: Pharmacist
License #: 21915
Effective Date:03/02/2022

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Laura A. Reichl

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Officers and Directors

Pentec Health, Inc. (Applicant/Licensee)

- Joseph C. Cosgrove: Chairman, President, Treasurer, Secretary, & CEO

Pentech Holdings, Inc. (Parent)

- Joseph C. Cosgrove: Chairman, President, Treasurer, Secretary, & CEO

Pentec Healthcare Infusions, Inc. (Grandparent)

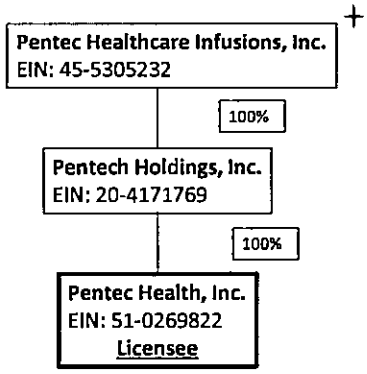
- Alexander E. Carles: President
- Joseph C. Cosgrove: Chairman & CEO
- Naishadh R. Lalwani: Secretary & Treasurer

Pentec Acquisition Corp. (Great-grandparent)

- Indirect ownership at this level and above includes the same fund and directors represented at the grandparent level.

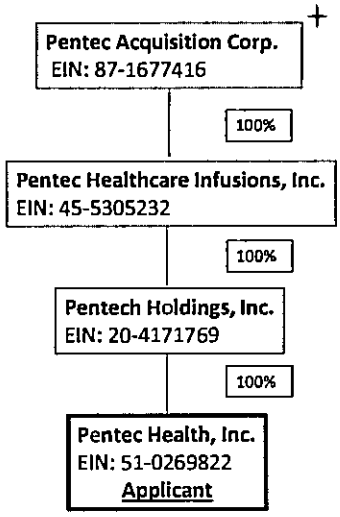
Exhibit A.

PRE-CLOSING STRUCTURE CHART



\+ Indirect ownership above grandparent level.

POST-CLOSING STRUCTURE CHART



\+ Indirect ownership at this level and above includes the same fund and directors represented at the grandparent level.

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

10/27/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Pentec Health, Inc.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Veronica W. Degraffenreid

Acting Secretary of the Commonwealth

Certification Number: TSC211027121277-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify

DISPLAY THIS CERTIFICATE PROMINENTLY • NOTIFY AGENCY WITHIN 10 DAYS OF ANY CHANGE

21 0121412

Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO BOX 2649 Harrisburg PA 17105-2649

License Type
Pharmacy

PENTEC HEALTH, INC.
MICHAEL HENRY CARDOSI
4 CREEK PARKWAY
BOOTHWYN, PA 19061

License Status
Active

Initial License Date
11/04/1985

Expiration Date
08/31/2023

License Number
PP413743L

Commissioner of Professional and Occupational Affairs

Signature

ALTERATION OF THIS DOCUMENT IS A CRIMINAL OFFENSE UNDER 18 PA.C.S.S. 4911

COPY

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BP9684627	03-31-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	04-02-2021

PENTEC HEALTH INC
4 CREEK PARKWAY
SUITE A
BOOTHWYN, PA 19061

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BP9684627	03-31-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	04-02-2021

PENTEC HEALTH INC
4 CREEK PARKWAY
SUITE A
BOOTHWYN, PA 19061

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)



BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

07/15/2021

License Information

PENTEC HEALTH, INC.

4 CREEK PARKWAY
BOOTHWYN, Pennsylvania 19061

Board/Commission:	State Board of Pharmacy	Status Effective Date:	06/18/2001
LicenseType:	Pharmacy	Issue Date:	11/04/1985
Specialty Type:	Inspected by Board	Expiration Date:	08/31/2021
License Number:	PP413743L	Last Renewal:	07/16/2019
Status:	Active		

Prerequisite Information

Licensee	Relationship	License Type	License Number	License Status	Associated Date	License Expiration Date
MICHAEL HENRY CARDOSI	Business Relationship	Pharmacist	RP038911L	Active	07/28/2016	09/30/2022

Disciplinary Action Details

No disciplinary actions were found for this license.

This site is considered a primary source for verification of license credentials provided by the Pennsylvania Department of State.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Pentec Health, Inc.

Physical Address: 4 Creek Parkway

City: Boothwyn State: PA Zip: 19061

Mailing Address (if different from physical address): n/a

City: State: Zip:

Telephone: 610-494-8700 Website: www.pentechealth.com

Licensing Company Email: pharmacyregulatory@pentechealth.com

Section 2: Personal Information

First: Laura Middle: Ashley Last: Reichl

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: [redacted] Creek Parkway

City: Boothwyn State: PA Zip: 19061

Telephone: 800-223-4376 ext. 2213 Email: lreichl@pentechealth.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty: _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials: VM

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
University of the Sciences in Philadelphia, Philadelphia College of Pharmacy			2008-2014	
Address		City	State	Zip
600 S 43rd St		Philadelphia	PA	19104
Diploma/Degree obtained, if any				
Doctor of Pharmacy				
School Name			From - To (MM/YY – MM/YY)	
Kutztown High School			2004-2008	
Address		City	State	Zip
50 Trexler Ave		Kutztown	PA	19530
Diploma/Degree obtained, if any				
High School Diploma				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY)	
Address		City	State	Zip
Diploma/Degree obtained, if any				
School Name			From - To (MM/YY – MM/YY	
Address		City	State	Zip
Diploma/Degree obtained, if any				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/19-present	[redacted] Parry Drive	Hainesport	NJ	08036
From - To (MM/YY – MM/YY)	Address	City	State	Zip
02/17-01/19	[redacted] Masterson Court	Ewing	NJ	08618
From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/16-02/17	[redacted] Kathy Drive	Yardley	PA	19067
From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/14-06/16	[redacted] Boatside Ave	East Stroudsburg	PA	16504
From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/06-06/14	[redacted] Rt 143	Kempton	PA	19529
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name		From - To (MM/YY – MM/YY)	
Pentec Health, Inc.			
Business Address	**City**	**State**	**Zip**
4 Creek Parkway	Boothwyn	PA	19061
Phone	**Title**	**Number of Employed Hours**	
610-494-8700	Pharmacist in Charge	more than 6,000	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials

I, Laura Reichl, **certify that as the designated representative for**

Pentec Health, Inc.,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Laura Reichl

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/01/2024

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Laura Reichl

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/01/2021

Date

Please have this section completed in the presence of a Notary Public.

State of Pennsylvania, ss. County of Delaware

I, Laura Reichl, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/01/2021

Date

Subscribed and Sworn to before me this 1st day of November 2021

Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
Yolanda R. Evans, Notary Public
Delaware County
My commission expires March 9, 2025
Commission number 1307218
Member, Pennsylvania Association of Notaries

(Seal)

Applicant's initials LR

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Pentec Health, Inc.

Physical Address 4 Creek Parkway

City Boothwyn State PA Zip 19061

Mailing Address (if different from physical address) N/A

City _____ State _____ Zip _____

Telephone 610-494-8700 Website www.pentechealth.com

Licensing Company Email pharmacyregulatory@pentechealth.com

Section 2: Personal Information

First Joseph Middle _____ Last Cosgrove

Alias(es, nicknames, name changes, etc.) n/a

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Applied Bank Blvd

City Glen Mills State PA Zip 19342

Telephone [redacted] Email pharmacyregulatory@pentechealth.com

Are you a citizen of the United States? ☑ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Rowan University		1987-1985	
Address	City	State	Zip
201 Mullica Hill Rd	Glassboro	NJ	08028
Diploma/Degree obtained, if any			
BA Business Administration/Marketing			

School Name		From - To (MM/YY – MM/YY)	
University of Pittsburgh		1985-1987	
Address	City	State	Zip
4200 Fifth Ave	Pittsburgh	PA	15260
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
John F. Kennedy Memorial High School		1981-1985	
Address	City	State	Zip
200 Washington Ave	Iselin	NJ	08830
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
10/98-present	[redacted]Peach Ridge Drive	Mullica Hill	NJ	08062
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials _____

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Pentec Health, Inc.			01/08- present
Business Address	**City**	**State**	**Zip**
50 Applied Card Way	Glen Mills	PA	19347
Phone	**Title**		
800-223-4376	Chairman, President & CEO		

Description of Duties

Lead company to grow as an industry leader in providing patient-specific compounded sterile medications for administration in dialysis centers and in-home Specialty Infusion services.

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		

Description of Duties

Continue on next page if additional space is needed.

Applicant's initials _____

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials JC

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4, 5, 6 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
N/A				
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

As a company, Pentec Health, Inc. has been involved in lawsuits. The pharmacy business disciplinary history is attached.

Original Signature (electronic, copies or stamps not accepted)

11/01/2021
Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Joseph Cosgrove

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/01/2021

Date

Please have this section completed in the presence of a Notary Public.

State of Pennsylvania, ss. County of Delaware

I, Joseph Cosgrove, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11/01/2021

Date

Subscribed and Sworn to before me this 1st day of November, 2021

Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
Yolanda R. Evans, Notary Public
Delaware County
My commission expires March 9, 2025
Commission number 1307218
Member, Pennsylvania Association of Notaries

(Seal)

Applicant's initials

Pentec Health, Inc. Summary of Federal and State Disciplinary History

FEDERAL

DOJ Settlement (February 2019)

On February 1, 2019, Pentec announced the closure and settlement with the Eastern District of Pennsylvania's office of the Department of Justice for a matter dating back to 2013 (the "DOJ Settlement"). The DOJ Settlement fully resolves a number of alleged claims involving Pentec's drug compounding practices and patient billing procedures, and resulted in a full dismissal of the case that was pending in Federal Court. Simultaneously, Pentec had entered into a five-year Corporate Integrity Agreement ("CIA") with the Department of Health and Human Services. Pentec believes that all government payors were billed appropriately and did not admit any fault as part of the settlement and dismissal.

Neither the DOJ Settlement nor the Corporate Integrity Agreement imposes any restrictions on Pentec's ability to provide pharmacy services to any Medicare or Medicaid beneficiary. Further, the Settlement and CIA do not involve any compounding quality issues relating to licensure or other drug compounding requirements, such as those adopted by the FDA or any State's Board of Pharmacy.

STATE REGULATORY SANCTIONS

Colorado Disciplinary Action (March 24, 2010)

On February 17, 2010, The Colorado Board of Pharmacy issued a Letter of Complaint (Case No. 2010-002886) alleging Pentec (license OSP0005533) failed to submit required data into Colorado's Prescription Drug Monitoring Program (PDMP) for the January 16 through January 25 reporting period. Pentec, located in Pennsylvania, was not dispensing controlled substances until May 2012 however, the Colorado Board of Pharmacy alleged that Pentec should have reported that it had dispensed "zero" controlled substances regardless. Pentec and the Colorado Board of Pharmacy settled the dispute by entering into a Stipulation and Final Agency Order, dated March 24, 2010 and Pentec paid $5,500 as part of the Stipulation.

Kentucky Board of Pharmacy Settlement & Order (August 2019)

On August 26, 2019, Pentec Health received a Settlement Agreement and Agreed Order from the Kentucky Board of Pharmacy that was signed on August 16, 2019 ("Kentucky Settlement"). The Kentucky Settlement arose after the Kentucky Board of Pharmacy ("KY BOP") alleged that Pentec's entry into the DOJ Settlement and CIA formed the basis of a violation of Kentucky pharmacy laws. Pentec disagrees with the KY BOP's characterization of the DOJ Settlement and denies any allegation that Pentec violated Kentucky state laws. However in the interest of resolving this matter, Pentec entered into a settlement pursuant to which we (1) agree to abide by the terms of the CIA and (2) will be on probation in Kentucky during the term of the CIA. The 'probation' in this matter does not impact the company's pharmacy license – 'probation' only gives the KY BOP the ability to revisit this issue in the event Pentec is found, at some later date in time during its probation, to have violated the terms of the CIA. The Kentucky Settlement does not impose any restrictions on Pentec's ability to provide pharmacy services, nor does it impact Pentec's ability to provide drug therapies in Kentucky.

Alabama Disciplinary Action (October 2019)
On March 14, 2019 the Alabama State Board of Pharmacy issued a Statement of Charges (Case No: 19-L-0055) alleging that the conduct settled in the DOJ Settlement and execution of the CIA in February of 2019 constituted a separate violation of Alabama pharmacy laws. Pentec strongly disagreed with the allegations and the Board's characterization of the DOJ Settlement as the settlement does not pertain to compliance with any state pharmacy laws nor did the settlement involve any payment to the Alabama State Medicaid program.

Although Pentec denies any allegation in violation of state law, on October 15, 2019, Pentec entered into a consent order with the Alabama State Board of Pharmacy pursuant to which Pentec agreed to pay stipulated costs of resolution to avoid further disputes on this matter. The Alabama Settlement does not impose any restrictions on Pentec's ability to provide pharmacy services in Alabama.

California Board of Pharmacy Settlement & Disciplinary Order (October 2021)
Pentec Health was notified on October 7, 2021 that a Stipulated Settlement and Disciplinary Order for Public Reproval (the "California Settlement") was adopted by the California Board of Pharmacy, Department of Consumer Affairs on October 4, 2021, to become effective as of November 3, 2021. The California Settlement arose solely out of the 2019 disciplinary actions issued by the Alabama and Kentucky Boards of Pharmacy. Pentec denies any accusation of unprofessional conduct in violation of California state law, but has entered into the California Settlement, pursuant to which Pentec will pay stipulated costs of resolution, in order to resolve this matter. The California Settlement does not impose any restrictions on Pentec's ability to provide pharmacy services in California.

Dora
Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

Barbara J. Kelley
Executive
Director

March 25, 2010

Pentec Health, Inc.
Attn: Cliff Slavin, RPH
4 Creek Pkwy, Ste. A.
Boothwyn, PA 16091

RE: Stipulation and Final Agency Order
Case #2010-2886

IN THE MATTER OF THE DISCIPLINARY PROCEEDINGS REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF PENTEC HEALTH, INC., REGISTATION NO. OSP 5533,

Dear Mr. Slavin:

Enclosed you will find a copy of the fully executed Stipulation and Final Agency Order (Stip/FAO) in the above mentioned matter, which became effective March 24, 2010.

If you have any questions, or require additional information, please contact the Board's office.

Respectfully,

FOR THE COLORADO STATE BOARD OF PHARMACY

Tia Johnson
Complaint Analyst

Enclosure

cc: Joseph Marinelli, VP Pharmacy, Pentec Health, Inc.
John H. Steele, Settlement Specialist, Office of Expedited Settlement
File

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2010-002886

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF PENTEC HEALTH, INC., REGISTRATION NO. OSP 5533,

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Pentec Health, Inc. ("Respondent Pharmacy"), to resolve all matters pertaining to Board Case Number 2010-002886 as follows:

1. The Board has jurisdiction over Respondent Pharmacy, its registration as a non-resident prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of title 12, article 22, C.R.S. (2009), otherwise known as the Pharmaceuticals and Pharmacists Act.

2. Respondent Pharmacy has been registered by the Board as a non-resident prescription drug outlet in the State of Colorado at all times relevant to this disciplinary action.

3. Respondent Pharmacy's address of record with the Board and current location is 4 Creek Pkwy, Ste. A, Boothwyn, PA 19061.

4. Respondent Pharmacy does not contest these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.

5. Respondent failed to submit required data into Colorado's Prescription Drug Monitoring Program (PDMP) for the January 16, 2010, through January 25, 2010, reporting period.

6. On January 28, 2010, the Board initiated a complaint against Respondent Pharmacy because Respondent Pharmacy failed to comply with the data submission requirements of the PDMP.

7. Respondent Pharmacy does not contest that the conduct described above constitutes a violation of section 12-22-125(1)(c)(I), (II) and (III) and 12-22-708, C.R.S., and that such conduct provides grounds for disciplinary action against Respondent Pharmacy's non-resident prescription drug outlet registration.

DISPOSITION

$5,000.00 Fine with Surcharge and Terms

8. **Fine with Surcharge.** Pursuant to section 12-22-125.2(5), C.R.S., Respondent Pharmacy shall pay a fine of Five Thousand Dollars and No Cents ($5,000.00). Respondent Pharmacy understands and acknowledges that, pursuant to section 24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of Five Thousand, Five Hundred Dollars and No Cents ($5,500.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.

9. **Compliance.** Respondent Pharmacy shall at all times comply with the data submission requirements of the PDMP.

10. **Advisements and Waivers.** Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, whether or not Respondent Pharmacy has consulted with legal counsel. Respondent Pharmacy acknowledges its understanding that it has the following rights:

    a. To have a formal notice of hearing and charges served upon it;
    b. To respond to said formal notice of charges;
    c. To have a formal disciplinary hearing pursuant to section 12-22-125, C.R.S.; and
    d. To appeal this Board order.

    Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

11. **Acknowledgments.** The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, whether or not Respondent Pharmacy has consulted with legal counsel, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein are unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

12. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under

section 12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

13. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

14. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

15. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Joseph L Marinelli
Authorized Agent of Respondent Pharmacy

Dated: 03/16/2010

Subscribed and sworn to before me in the County of DELAWARE, State of PENNSYLVANIA, this 16th day of MARCH, 2010 by JOSEPH MARINELLI, in his/her capacity as an authorized agent of Pentec Health, Inc.

Notary Public

NOTARIAL SEAL
Michele R Schreffler-Perez
NOTARY PUBLIC
Twp of Upper Chichester Delaware County
My Commission Expires 07/24/2012

My commission expires:

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

DONE AND EFFECTIVE THIS 24th DAY OF March, 2010.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

CERTIFICATE OF MAILING

This is to certify that I have duly mailed the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, postage prepaid, at Denver, Colorado this 22nd day of February 2010, addressed as follows:

Pentec Health, Inc.
Attn: Cliff Slavin, RPH
4 Creek Pkwy, Ste. A
Boothwyn, PA 19061

John C. Steele

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, postage prepaid, at Denver, Colorado this 25th day of March 2010, addressed as follows:

Pentec Health, Inc.
Attn: Joseph Marinelli, VP Pharmacy
4 Creek Pkwy, Ste. A
Boothwyn, PA 19061

And by Intradepartmental Mail:

John C. Steele
Settlement Specialist
Office of Expedited Settlement
1560 Broadway, Ste 880
Denver, CO 80202

Agent of the Board

Matthew G. Bevin
Governor

KENTUCKY BOARD OF PHARMACY
State Office Building Annex, Suite 300
125 Holmes Street
Frankfort KY 40601
Phone (502) 564-7910
Fax (502) 696-3806
pharmacy.ky.gov

Board Members
Peter P. Cohron, R.Ph.
Jody Forgy, Consumer
John Fuller, Pharm.D.
Craig Martin, Pharm D.
Ron Poole, R.Ph.
Jill Rhodes, Pharm.D.

Executive Director
Larry A. Hadley, R.Ph.

CERTIFICATE OF SERVICE

I hereby certify that a copy of an Agreed Order for case 19-0015 was mailed to you on this, the 22nd day of August 2019 to:

Pentec Health, Inc
4 Creek Parkway
Boothwyn, Pennsylvania 19061

The enclosed Agreed Order is for your records.

Sincerely,

Melissa DeAnne Hall

Melissa DeAnne Hall
Administrative Specialist III
Kentucky Board of Pharmacy

RECEIVED
AUG 26 2019
BY: LScam

COMMONWEALTH OF KENTUCKY
KENTUCKY BOARD OF PHARMACY
Case No. 19-0015

IN RE: PHARMACY PERMIT NO. PA1197 HELD BY PENTEC HEALTH, INC

Agreed Order

Come the parties, the Kentucky Board of Pharmacy ("Board"), and Pentec Health, Inc ("Respondent"), and all parties having been fully informed regarding the matter set forth herein, state as follows:

(1) Pursuant to Chapter 315 of the Kentucky Revised Statutes, the Board is authorized to regulate and control all matters related to pharmacists not delegated to another agency of the Commonwealth. The matter herein has not been delegated to another agency of the Commonwealth.

(2) Respondent is a pharmacy licensed by the Commonwealth of Kentucky, having been assigned permit no. PA1197.

(3) (a) On or about February 8, 2019, Respondent notified the Kentucky Board of Pharmacy that, on February 4, 2019, Respondent entered into a settlement with the Eastern District of Pennsylvania's office of the Department of Justice relating to the company's alleged billing for Proplete, an intradialytic parenteral nutrition supplement (the "Settlement Agreement"). The Settlement Agreement does not impose any restriction on Respondent's ability to provide pharmacy services, Respondent's pharmacy licenses, nor does the settlement impact Respondent's ability to provide renal drug therapies to Medicare beneficiaries. The Settlement Agreement states that settlement was "*made in compromise of the disputed claims. It is neither an admission of liability by Pentec nor a concession by the [US] that their claims are not well founded. Pentec denies the Relator's allegations and the contentions of the United States.*"

Simultaneously, Respondent entered into a Corporate Integrity Agreement with the DHHS/OIG.

(b) As a result of Respondent's entering into the Settlement Agreement, the Board alleges that the Respondent violated KRS 315.121 (1)(c)(2), and is subject to discipline pursuant to KRS 315.121(1)(h).

(4) Respondent denies any act in violation of Pharmacy laws; however, the Respondent desires to settle fully this matter without proceeding to hearing or further dispute between the parties. Therefore, the parties agree to address this matter by entering into this Agreed Order, in lieu of the filing of a formal Complaint.

WHEREFORE, IT IS HEREBY AGREED AND ORDERED THAT:

(A) Respondent is on probation and shall abide by the terms of the Corporate Integrity Agreement with the Department of Health and Human Services, Office of Inspector General which will require regular monitoring of Respondents billing practices for a period of five years.

(B) By entering into this Agreed Order, Respondent expressly acknowledges that they were fully and completely informed of Respondent's right to due process that Respondent fully understands those rights, and that Respondent knowingly, voluntarily, and willingly agrees to waive those rights and to enter into this Agreed Order.

(C) The above information shall be reported to the National Association of Boards of Pharmacy ("NABP"), and is subject to disclosure under the Kentucky Open Records Act.

C Martin

CRAIG MARTIN
President
Kentucky Board of Pharmacy

8/16/19
DATE

Barbara L. Knightly

PENTEC HEALTH, INC
Respondent

7-29-2019
DATE

RECEIVED
MAY 06 2019
BY:

KENTUCKY BOARD OF PHARMACY

Matthew G. Bevin
Governor

State Office Building Annex, Suite 300
125 Holmes Street
Frankfort KY 40601
Phone (502) 564-7910
Fax (502) 696-3806
pharmacy.ky.gov

Board Members
Peter P. Cohron, R.Ph.
Jody Forgy, Consumer
John Fuller, Pharm.D.
Craig Martin, Pharm D.
Ron Poole, R.Ph.
Jill Rhodes, Pharm.D.

Executive Director
Larry A. Hadley, R.Ph.

April 30, 2019

Pentec Health, Inc
4 Creek Parkway
Boothwyn, Pennsylvania 19061

RE: Case No. 19-0015

Dear Permit Holder:

This letter follows a recent investigation by Katie Busroe, R..Ph, Pharmacy and Drug Inspector. The investigative report was reviewed by the Case Review Committee. The Committee adopted a recommendation as follows:

> Issuance of a formal Complaint, Order and Notice of Hearing against your license. Attempt by Board Staff to resolve through Agreed Order.

The Committee recommendation was placed before the Board of Pharmacy. The Board accepted the recommendation. Acceptance occurred without benefit of the disclosure of the subject of the complaint or evidentiary review so as to prevent bias and preserve the integrity of the Board in the event a full Board hearing becomes necessary.

The purpose of this letter is to offer you an opportunity to informally resolve this matter through an Agreed Order prior to the filing of a formal Complaint. Find enclosed a proposed Agreed Order setting forth the terms I believe the Board will accept.

Review the proposed Agreed Order carefully. Feel free to consult with legal counsel. If acceptable, sign and return the Agreed Order to the Board office by May 30, 2019. Upon receipt, the proposed Agreed Order will be executed by the President of the Board.

If this proposed Agreed Order is unacceptable and you in good faith believe this matter can be resolved through an Agreed Order, please feel free to contact me during normal business hours.

Should you fail to respond by returning the proposed Agreed Order or contacting me by May 30, 2019, your case will be referred to the Office of the Attorney General to conduct an administrative hearing.

Sincerely,

Larry Hadley, R.Ph.
Executive Director
Kentucky Board of Pharmacy

Enclosure

RECEIVED
MAY 06 2019
BY:

COMMONWEALTH OF KENTUCKY
KENTUCKY BOARD OF PHARMACY
Case No. 19-0015

IN RE: PHARMACY PERMIT NO. PA1197 HELD BY PENTEC HEALTH, INC

Agreed Order

Come the parties, the Kentucky Board of Pharmacy ("Board"), and Pentec Health, Inc ("Respondent"), and all parties having been fully informed regarding the matter set forth herein, state as follows:

(1) Pursuant to Chapter 315 of the Kentucky Revised Statutes, the Board is authorized to regulate and control all matters related to pharmacists not delegated to another agency of the Commonwealth. The matter herein has not been delegated to another agency of the Commonwealth.

(2) Respondent is a pharmacy licensed by the Commonwealth of Kentucky, having been assigned permit no. PA1197.

(3) (a) On or about February 8, 2019, Pentec Health, Inc. (Pentec) notified the Kentucky Board of Pharmacy office of a settlement agreement between Pentec and the United States District Court, Eastern District of Pennsylvania. Pentec agreed to pay $17 million to settle allegations that Pentec submitted false claims to Medicare and other federal government healthcare programs from 2007 to 2018.
(b) Pentec allegedly billed federal government healthcare programs for excessive amounts of product wasted during the compounding of Proplete, routinely waived patient copayments and deductible obligations to induce the use of Proplete, and submitted duplicate and improperly coded claims. Proplete is an intradialytic parenteral nutrition supplement designed to replenish protein losses that occur during dialysis treatment.
(c) Respondent violated KRS 315.121 (1)(c)2, and is subject to discipline pursuant to KRS 315.121(1) (h).

(4) The Board and Respondent have agreed to address this matter by entering into this Agreed Order, in lieu of the filing of a formal Complaint.

WHEREFORE, IT IS HEREBY AGREED AND ORDERED THAT:

(A) Respondent is on probation and shall abide by the terms of the Corporate

Integrity Agreement with the Department of Health and Human Services, Office of Inspector General which will require regular monitoring of Respondents billing practices for a period of five years.

(B) By entering into this Agreed Order, Respondent expressly acknowledges that they were fully and completely informed of Respondent's right to due process that Respondent fully understands those rights, and that Respondent knowingly, voluntarily, and willingly agrees to waive those rights and to enter into this Agreed Order.

(C) The above information shall be reported to the National Association of Boards of Pharmacy ("NABP"), and is subject to disclosure under the Kentucky Open Records Act.

CRAIG MARTIN
President
Kentucky Board of Pharmacy

DATE

PENTEC HEALTH, INC
Respondent

DATE

IN THE MATTER OF:	)	
	)	**BEFORE THE ALABAMA STATE**
PENTEC HEALTH, INC.	)	**BOARD OF PHARMACY**
	)	
Non-Resident Pharmacy	)	**CASE NO: 19-L-0055**
Permit Number: 112799	)	

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against the Pentec Health Inc. (hereinafter referred to as "Pentec") which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement") alleging violations of the Alabama Pharmacy Practice Act. These allegations with particularity are set out in the Statement, which is attached hereto as **Exhibit "A."**

Prior to the scheduled hearing in this cause, and pursuant to Code of Alabama (1975) §41-22-12(f), the parties through counsel have entered into an agreement the terms of which are set forth in this Consent Order as follows:

1. Counsel for the Board and counsel for Pentec stipulate that Pentec denies for all legal purposes other than this proceeding the allegations set forth in the Statement but stipulates that for the purposes of this proceeding the Board may introduce sufficient evidence to meet its required burden of proof. Accordingly, the Board finds Pentec has violated the provisions of the Alabama Pharmacy Practice Act based upon the conduct set forth in all Counts of the Statement.

2. Pentec agrees to pay costs to the Board in the amount of Thirty Thousand and No/100 Dollars ($30,000) within thirty (30) days of the effective date of this consent order that being the day the same is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall Pentec attempt to discharge the same.

3. Pentec expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedure Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. Pentec further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

4. By execution of this Consent Order, Pentec hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

5. Pentec acknowledges and agrees that any future violation of the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rules and regulations of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against Pentec's permit, including, but not limited to revocation.

6. Pentec acknowledges and agrees that it has read this Consent Order and that it fully understand the terms, conditions and contents of the same. Pentec acknowledges and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is signing this Consent Order on the advice of its attorney.

DONE this the 11th of October, 2019.

PENTEC HEALTH, INC.

BY: [signature]

ITS: EVP Pharmacy Pentec Health

[signature]

Andrew Lemons, attorney for Pentec Health, Inc.

DONE this the 15 of Oct, 2019.

ALABAMA STATE BOARD OF PHARMACY

By: [signature]
Kenny Sanders, R.Ph., President

By: [signature]
James S. Ward,
Attorney for the Alabama State Board of Pharmacy

OF COUNSEL:
WARD & COOPER, LLC
2100A Southbridge Parkway
Suite 645
Birmingham, AL 35209
(205) 871-5404

IN THE MATTER OF:	)	
	)	**BEFORE THE ALABAMA STATE**
PENTEC HEALTH, INC.	)	**BOARD OF PHARMACY**
	)	
Non-Resident Pharmacy	)	**CASE NO: 19-L-0055**
Permit Number: 112799	)	

STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: Pentec Health, Inc.
4 Creek Parkway
Suite A
Boothwyn, Pennsylvania 19061

Pursuant to the provisions of Code of Alabama (1975), § 34-23-34 and § 34-23-92(12), Code of Alabama (1975), §20-2-213(e) and Code of Alabama (1975), § 41-22-12, you are hereby notified and requested to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on July 15, 2019 at 1:00 p.m., at the State Board of Pharmacy Conference Room, 111 Village Street, Birmingham, Alabama 35242, and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine why the permit to operate Pentec Health, Inc. should not be revoked, suspended or placed on probation or a monetary penalty imposed in that it is alleged that Pentec Health, Inc. has been guilty of the following, to-wit:

COUNT ONE

Violating Code of Alabama (1975), § 34-23-33(6) based upon the allegations, to include those involving fraudulent conduct and practices, set out in the Complaint in the case styled USA et al. v. Pentec Health Inc., Civil Action No. 13-5745 in the United

States District Court, Eastern District of Pennsylvania, and/or in the Covered Conduct referenced in the Settlement Agreement reached in the above styled case, attached hereto as Exhibit "A" and "B" respectively and/or the Corporate Integrity Agreement referenced in the Settlement Agreement.

The Board alleges that each incident of fraudulent conducts or practice and/or any payment as a result is a separate and distinct violation.

COUNT TWO

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of Count One above.

COUNT THREE

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(f) based upon any or all of the allegations of Count One above.

COUNT FOUR

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(g) based upon any or all of the allegations of Count One.

Further, pursuant to the provisions of Code of Alabama, (1975), §20-2-53 and §41-22-12, you are hereby notified and requested to appear before the Board at the aforesaid time and place and from time to time thereafter as may be requested by the Board for the purpose of a hearing to determine why your registration to manufacture, dispense or distribute controlled substances enumerated in Schedules II, III, IV and V of the Alabama Uniform Controlled Substances Act, Code of Alabama (1975), §20-2-1, et. seq., issued pursuant to Code of Alabama (1975), §20-2-52, should not be suspended

or revoked in that it is alleged that you have been guilty of the following:

COUNT FIVE

Violating Code of Alabama (1975), §20-2-54(a)(4) by violating the provisions of Code of Alabama (1975), §34-23-1 et seq., said violation being based upon any or all of the allegations contained in the preceding Counts of this Statement of Charges and Notice of Hearing.

At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

Dated this the 14th day of March 2019.

ALABAMA STATE BOARD OF PHARMACY

By: Donna C. Yeatman
Executive Secretary

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8614
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

October 4, 2021

CERTIFIED MAIL

Pentec Health Inc.
Attn: Barbara Anne Knightly, VPR
4 Creek Pkwy., Ste. A
Boothwyn, PA 19061

RE: Administrative Case No. 7003
Pentec Health Inc., NRP 1243 & NSC 100575

Dear Ms. Knightly:

Attached is the Board of Pharmacy's Stipulated Settlement and Disciplinary Order for Public Reproval regarding the above-referenced matter. Your attention is directed to page 4 of the document.

Effective at 5:00 p.m. on November 3, 2021, Nonresident Pharmacy Permit No. NRP 1243 and Nonresident Sterile Compounding License No. NSC 100575 issued to Pentec Health Inc. shall be publicly reproved by the Board and shall also be subject to terms and conditions in the decision.

If you wish to file a petition for reconsideration pursuant to Government Code section 11521, the petition must be received prior to the effective date of the decision. However, please be aware the Board needs approximately five days to process a petition for reconsideration. Attached is a copy of the Government Code section for your review. **Please note that reconsideration is NOT available to you if you entered into a stipulated settlement with the Board.**

If you have any questions concerning this matter, you may contact Lupe Baltazar, at lupe.baltazar@dca.ca.gov or (916) 518-3009. Should you have any questions related to litigation of this matter, please contact the Deputy Attorney General handling this matter.

Sincerely,

ANNE SODERGREN
Executive Officer

By Susan Cappello

Susan Cappello
Enforcement Manager

Enclosure(s)

cc: Phillip L. Arthur, DAG
Alissa Brice Castaneda, Esq.

DECLARATION OF SERVICE BY CERTIFIED MAIL

RE: Administrative Case No. 7003
Pentec Health Inc., NRP 1243 & NSC 100575

I am over 18 years of age, and not a party to the within cause; my business address is 2720 Gateway Oaks Drive, Suite 100, Sacramento, California 95833. I served a copy of the:

LETTER AND DECISION

on each of the following, by placing same in an envelope(s) addressed to as follows:

NAME	CERTIFIED NO.
Pentec Health Inc. Attn: Barbara Anne Knightly, VPR 4 Creek Pkwy., Ste. A Boothwyn, PA 19061	7019 2970 0002 2050 1777
Alissa Brice Castaneda, Esq. Quarles & Brady LLP Renaissance One Two North Central Avenue Phoenix, AZ 85004-2391	7019 2970 0002 2050 1784

and that said envelope was then sealed and deposited and certified in the United States Post Office at Sacramento, California, on October 4, 2021, as certified mail with postage fully prepaid thereon and return receipt service by United States mail between the place of mailing and the place so addressed.

I declare under penalty of perjury that the foregoing is true and correct. Executed on October 4, 2021 at Sacramento, California.

Lupe Baltazar, Administrative Case Analyst

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

PENTEC HEALTH INC.;
JOSEPH COSGROVE, CHIEF;
EXECUTIVE OFFICER, PRESIDENT;
TIMOTHY MICHAEL LEFFLER, CHIEF INFORMATION OFFICER;
BARBARA ANNE KNIGHTLY, VICE PRESIDENT;
ARTHUR REA, CHIEF FINANCIAL OFFICER;
JARED JEFFREY BROWN, DIRECTOR;
MICHAEL H. CARDOSI, PHARMACIST-IN-CHARGE,

Nonresident Pharmacy Permit No. NRP 1243;
Nonresident Sterile Compounding License, NSC 100575,

Respondents

Agency Case No. 7003

DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order for Public Reproval is hereby adopted by the Board of Pharmacy, Department of Consumer Affairs, as its Decision in this matter.

This Decision shall become effective at 5:00 p.m. on November 3, 2021.

It is so ORDERED on October 4, 2021.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

By

Seung W. Oh, Pharm.D.
Board President

ROB BONTA
Attorney General of California
DAVID E. BRICE
Supervising Deputy Attorney General
PHILLIP L. ARTHUR
Deputy Attorney General
State Bar No. 238339
1300 I Street, Suite 125
P.O. Box 944255
Sacramento, CA 94244-2550
Telephone: (916) 210-7866
Facsimile: (916) 327-8643
E-mail: Phillip.Arthur@doj.ca.gov
Attorneys for Complainant

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **PENTEC HEALTH INC.** **JOSEPH COSGROVE, CHIEF EXECUTIVE OFFICER, PRESIDENT** **TIMOTHY MICHAEL LEFFLER, CHIEF INFORMATION OFFICER** **BARBARA ANNE KNIGHTLY, VICE PRESIDENT** **ARTHUR REA, CHIEF FINANCIAL OFFICER** **JARED JEFFREY BROWN, DIRECTOR** **MICHAEL H. CARDOSI, PHARMACIST-IN-CHARGE** **4 Creek Pkwy. Ste. A** **Boothwyn, PA 19061** **Nonresident Pharmacy Permit No. 1243** **Nonresident Sterile Compounding License No. NSC 100575** Respondent.	Case No. 7003 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER FOR PUBLIC REPROVAL** **[Bus. & Prof. Code § 495]**

IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-entitled proceedings that the following matters are true:

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PARTIES

1. Anne Sodergren (Complainant) is the Executive Officer of the Board of Pharmacy (Board). She brought this action solely in her official capacity and is represented in this matter by Rob Bonta, Attorney General of the State of California, by Phillip L. Arthur, Deputy Attorney General.

2. Respondent Pentec Health, Inc. (Respondent) is represented in this proceeding by attorney Alissa Brice Castaneda, whose address is: Quarles & Brady LLP, One Renaissance Square, Two North Central Avenue, Phoenix, AZ 85004-2391.

JURISDICTION

3. On or about July 31, 2012, the Board issued Nonresident Pharmacy Permit Number 1243 to Respondent. The Nonresident Pharmacy Permit was in full force and effect at all times relevant to the charges brought in First Amended Accusation No. 7003 and will expire on July 1, 2022, unless renewed.

4. On or about July 8, 2015, the Board issued Nonresident Sterile Compounding License Number NSC 100575 to Respondent. The Nonresident Sterile Compounding License was in full force and effect at all times relevant to the charges brought in First Amended Accusation No. 7003 and will expire on July 1, 2022, unless renewed.

5. Joseph Cosgrove is and has been the Chief Executive Officer, President for Respondent since July 31, 2012. Timothy Michael Leffler is and has been the Chief Information Officer for Respondent since July 31, 2012. Barbara Anne Knightly is and has been the Vice President for Respondent since July 31, 2012. Arthur Rea is and has been the Chief Financial Officer for Respondent since July 31, 2012[1]. Jared Jeffery Brown is and has been the Director for Respondent since March 26, 2019. Barbara Anne Knightly was the Pharmacist-in-Charge for Respondent from July 31, 2012 to July 27, 2016. Michael H. Cardosi is and has been the Pharmacist-in-Charge for Respondent since July 28, 2016.

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[1] The First Amended Accusation incorrectly identifies Arthur Rea as Treasurer/Chief Financial officer.

6. First Amended Accusation No. 7003 was filed before the Board and is currently pending against Respondent. The First Amended Accusation and all other statutorily required documents were properly served on Respondent on July 7, 2021. Respondent timely filed its Notice of Defense contesting the First Amended Accusation. A copy of First Amended Accusation No. 7003 is attached as Exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

7. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in First Amended Accusation No. 7003. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order for Public Reproval.

8. Respondent is fully aware of its legal rights in this matter, including the right to a hearing on the charges and allegations in the First Amended Accusation; the right to be represented by counsel at its own expense; the right to confront and cross-examine the witnesses against them; the right to present evidence and testify on its own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

9. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

10. Respondent understands that the charges and allegations in First Amended Accusation No. 7003, if proven at a hearing, constitute cause for imposing discipline upon its Nonresident Pharmacy Permit and Nonresident Sterile Compounding License.

11. For the purpose of resolving the First Amended Accusation without the expense and uncertainty of further proceedings, Respondent hereby gives up its right to contest that cause for discipline exists based on the charges in First Amended Accusation No. 7003. Respondent further agrees that in any future proceedings before the Board all of the allegations set forth in First Amended Accusation No. 7003, shall be deemed admitted.

12. Respondent agrees that its Nonresident Pharmacy Permit and Nonresident Sterile Compounding License are subject to discipline and they agree to be bound by the Disciplinary Order below.

CONTINGENCY

13. This stipulation shall be subject to approval by the Board of Pharmacy. Respondent understands and agrees that counsel for Complainant and the staff of the Board of Pharmacy may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or its counsel. By signing the stipulation, Respondent understands and agrees that they may not withdraw its agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order for Public Reproval shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

14. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order for Public Reproval, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

15. This Stipulated Settlement and Disciplinary Order for Public Reproval is intended by the parties to be an integrated writing representing the complete, final, and exclusive embodiment of their agreement. It supersedes any and all prior or contemporaneous agreements, understandings, discussions, negotiations, and commitments (written or oral). This Stipulated Settlement and Disciplinary Order for Public Reproval may not be altered, amended, modified, supplemented, or otherwise changed except by a writing executed by an authorized representative of each of the parties.

16. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

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DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Nonresident Pharmacy Permit No. 1243 issued to Respondent Pentec Health, Inc. (Respondent), and Nonresident Sterile Compounding License Number NSC 100575 issued to Respondent, shall be publicly reproved by the Board of Pharmacy under Business and Professions Code section 495 in resolution of First Amended Accusation No. 7003, attached as Exhibit A.

Cost Recovery. No later than 30 days from the effective date of the Decision, Respondent shall pay $3,728.75 to the Board for its costs associated with the investigation and enforcement of this matter pursuant to Business and Professions Code section 125.3. If Respondent fails to pay the Board costs as ordered, Respondent shall not be allowed to renew their Nonresident Pharmacy Permit or Nonresident Sterile Compounding License until Respondent pays costs in full. In addition, the Board may enforce this order for payment of its costs in any appropriate court, in addition to any other rights the Board may have.

Full Compliance. As a resolution of the charges in First Amended Accusation No. 7003, this stipulated settlement is contingent upon Respondent's full compliance with all conditions of this Order. If Respondent fails to satisfy any of these conditions, such failure to comply constitutes cause for discipline, including outright revocation, of Respondent's Nonresident Pharmacy Permit No. 1243 and Nonresident Sterile Compounding License No. NSC 100575.

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order for Public Reproval and have fully discussed it with my attorney, Alissa Brice Castaneda. I understand the stipulation and the effect it will have on my Nonresident Pharmacy Permit and Nonresident Sterile Compounding License. I enter into this Stipulated Settlement and Disciplinary Order for Public Reproval voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board of Pharmacy.

DATED: _____

BARBARA ANNE KNIGHTLY
VICE PRESIDENT, FOR
PENTEC HEALTH, INC.
Respondent

I have read and fully discussed with Respondent Pentec Health, Inc. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order for Public Reproval. I approve its form and content.

DATED: _____

ALISSA BRICE CASTANEDA
Attorney for Respondent

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///

///

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order for Public Reproval and have fully discussed it with my attorney, Alissa Brice Castaneda. I understand the stipulation and the effect it will have on my Nonresident Pharmacy Permit and Nonresident Sterile Compounding License. I enter into this Stipulated Settlement and Disciplinary Order for Public Reproval voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board of Pharmacy.

DATED: July 20, 2021

BARBARA ANNE KNIGHTLY
VICE PRESIDENT, FOR
PENTEC HEALTH, INC.
Respondent

I have read and fully discussed with Respondent Pentec Health, Inc. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order for Public Reproval. I approve its form and content.

DATED: _____

ALISSA BRICE CASTANEDA
Attorney for Respondent

///

///

///

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order for Public Reproval and have fully discussed it with my attorney, Alissa Brice Castaneda. I understand the stipulation and the effect it will have on my Nonresident Pharmacy Permit and Nonresident Sterile Compounding License. I enter into this Stipulated Settlement and Disciplinary Order for Public Reproval voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board of Pharmacy.

DATED: _____

BARBARA ANNE KNIGHTLY
VICE PRESIDENT, FOR
PENTEC HEALTH, INC.
Respondent

I have read and fully discussed with Respondent Pentec Health, Inc. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order for Public Reproval. I approve its form and content.

DATED: July 20, 2021

ALISSA BRICE CASTANEDA
Attorney for Respondent

///

///

///

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order for Public Reproval is hereby respectfully submitted for consideration by the Board of Pharmacy of the Department of Consumer Affairs.

DATED: _____

Respectfully submitted,

ROB BONTA
Attorney General of California
DAVID E. BRICE
Supervising Deputy Attorney General

PHILLIP L. ARTHUR
Deputy Attorney General
Attorneys for Complainant

SA2020302898

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order for Public Reproval is hereby respectfully submitted for consideration by the Board of Pharmacy of the Department of Consumer Affairs.

DATED: July 20, 2021

Respectfully submitted,

ROB BONTA
Attorney General of California
DAVID E. BRICE
Supervising Deputy Attorney General



PHILLIP L. ARTHUR
Deputy Attorney General
Attorneys for Complainant

SA2020302898

ROB BONTA
Attorney General of California
DAVID E. BRICE
Supervising Deputy Attorney General
PHILLIP L. ARTHUR
Deputy Attorney General
State Bar No. 238339
1300 I Street, Suite 125
P.O. Box 944255
Sacramento, CA 94244-2550
Telephone: (916) 210-7866
Facsimile: (916) 327-8643
E-mail: Phillip.Arthur@doj.ca.gov
Attorneys for Complainant

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **PENTEC HEALTH INC.** **JOSEPH COSGROVE, CHIEF EXECUTIVE OFFICER, PRESIDENT** **TIMOTHY MICHAEL LEFFLER, CHIEF INFORMATION OFFICER** **BARBARA ANNE KNIGHTLY, VICE PRESIDENT** **ARTHUR REA, TREASURER/CHIEF FINANCIAL OFFICER** **JARED JEFFREY BROWN, DIRECTOR** **MICHAEL H. CARDOSI, PHARMACIST-IN-CHARGE** **4 Creek Pkwy. Ste. A** **P.O. Box 217** **Boothwyn, PA 19061** **Non-Resident Pharmacy Permit No. 1243** **Non-Resident Sterile Compounding License No. NSC 100575** Respondent.	Case No. 7003 **FIRST AMENDED** **ACCUSATION**

PARTIES

1. Anne Sodergren (Complainant) brings this Accusation solely in her official capacity as the Executive Officer of the Board of Pharmacy, Department of Consumer Affairs.

2. On or about July 31, 2012, the Board of Pharmacy (Board) issued Non-Resident Pharmacy Permit Number 1243 to Pentec Health Inc. (Respondent). The Non-Resident Pharmacy Permit was in full force and effect at all times relevant to the charges brought herein and will expire on July 1, 2022, unless renewed.

3. On or about July 8, 2015, the Board issued Non-Resident Sterile Compounding License Number NSC 100575 to Respondent. The Non-Resident Sterile Compounding License was in full force and effect at all times relevant to the charges brought herein and will expire on July 1, 2021, unless renewed.

4. Joseph Cosgrove is and has been the Chief Executive Officer, President for Respondent since July 31, 2012. Timothy Michael Leffler is and has been the Chief Information Officer for Respondent since July 31, 2012. Barbara Anne Knightly is and has been the Vice President for Respondent since July 31, 2012. Arthur Rea is and has been the Treasurer/Chief Financial Officer for Respondent since July 31, 2012. Jared Jeffery Brown is and has been the Director for Respondent since March 26, 2019. Barbara Anne Knightly was the Pharmacist-in-Charge for Respondent from July 31, 2012 to July 27, 2016. Michael H. Cardosi is and has been the Pharmacist-in-Charge for Respondent since July 28, 2016.

JURISDICTION

5. This Accusation is brought before the Board, Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

6. Section 4300 of the Code states, in pertinent part:

(a) Every license issued may be suspended or revoked. . . .

7. Section 4300.1 of the Code states:

> The expiration, cancellation, forfeiture, or suspension of a board-issued license by operation of law or by order or decision of the board or a court of law, the placement of a license on a retired status, or the voluntary surrender of a license by a licensee shall not deprive the board of jurisdiction to commence or proceed with any investigation of, or action or disciplinary proceeding against, the licensee or to render a decision suspending or revoking the license.

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8. Code section 4307 states:

(a) Any person who has been denied a license or whose license has been revoked or is under suspension, or who has failed to renew his or her license while it was under suspension, or who has been a manager, administrator, owner, member, officer, director, associate, partner, or any other person with management or control of any partnership, corporation, trust, firm, or association whose application for a license has been denied or revoked, is under suspension or has been placed on probation, and while acting as the manager, administrator, owner, member, officer, director, associate, partner, or any other person with management or control had knowledge of or knowingly participated in any conduct for which the license was denied, revoked, suspended, or placed on probation, shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, partner, or in any other position with management or control of a licensee as follows:

(1) Where a probationary license is issued or where an existing license is placed on probation, this prohibition shall remain in effect for a period not to exceed five years.

(2) Where the license is denied or revoked, the prohibition shall continue until the license is issued or reinstated.

(b) Manager, administrator, owner, member, officer, director, associate, partner, or any other person with management or control of a license as used in this section and Section 4308, may refer to a pharmacist or to any other person who serves in such capacity in or for a licensee.

(c) The provisions of subdivision (a) may be alleged in any pleading filed pursuant to Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of the Government Code. However, no order may be issued in that case except as to a person who is named in the caption, as to whom the pleading alleges the applicability of this section, and where the person has been given notice of the proceeding as required by Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of the Government Code. The authority to proceed as provided by this subdivision shall be in addition to the board's authority to proceed under Section 4339 or any other provision of law

STATUTORY PROVISION

9. Section 4301 of the Code states, in pertinent part:

The board shall take action against any holder of a license who is guilty of unprofessional conduct or whose license has been issued by mistake. Unprofessional conduct includes, but is not limited to, any of the following:

. . .

(n) The revocation, suspension, or other discipline by another state of a license to practice pharmacy, operate a pharmacy, or do any other act for which a license is required by this chapter that would be grounds for revocation, suspension, or other discipline under

this chapter. Any disciplinary action taken by the board pursuant to this section shall be coterminous with action taken by another state, except that the term of any discipline taken by the board may exceed that of another state, consistent with the board's enforcement guidelines. The evidence of discipline by another state is conclusive proof of unprofessional conduct. . . .

COST RECOVERY

10. Section 125.3 of the Code states, in pertinent part, that the Board may request the administrative law judge to direct a licentiate found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

FACTUAL ALLEGATIONS

11. On or about August 16, 2019, in *In Re: Pharmacy Permit No. PA1197 Held By Pentec Health, Inc*, Kentucky Board of Pharmacy case no. 19-0015, Respondent's Kentucky Pharmacy Permit was placed on probation for five years based upon allegations of insurance fraud (Medicare, Medicaid, or other insurance). Respondent allegedly submitted false billing claims to Medicare and other federal government healthcare programs from 2007-2018 relating to Proplete, an intradialytic parenteral nutrition supplement. As part of a settlement with the Eastern District of Pennsylvania's Office of the Department of Justice, in *United States of America, et al. v. Pentec Health Inc.,* United States District Court, Eastern District of Pennsylvania, case no. 2:13cv5745, Respondent signed a Corporate Integrity Agreement with the United States Department of Health & Human Services that requires regular monitoring of its billing practices for five years.

12. On or about October 15, 2019, in *In The Matter Of: Pentec Health Inc.,* Alabama Board of Pharmacy case no. 19-L-0055, Respondent's Alabama Non-Resident Pharmacy Permit was disciplined in that Respondent was ordered to pay the Alabama Board of Pharmacy a fine of $30,000.00. The fine was imposed based upon the settlement agreement that Respondent entered into in *United States of America, et al. v. Pentec Health Inc.,* United States District Court, Eastern District of Pennsylvania, case no. 2:13cv5745, in which The State of California was a plaintiff, and in which Respondent agreed to pay $17 million as part of the settlement.

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CAUSE FOR DISCIPLINE

(Unprofessional Conduct-Discipline by Another State)

13. Respondent is subject to disciplinary action under Code section 4301, subdivision (n), on the grounds of unprofessional conduct, in that Respondent's licenses in Kentucky and Alabama have been disciplined by the pharmacy boards in those states, as more fully set forth in paragraphs 11 and 12, above.

OTHER MATTERS

14. Pursuant to Code section 4307, if discipline is imposed on Non-Resident Pharmacy Permit Number 1243 issued to Pentec Health Inc., Pentec Health Inc., Joseph Cosgrove, Timothy Michael Leffler, Barbara Anne Knightly, Arthur Rea, Jared Jeffrey Brown, and Michael H. Cardosi shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Non-Resident Pharmacy Permit Number 1243 is placed on probation or until Non-Resident Pharmacy Permit Number 1243 is reinstated if it is revoked.

15. Pursuant to Code section 4307, if discipline is imposed on Non-Resident Sterile Compounding License Number NSC 100575 issued to Pentec Health Inc., Pentec Health Inc., Joseph Cosgrove, Timothy Michael Leffler, Barbara Anne Knightly, Arthur Rea, Jared Jeffrey Brown, and Michael H. Cardosi shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Non-Resident Sterile Compounding License Number NSC 100575 is placed on probation or until Non-Resident Sterile Compounding License Number NSC 100575 is reinstated if it is revoked.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Pharmacy issue a decision:

1. Revoking or suspending Non-Resident Pharmacy Permit Number 1243, issued to Pentec Health Inc.;

2. Revoking or suspending Non-Resident Sterile Compounding License Number NSC 100575, issued to Pentec Health Inc.;

3. Prohibiting Pentec Health Inc., Joseph Cosgrove, Timothy Michael Leffler, Barbara Anne Knightly, Arthur Rea, Jared Jeffrey Brown, and Michael H. Cardosi from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Non-Resident Pharmacy Permit Number 1243 is placed on probation or until Non-Resident Pharmacy Permit Number 1243 is reinstated if Non-Resident Pharmacy Permit Number 1243 issued to Pentec Health Inc. is revoked;

4. Prohibiting Pentec Health Inc., Joseph Cosgrove, Timothy Michael Leffler, Barbara Anne Knightly, Arthur Rea, Jared Jeffrey Brown, and Michael H. Cardosi from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Non-Resident Sterile Compounding License Number NSC 100575 is placed on probation or until Non-Resident Sterile Compounding License Number NSC 100575 is reinstated if Non-Resident Sterile Compounding License Number NSC 100575 issued to Pentec Health Inc. is revoked;

5. Ordering Pentec Health Inc. to pay the Board of Pharmacy the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3; and,

6. Taking such other and further action as deemed necessary and proper.

DATED: 7/1/2021

Sodergren, Anne@DCA

Digitally signed by Sodergren, Anne@DCA
Date: 2021.07.01 08:23:32 -07'00'

ANNE SODERGREN
Executive Officer
Board of Pharmacy
Department of Consumer Affairs
State of California
Complainant

SA2020302898

PA State Board of Pharmacy
PO Box 2649
Harrisburg, PA, 17105-2649
Phone: 717-783-7156 Fax: 717-787-7769

FACILITY

PENTEC HEALTH, INC.

4 CREEK PARKWAY

BOOTHWYN, Pennsylvania, 19061

Phone:

Owner: PENTEC HEALTH, INC.

LICENSE

License No: PP413743L
Profession: Pharmacy
License Type: Pharmacy
Inspection Type: Non-Directed Routine
Inspection Date: 11/08/2019
Inspection Result: Passed

Remarks:

The undersigned licensee, designee, or other authorized representative of the licensee acknowledges the completion of this inspection and the results as indicated on the summary and checklist reports.

BARRY BOVA	11/8/2019 12:19:16 PM	Jamie Ksiazek - RP444673
Signature of Inspector	Date/Time	Signature of Owner/Representative

PA State Board of Pharmacy
PO Box 2649
Harrisburg, PA, 17105-2649
Phone: 717-783-7156 Fax: 717-787-7769

FACILITY

PENTEC HEALTH, INC.

4 CREEK PARKWAY

BOOTHWYN, Pennsylvania, 19061

Phone:

Owner: PENTEC HEALTH, INC.

LICENSE

License No: PP413743L
Profession: Pharmacy
License Type: Pharmacy
Inspection Type: Non-Directed Routine
Inspection Date: 11/08/2019
Inspection Result: Passed

Remarks:

Question	Answer
Are all licenses current and posted?	YES
Is a "No Smoking" sign prominently posted?	YES
Is the generic equivalent sign and list of commonly used equivalents properly posted?	YES
Is there a refrigerator with temperature monitoring for drug storage only?	YES
Is hot and cold water available in the prescription area?	YES
Are current copies of all Federal, State, and Board statues and regulations pertaining to pharmacy practice available? (Internet access is acceptable)	YES
Are outdated drugs appropriately removed from active stock?	YES
Does the pharmacy meet all security requirements?	YES
Does the pharmacy have adequate equipment and supplies to enable it to properly prepare and dispense consistent with the pharmacy's scope of practice?	YES
Is the pharmacy in compliance with all sanitation, cleanliness, maintenance, and construction requirements?	YES
Do labels have all the required information and match the license record?	YES
Are all prescriptions verified by registered pharmacists?	YES
Is the name or initials of the dispensing pharmacist noted on the prescriptions?	YES
Are prescription files properly maintained? (electronic files are acceptable)	YES
Are transferred prescriptions properly recorded?	YES
Are Schedule II drugs securely locked in a substantially constructed cabinet or dispersed throughout the stock?	YES
Are there signed and dated protocols for each pharmacy technician?	YES
Does the pharmacy have an automated medication system?	NO
Does the pharmacy administer injectable medications, biologicals, or immunizations?	NO

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Pharmacy e-Profile ID:	56581		Inspection Information
Legal Business Name:	Pentec Health Inc	Virtual Survey Date:	8/17/2020
Doing Business As (DBA):	Pentec Health, Inc	Start Time: 24-hour format (13:00)	15:00
Address:	4 Creek Parkway	End Time: 24-hour format (13:00)	16:30
City:	Boothwyn	Onsite Survey Date:	8/18/2020
State:	PA	Start Time: 24-hour format (13:00)	11:30
Zip Code:	19061	End Time: 24-hour format (13:00)	17:30
Telephone number:	610- 494-8700	Inspector Name:	Tony H. Qi
Toll free number:	800-223-4376	Inspection Performed by (NABP, State, etc):	NABP
Fax number:	800-355-1029	Observer Name/Affiliation (if applicable):	NA
Website:	www.pentechealth.com	Observer Name/Affiliation (if applicable):	NA

Pharmacy Hours of Operation	Check if 24/7 ☐		
	Open		Closed
	Start Time: (24-hour format)	End Time: (24-hour format)	(X)
Sunday			X
Monday	8:00	17:00	
Tuesday	8:00	17:00	
Wednesday	8:00	17:00	
Thursday	8:00	17:00	
Friday	8:00	17:00	
Saturday			X

Key Pharmacy Personnel	Name	Contact (e-mail)	e-Profile ID
Pharmacist in Charge	Michael Cardosi	mcardosi@pentechealth.com	293937
Nonsterile Compounding Supervisor	NA	NA	NA
Sterile Compounding Supervisor	Jamie Ksiazek	jksiazek@pentechealth.com	170680
Hazardous Compounding Supervisor	NA	NA	NA

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Personnel Present at Time of Inspection	Name	Title	License or registration available and current (Y/N)
1	David Bak	Pharmacist	Y
2	Dominick Bulone	Pharmacist	Y
3	William Briganti	Pharmacist	Y
4	Joseph Coughlan	Pharmacist	Y
5	David Keammerer	Pharmacist	Y
6	Jamie Ksiazek	Pharmacist	Y
7	Darren Leatherman	Pharmacist	Y
8	Arun Mohanan	Pharmacist	Y
9	Anthony Ruggear	Pharmacist	Y
10	Scott Cahayla	Pharmacist	Y

If more than 10, list the first 10 below, then list the title and number (eg: 4 pharmacists, 6 technicians, 2 technicians-in-training, 1 intern, 4 clerks, etc) for the additional personnel present. During the field inspection, 27 pharmacists and 48 pharmacy technicians were onsite.

Business Licensure Information for State of Residence and Federal
(board of pharmacy, state controlled substance, DEA, FDA, etc)

License/Registration Agency	Business Name on License/Registration	License Type/Number	Expiration Date
PA State Board of Pharmacy	Pentec Health, Inc	Pharmacy/PP413743L	8/31/2021
Department of Justice	Pentec Health, Inc	DEA/BP9684627	3/31/2021

Inspector Notes: List states in which Non-Resident licenses are held: The pharmacy is licensed in all 50 states, plus Washington DC. The pharmacy is a closed-door sterile compounding pharmacy facility, dispensing dialysis solutions and intrathecal pump drugs.

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Attachments

(NO PHI, including prescription numbers)

Attachment Name	Description

	Type(s) of practice Type "X" for all that apply		Type(s) of practice Type "X" for all that apply
Traditional retail		Telepharmacy	
Open to the Public		Central Fill/Processing/Shared Services	
Closed Door	X	Specialty Pharmacy	
Drive-through window		Handles Medical Marijuana	
Mail/Deliver (in state)	X	Nuclear Pharmacy	
Mail/Deliver (out-of-state list below)	X	Manufacturer	
Veterinary Pharmacy		Wholesale Distributor	
Investigational Drugs; Clinical Trials/Research		Provide products for "Office Use"	
Institutional		Outsourcing Facility	
Long-Term Care		Nonsterile Compounding	
HMO/PBM only		Nonsterile Hazardous Drug Compounding	
Internet Pharmacy (New Rx)		Sterile Compounding	X
Internet Pharmacy (Refill Rx)		Sterile Hazardous Drug Compounding	

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Facility Size in Square Feet and Number of PECs		Personnel	
Total Pharmacy size:	27000	Total Pharmacists:	29
Nonsterile Compounding Room size:	NA	Number of Compounding Pharmacists	27
Nonsterile Compounding powder hoods number:	2 (for API powder weigh used in sterile compd only)	Total Graduate Students or Residents:	0
Nonsterile Hazardous Drugs (HD) Compounding Room size:	NA	Total Student Interns:	11
Nonsterile HD Compounding BSC/CACI hoods number:	NA	Total Technicians:	47
Sterile Compounding Ante Room size:	429 Compd Suite A; 786 Compd Suite B	Number of Compounding Technicians	37
Sterile Compounding Clean/Buffer Room size:	2006 Compd Suite A; 1810 Compd Suite B	Of technicians, how many are certified?	6
Sterile Compounding Number LAFW hoods/areas:	26 (12 in Compd Suite A; 14 in Compd Suite B)	Of technicians, how many are techs-in-training?	3
Sterile Compounding Number BSC hoods:	NA	Total Other Licensed Personnel:	150 nurses
Sterile Compounding Number CAI/CAGI hoods:	NA	Total Other Unlicensed Personnel:	62
Negative Pressure Sterile HD Room size:	NA	Ratio #tech:#RPh present at time of inspection:	2 to 1
Sterile HD Compounding Number of BSC hoods:	NA	Total Pharmacist Hours Per Week:	1080
Sterile HD Compounding Number of CAGI hoods:	NA	Total Technician Hours Per Week:	1920
Volume Dispensed		**Volume Distributed**	
Total Prescriptions Dispensed/day:	1045/day	Total Orders Distributed/day:	0
% Veterinary Prescriptions	0%	% Veterinary Orders	0%
% Controlled Substance Prescriptions	8%	% Controlled Substance Orders	0%
% Nonsterile Compounded Prescriptions	0%	% Nonsterile Compounded Orders	0%
% Sterile Compounded Prescriptions	99%	% Sterile Compounded Orders	0%
% Hazardous Drugs (HD) Prescriptions	0%	% Hazardous Drugs (HD) Orders	0%

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Definitions: DISPENSE means to provide a prescription product or compound pursuant to a patient-specific prescription. DISTRIBUTE means to provide a prescription product or compound to a prescriber or health care entity for office use or stock and is NOT patient specific, is not labeled with the patient name at the pharmacy.

States to which the pharmacy mails/delivers prescription products and volume dispensed, and volume distributed per day (or week or month):
Note: if not available, request information be sent to VPP and note that information was requested in grid.

State	Volume Dispensed	Volume DISTRIBUTED	/day, week, month
AK	4	0	month
AL	640	0	month
AR	412	0	month
AZ	364	0	month
CA	3853	0	month
CO	215	0	month
CT	276	0	month
DC	121	0	month
DE	48	0	month
FL	1893	0	month
GA	1226	0	month
HI	13	0	month
IA	144	0	month
ID	55	0	month
IL	783	0	month
IN	424	0	month
KS	315	0	month
KY	270	0	month
LA	215	0	month
MA	329	0	month
MD	579	0	month
ME	4	0	month
MI	293	0	month
MN	205	0	month
MO	470	0	month
MS	290	0	month
MT	0	0	month

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States to which the pharmacy mails/delivers prescription products and volume dispensed, and volume distributed per day (or week or month):
Note: if not available, request information be sent to VPP and note that information was requested in grid.

State	Volume Dispensed	Volume DISTRIBUTED	/day, week, month
NC	559	0	month
ND	65	0	month
NE	85	0	month
NH	77	0	month
NJ	502	0	month
NM	198	0	month
NV	186	0	month
NY	1346	0	month
OH	688	0	month
OK	168	0	month
OR	204	0	month
PA	1372	0	month
RI	11	0	month
SC	422	0	month
SD	47	0	month
TN	598	0	month
TX	2080	0	month
UT	14	0	month
VA	789	0	month
VT	23	0	month
WA	352	0	month
WI	295	0	month
WV	107	0	month
WY	0	0	month
Other:	4 (PR)	0	month

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Verified Pharmacy Program® Inspection Form

General Pharmacy Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding Inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Pentec Health Inc dba Pentec Health, Inc
e-Profile ID: 56581
Inspection Date: 08/17/2020 - 08/18/2020

		Finding	Notes
General Pharmacy			
1.00	Is the PIC (or pharmacy manager/director) present for the inspection? *If no, list the pharmacist on duty.*	Yes	
2.00	Is the PIC employed full-time at the pharmacy? *List the number of hours worked per week onsite.*	Yes	40 hours per week.
3.00	Are there any other businesses located at this address? *If yes, note type of business and name.*	No	
4.00	Does the pharmacy have any other websites? *Provide list of other names/URLs.*	No	
4.01	Does the pharmacy hold .pharmacy verification?	No	
5.00	Do any other websites link to the pharmacy website (such as a provider, or other affiliate)? *If yes, list.*	No	
6.00	Does the pharmacy allow patients to securely enter/update profile and medical information through the website (such as through a secure patient portal)?	No	
7.00	Are patients able to order or refill prescriptions through the website? *If yes, describe.*	No	
8.00	Are photographs allowed during the inspection (no PHI)?	No	
9.00	List of additional personnel **interviewed as part of the inspection, including name and title:**		Barbara Knightly, Executive VP of Pharmacy Services; Lisa Scannapieco, Director of Pharmacy Regulatory Compliance; Jamie Ksiazek, Manager, Pharmacy Productions; Darren Leatherman, Clinical Pharmacy Manager; David Voynow, Manager, Pharmacy Operations.
Types of Practice Additional Questions **If any part of a question is no, enter "No" and explain the observation.**			
10.00	If the pharmacy mails or delivers filled prescriptions (patient specific, labeled with patient name when it leaves the pharmacy), are any of the deliveries to a provider or facility for administration to the patient? *If yes, indicate volume or percentage of deliveries going to a provider or facility in this state, and volume or percentage of deliveries going to a provider or facility in other states.*	Yes	Renal infusion side of the business: 97% being delivered to dialysis center, all patient specific; Intrathecal side of the business: 100% being delivered by the employed nurses. These percentages apply to both in-state and out-of-state dispensing.
11.00	Does the pharmacy provide prescription products to a provider or facility for "office use" (not pursuant to a prescription received prior to delivery, not patient specific, not labeled with the patient name)? *If yes, indicate volume or percentage provided to a provider or facility within this state, and volume or percentage provided to a provider or facility in other states.*	No	
12.00	Does the pharmacy provide prescription products to providers or facilities (including other pharmacies) as a wholesale distributer (sold to the provider or facility for their use, administration, or providing/dispensing to patients)?	No	Pharmacy had a wholesale license under its 503B and it has expired; Verified that it has had no activities in regard.

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		Finding	Notes
13.00	If yes, is the percentage of product distributed at wholesale to providers or facilities within this state less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales.*	No	Not part of the pharmacy's current business model. Per Pentec Health statement to NABP via email on 2/20/2020 "Pentec Health does not participate in wholesale distributor activities. The license which is held is only in order to bill tubing and supplies needed for our patient's infusions through state Medicaid programs. No businesses purchase drugs from Pentec Health and no drugs are purchased under the pharmacy license and sold through the wholesale distributor license".
14.00	If yes, is the percentage of product distributed at wholesale to providers or facilities in other states less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales.*	No	Not part of the pharmacy's current business model. Per Pentec Health statement to NABP via email on 2/20/2020 "Pentec Health does not participate in wholesale distributor activities. The license which is held is only in order to bill tubing and supplies needed for our patient's infusions through state Medicaid programs. No businesses purchase drugs from Pentec Health and no drugs are purchased under the pharmacy license and sold through the wholesale distributor license".
	General Operations and Licensure **If any part of a question is no, enter "No" and explain the observation.**		
15.00	Are pharmacy licenses, permits, and registrations (state, controlled substance, DEA, etc) posted in customers' view and current? *If no, provide details such as closed-door pharmacy, expired licenses, etc.*	No	This is a Closed-Door sterile-compounding Pharmacy.
16.00	Is the most recent board of pharmacy inspection report available for review? *Record the date of the last inspection and how frequently the pharmacy is routinely inspected by the board.*	Yes	11/8/2019; PA Board of Pharmacy typically inspects every 12 to 18 months.
17.00	Were any deficiencies noted? *Indicate the deficiencies and note whether they were corrected.*	N/A	No deficiencies noted.
18.00	Does the pharmacy hold ANY wholesale, distributor, or manufacturer licenses? *Document information in the license grid above for Resident State and in the Notes for Non-Resident States.*	No	
19.00	Has this pharmacy been inspected by any other state for which it holds a license? *If yes, note the state and the date of the inspection and frequency of inspections by other states.*	Yes	CA Board of Pharmacy; 5/10/2019. NOTE: Current NABP Survey (8/17-18/2020) needed for renewal of South Carolina issued pharmacy license due June 1, 2020.
20.00	Is the pharmacy operating under an exemption or restriction granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the exemption or restriction.*	Yes	PMP reporting exemptions in the following states: Alaska, Indiana, Kansas, Maryland, Michigan, Missouri, Utah, Vermont, Virginia, Wyoming.
21.00	Is the pharmacy operating under a waiver or variance granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the waiver or variance.*	No	
22.00	Does the pharmacy have any additional restrictions, limitations, or waivers with regards to any federal licenses or registrations (FDA, DEA, etc)? *If yes, note the agency and additional item.*	No	

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Inspection Date: 08/17/2020 - 08/18/2020

		Finding	Notes
23.00	Has the pharmacy been inspected or visited by the DEA? *If yes, indicate the inspection/visit date and note any deficiencies. Also note how frequently the pharmacy is inspected/visited by the DEA.*	No	
24.00	Has the pharmacy been inspected by the FDA? *If yes, indicate the inspection date and note any deficiencies, significant correspondence, or if a "483" was issued and date, and respanse and date. Also note how frequently the phormacy is inspected by the FDA.*	Yes	FDA Establishment Inspection Report (EIR) dated 3/12/2018 issued referring to FDA on-site inspection occurring 8/30/2017 to 9/8/2017 was included in the NABP application; No Form FDA 483 was issued.
25.00	Does the pharmacy hold any accreditations or certifications? *If yes, indicate which and collect most recent date of survey.*	Yes	The Joint Commission. Home Care Accreditation Program, May 27, 2017 (Accreditation is customarily valid for up to 36 months, but recertification delayed due to Covid-19 pandemic).
26.00	Has the pharmacy held any accreditations or certifications in the past that they no longer hold? *Provide a list and the reasons for such.*	No	
27.00	Does the pharmacy perform patient lab testing such as blood glucose tests, cholesterol tests, etc? *Verify that the lab director is current (usually the PIC is the lab director named). If yes, record the Clinical Laboratory Improvement Amendments (CLIA) waiver infarmatian, expiration date, and the name of lab director listed.*	N/A	Closed door [sterile-compounding] pharmacy.
28.00	Does the pharmacy maintain all required records, including but not limited to prescription files and invoices on site? *Record how long records are kept. If not on site, where?*	Yes	Records once scanned will be kept electronically indefinitely.
28.01	Are written and verbal prescriptions (reduced to writing) kept on site for the entire retention period? *If not, explain including how long they are stored on site?*	Yes	
28.02	Are electronic prescriptions (such as fax, e-scripts) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	Kept electronically; indefinitely.
28.03	Are all dispensing records (such as refills, verifications, DUR overrides) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	Kept electronically; indefinitely.
28.04	Are there systems in place to prevent a pharmacy record from being deleted after the prescription has been dispensed? *Describe how they are kept (electronically or printed and kept in hard copy).*	Yes	Electronically.
28.05	If record are stored off site are they secure in a HIPAA compliant manner and readily retrievable?	Yes	
29.00	Is there a statement in the P&P, or are other means used to ensure that the most stringent laws/regulations are followed? *Describe system details.*	Yes	The compliance officer monitors the updates of state laws via subscriptions.

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e-Profile ID: 56581
Inspection Date: 08/17/2020 - 08/18/2020

		Finding	Notes
Personnel	**If any part of a question is no, enter "No" and explain the observation.**		
30.00	Are all pharmacist, pharmacy intern, and pharmacy technician (if applicable) licenses or registrations with the board current and in good standing? *Describe how this is documented.*	Yes	A 3rd party vendor, Evercheck, is used to keep the documentation.
31.00	Is there a process for periodic verification of validity of licenses? *Describe the process.*	Yes	Evercheck verifies on daily basis with any record update; the Pentec Health's Compliance Officer extracts data twice yearly from the PA Board of Pharmacy website.
32.00	If pharmacists are providing patient services that require additional training or certification, are they appropriately trained and certified? *(Immunization, CPR, MTM, etc.). Mork NA if no patient services that require additional training/certification. If yes, list certifications and if current?*	N/A	No additional services.
33.00	Does the pharmacy maintain the proper technician-to-pharmacist ratio? *Mark N/A if not required by resident state. Indicate ratio used and the maximum number of stoff who work at the same time.*	N/A	PA Board of Pharmacy does not require a ratio; the pharmacy maintains 1 RPh to 2 Pharmacy Technician (PT) ratio.
Facility and Security	**If any part of a question is no, enter "No" and explain the observation.**		
34.00	Does the pharmacy have a working security/alarm system in place? *If yes, describe.*	Yes	All doors are equipped with an alarm; The security system has a backup system.
35.00	Are Schedule II controlled substances secured in a locked cabinet or safe? *If not, describe how controlled substances are secured or stored.*	Yes	
36.00	Are there contingency plans in the event the pharmacy cannot be secured? *Describe how the drug products will be secured and handled.*	Yes	Disaster recovery plan will be followed, including utilize local hospital, corporate location in PA and MA site.
37.00	Is the pharmacy clean and sanitary, and is there appropriate space for the prescription volume? *Look for clutter, or crowded counters or stacks of prescriptions to be checked. If no, document with photo.*	Yes	
37.01	Is the working area well lit and free of tripping hazards? *If no, document with photo.*	Yes	
37.02	Is there a sink with hot and cold running water?	Yes	
37.03	If the pharmacy destroys prescription products on site (such as expired, damaged, recalled, etc), do they appropriately document the destruction? *View destruction logs. Mark NA if no destruction on site.*	N/A	No on-site prescription drug destruction occurs.

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		Finding	Notes
37.04	Does the pharmacy return prescription products to the manufacturer, distributor, or send to a reverse distributor for destruction? *If yes, indicate name of reverse distributor used.*	Yes	Guaranteed Returns; quarterly or on demand.
37.05	Does the pharmacy have a hazardous waste handling and collection system? For example, empty bottles that contained chemotherapy medications or warfarin, or hazardous drug compounding waste. *If yes, indicate how often the bin is emptied/collected and the vendor used.*	Yes	Stericycle; monthly.
38.00	Does the pharmacy have a private area for patient counseling and providing patient services? *Describe.*	No	Closed door [sterile compounding] pharmacy. Patient Counseling area is not needed on-site.
39.00	Is temperature in the drug storage area maintained to provide controlled room temperature of 20° to 25°C (68° to 77 °F), or more restrictive if warranted by specific drug product storage requirements? *Describe. Record the temperature at the time of inspection.*	Yes	Pulled the daily log, which indicated an average reading of 21C from multiple temperature probes, within USP range.
39.01	Is temperature monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max? Temperature records are maintained. *If yes, describe the process*	Yes	Utilizes AmegaView which is a virtual monitoring system providing 24/7 continuous monitoring with email notification for any excursions from pre-set desired range.
39.02	Are excursion action plans in place including evaluating excursion effects on drug product integrity?	Yes	
40.00	Are the refrigerator and freezer restricted to drug products only (no food)?	Yes	
41.00	Does the pharmacy have a process for how the refrigerator temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?*	Yes	Range is 2C to 8C; Utilizes AmegaView which is a virtual monitoring system providing 24/7 continuous monitoring with email notification for any excursions from pre-set desired range.
41.01	Is the temperature in the refrigerator within the USP range (2°-8°C or 36°-46 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the refrigerator at the time of inspection.*	Yes	Requested daily log from various probes. There are 8 refrigerators with the average temperature reading being 4.28C,
42.00	Does the pharmacy have a process for how the freezer temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?*	No	Freezer used only for storing ice packs.
42.01	Is the temperature in the freezer within the USP range (between –25° to –10°C or –13° to 14 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the freezer at the time of inspection.*	N/A	

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Inspection Date: 08/17/2020 - 08/18/2020

		Finding	Notes
43.00	Are there contingency plans in the event of power outage or refrigerator/freezer failure? *Describe process.*	Yes	Products in impacted refrigerator/freezer(s) will be rotated to the remaining functional units; If complete or partial power failure, facility has on-site generator for restoring power.
44.00	Are there contingency plans in the event of heating or air conditioning failure? *Describe processes.*	Yes	There is an on-site power generator.
45.00	Is there a plan of action if there are any temperature or humidity excursions to determine if the integrity of the products has been compromised?	Yes	
46.00	Does the pharmacy utilize any automated apparatuses for prescription processing/counting (such as robotics, Baker cells, etc)? *List numbers and types.*	Yes	19 Pinnacle units.
46.01	If yes, do they have and follow policies and procedures addressing cross-contamination and identification of drug products?	Yes	Product specific; There are no hazardous drug (HD) products on-site.

Product Receipt and Inventory

If any part of a question is no, enter "No" and explain the observation.

47.00	Does the pharmacy have a documented process for establishing sources (vendors) of prescription drugs? *Describe.*	Yes	Initial check via the FDA website; Yearly testing, involving 1st API lot ID testing with samples sent to Dynalabs.
47.01	Does the pharmacy purchase all prescription drugs directly from the manufacturer?	Yes	Baxter (renal nutritional products).
47.02	Does the pharmacy purchase (obtain) prescription drugs from other pharmacies? *If yes, list pharmacy source information, and circumstances leading to the purchose.*	No	
47.03	Does the pharmacy purchase (obtain) prescription drugs from wholesale distributors (non-manufacturer sources)? *List non-manufacturer sources.*	Yes	API sources: B&B Pharmaceuticals; Spectrum RX. Manufacturer products from Cardinal Health; McKesson Specialty Pharmacy; Baxter
47.04	Does the pharmacy require wholesale distributor sources to purchase prescription drugs directly from the manufacturer? *If yes, how is this verified?*	No	Manufactured medications only come from national wholesalers, such as Cardinal Health and Mckesson.
47.05	Does the pharmacy purchase drugs from wholesale distributors that purchased the drug from other wholesale distributors? *If yes, Describe the due diligence steps to determine the source's legitimacy and legitimacy of the drugs sold by the vendor. (For instonce, does the pharmacy examine transaction histories and limit the number of movements of drugs between wholesale distributors, and look for pharmacies in the supply chain?)*	No	
47.06	Does the pharmacy determine that all sources listed on transaction histories have requisite state licensing? *If yes, describe the process.*	No	

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General Pharmacy Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding Inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Pentec Health Inc dba Pentec Health, Inc
e-Profile ID: 56581
Inspection Date: 08/17/2020 - 08/18/2020

		Finding	Notes
47.07	Does the pharmacy determine that all sources listed on transaction histories have reported to FDA's Wholesale Distributor database? *If yes, describe the process.*	Yes	Initial check via the FDA website.
47.08	Does the pharmacy have a process to handle suspect and illegitimate product investigations? *If yes, describe the process.*	Yes	Compliance Officer monitors the API vendor, and conducts a field visit at B&B Pharmaceuticals every 2 years.
47.09	Has the pharmacy conducted any suspect or illegitimate product investigations? *If yes, describe the details, including the drug, circumstances, outcome, and identificotion of agencies to whom reported.*	N/A	No qualified incidents have occurred as of yet.
47.10	Does the pharmacy ensure transaction data (transaction history, transaction information, transaction statement, also known as 3T data) is received at the same time or before the product is received? *Examine recent purchoses to determine if the pharmacy is receiving and maintaining 3T data for a minimum of 6 years.*	Yes	
47.11	Does the pharmacy have a procedure to verify product (suspect or illegitimate) including quarantine of product and reporting?	Yes	
48.00	Does the pharmacy utilize paper DEA-222 forms to procure Schedule II substances? *If yes, how are they secured? Who hos the authority (Power of Attorney) to sign the DEA-222 forms?*	Yes	
49.00	Does the pharmacy utilize CSOS (electronic Schedule II ordering) to procure Schedule II substances? *If yes, who can place orders in CSOS?*	Yes	All pharmacists can place orders.
50.00	Is the receipt of Schedule II orders documented appropriately? *DEA-222 has the quantity and dote on each line of product received, the CSOS record (electronic or paper printout) indicates verification of receipt and staff performing verificotion.*	Yes	
51.00	Are invoices for controlled substances (Schedules I-V) that are received filed separately and are the invoices signed/initialed and dated upon receipt and every item checked in?	Yes	
52.00	Are all orders received when the pharmacy is open? *Verify the orders ore braught directly to the pharmacy still sealed and not delivered before the phormacy is open.*	Yes	
53.00	Does the pharmacy purchase any compounded products from other entities for dispensing to patients? *If so, describe which products and from where they are purchose (collect nome ond license of other entity).*	No	

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54.00	Does the pharmacy have a system in place to track prescription drug products in order to detect diversion or theft? *Describe (for example, inventory or shrink report tools used, perpetual inventory in computer, etc).*	Yes	CPR Plus system tracks prescription drugs in a perpetual inventory manner.
54.01	Are incidents of diversion or resignation/termination of personnel for cause reported? *Indicate agencies/law enforcement to whom reports are made.*	Yes	In following the reporting process, first-step is to notify the appropriate Corporate personnel.
55.00	Does the pharmacy keep a perpetual inventory log of all Schedule II controlled substances (including APIs, if applicable)?	Yes	
56.00	Is the Schedule II perpetual inventory log reconciled regularly? *Indicate how often the Schedule II controlled substances are counted. View the perpetual log and verify that reconciliotion is taking place.*	Yes	Monthly inventory on all products; Controlled drug substances (CDS) are inventoried weekly.
57.00	Is the most recent complete controlled substances inventory available for review? *Indicate the date of the last inventory and frequency taken (minimum every two years).*	Yes	Last complete controlled drug inventory was performed on 8/14/2020; and controlled drugs inventory is checked on a weekly basis.
57.01	Does the pharmacy maintain other required inventories (such as change in PIC, theft/loss, etc)?	Yes	
58.00	Does the pharmacy stock and sell OTC pseudoephedrine (and/or ephedrine) products? If yes, indicate if the sale is recorded electronically or manually in a logbook.	No	
58.01	Are these products mailed, sent, or delivered into other states? *View logs. If yes, list the other states.*	N/A	Not part of the pharmacy's business model.
59.00	Does the pharmacy stock and sell other OTC restricted products for which ID is required and a log kept of the sale? *If yes, indicate product types.*	No	
59.01	Are these products mailed, sent, or delivered into other states? *View logs. If yes, list the other states.*	N/A	Not part of the pharmacy's business model.
60.00	Are outdated, damaged, or recalled products segregated? *If yes, how often does the pharmacy check for out-of-date products? Does it include OTC products?*	Yes	Monthly inventory on all products; no OTC's handled by this pharmacy.
60.01	Are all drugs within active-stock within expiration date? *Examine shelves, refrigerator and freezer.*	Yes	
60.02	How often is active-stock examined for drugs past the expiration date?		Monthly.

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		Finding	Notes
61.00	Does the pharmacy **prepackage** bulk containers of prescription medications into smaller containers for ease of use? *What BUD is used on the prepackoged container?*	No	
62.00	Does the pharmacy **prepack** multiple drugs into a single container for compliance packaging? *What BUD is used on the prepacked containers?*	No	
63.00	Does the pharmacy return to stock prescription drugs that were filled but never picked up?	N/A	Shipping is confirmed.
63.01	If yes, are they maintained in the appropriate container, with PHI removed and BUD adjusted?	N/A	
Prescription Processing	**If any part of a question is no, enter "No" and explain the observation.**		
64.00	**Patient Profile:** Is patient profile data organized and readily accessible to facilitate consultation with the prescriber, patient, or caregiver? *Indicate who enters patient profile data into the computer system and how often it is updated?*	Yes	There are separate Clinical team members for renal and for intrathecal products / patients; data will be entered into the CPR Plus system. Profile data is updated every time there is a clinical update occurs or physicians office calls and is documented.
64.01	If the pharmacy dispenses veterinary prescriptions, does the information gathered and recorded include the species, and name of the animal/owner as required by resident state law? *Describe how it is indicated in the computer system that the patient is on animal? And how is it indicated in the system the prescription is a veterinary prescription?*	N/A	No veterinary prescriptions are part of this pharmacy's business model.
65.00	**Prescription:** Are adequate processes in place to assure the integrity, legitimacy, and authenticity of prescription orders? *Staff is familiar with detecting fraud in hard copy, faxed, verbal, and electronic prescriptions.*	Yes	
65.01	Is there a procedure to follow when a prescription is suspected of (or actually is) fraudulent? *Describe the steps and reporting process.*	Yes	Corporate has a physician vetting process.
65.02	Are adequate processes in place for assuring that prescription medications are not prescribed or dispensed based on online medical consultations without there being a pre-existing prescriber-patient/client relationship? *Describe. Do the processes include comporing the physical addresses of the patient and prescriber?*	Yes	The vetting process for physicians involves address, and license lookup with verification.
65.03	Does the pharmacy have electronic prescription capability? *Indicate whether it is for non-controlled substances, controlled substances, or both.*	Yes	Both.
65.04	If the pharmacy accepts electronic prescriptions for controlled substances, are they in compliance with federal regulations?	Yes	

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		Finding	Notes
66.00	**Accuracy:** Is the accuracy of the information entered into the computer system verified (patient information and prescription information)? *Indicate how and by whom.*	Yes	Pharmacists perform data entry and DUR.
67.00	**DUR:** Does staff conduct prospective DUR prior to the dispensing of a medication or product? *Describe at what point in the process does the DUR take place?*	Yes	All DUR performed by clinical members (i.e., pain and renal teams) during on-site data entry.
67.01	Does the DUR include: • drug-drug interaction (Prescription and OTC), • drug-allergy interaction, • therapeutic duplication, • under- or over-utilization (including clinical abuse/misuse), • disease state or condition contraindication, • Incorrect dosage or duration of therapy, and • gender or age related contraindications. *Indicate if there are other parameters routinely included in the DUR.*	Yes	
67.02	In addition to the pharmacy DUR software, does the pharmacy staff obtain other information to use in the DUR process? *Describe.*	Yes	Renal infusion side of the pharmacy's clinical teams will incorporate all nursing clinical notes
67.03	Does the pharmacy have adequate resources/references related to the type of pharmacy practice it operates?	Yes	
67.04	Does the pharmacy report required data to the state PMP (in this state and the other states in which the pharmacy is licensed)? *Describe.*	Yes	Manual reports directed to all states via the pharmacy's CPR plus system.
67.05	Does the pharmacy access state PMP/PDMP data for specific patients? *Verify there is a policy regarding access and follow-up or reporting and that pharmacist can access the PMP data.*	Yes	
67.06	Are DUR overrides/bypasses documented? *Indicate how the override is documented and who has override capability.*	Yes	Only pharmacists can override and data recorded in the CPR Plus system.
67.07	Is the DUR process performed electronically by the computer system? ***Identify integrated drug database used.***	Yes	CPR Plus system.
67.08	If the DUR is manual, is there a system to document: • How manual DUR is performed • Specific issues that were identified • Pharmacist that considered the identified issues and gave the okay to proceed	N/A	DUR is not manual.

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67.09	If the pharmacy dispenses veterinary prescriptions, does it have a veterinary drug database integrated into the computer system for electronic DUR? *List veterinary product electronic database used. If not, list compendia used for performing manual DUR.*	N/A	Not part of the pharmacy's business model.
68.00	Are filled prescriptions verified for accuracy prior to dispensing? *Indicate process, by whom, and how documented.*	Yes	The process was described as the following: Initial RPh's enters the order and performs DUR; 2nd RPh's verifies data and sends to prescription to production for fulfillment; 3rd RPh's perform in-process checks; and 4th RPh's verifies final drug products before sending onto packing and shipping.
69.00	Are filled prescriptions appropriately labeled? *Describe.*	Yes	Labeling process was analyzed so it is compliant to all states the pharmacy is shipping drug products too.
70.00	**Confidentiality:** Does the system have adequate safeguards to prevent a user from performing functions under a different user account or beyond what they are authorized to perform? *Password protected, access limited by job type, access revoked as appropriate such as upon termination. Record name/brand of pharmacy computer system used.*	Yes	CPR Plus system.
70.01	Does the pharmacy destroy PHI including labeled prescription vials?	Yes	
71.00	**Mail/Delivery:** If applicable, are packing materials designed to maintain the physical integrity, stability, and purity of prescription medications and compounded preparations in transport?	Yes	
72.00	**Off-Site Processes:** Are any portions of the prescription processing (in the questions below) performed at a different location? ***Note: Please ask each question below to verify.***	No	There are no activities occurring at any different location(s).
72.01	If yes, is the other location under common ownership? *If not commonly owned, explain if there is a central fill/shared services or other agreement in place. Record the name and license number for the other location.*	N/A	
72.02	If yes, is that location in a different state than this facility? *If so, explain.*	N/A	
72.03	If yes, are there policies and procedures for identifying who is responsible for each step of prescription processing?	N/A	
73.00	**Off-Site Inventory:** Does the pharmacy maintain any emergency kits in nursing homes, long-term care facilities, or other entities (such as hospice, EMTs, ambulances)? *Note name(s) of facilities or entities.*	No	Not part of the pharmacy's business model.
73.01	Do the emergency kits contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored, non-patient specific?*	N/A	
74.00	**Off-Site Inventory:** Does the pharmacy maintain any automated prescription dispensing devices outside the pharmacy such as Pyxis in a nursing home, or a secure mailbox device that patients access after hours, etc? *Note types and locations.*	No	Not part of the pharmacy's business model.

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74.01	If yes, are the automated devices appropriately licensed, registered, or approved by the board of pharmacy? *Provide details.*	N/A	
74.02	Do the automated dispensing devices contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored, non-patient specific?*	N/A	

Patient Counseling and Communication

If any part of a question is no, enter "No" and explain the observation.

75.00	Does the pharmacist provide counseling for all <u>new</u> prescriptions picked up at the pharmacy (proactively, no "offer")?	No	This is a Closed-door [sterile compounding] pharmacy. Patient Counseling is done at the time of the prescription's first being processed and filled; Subsequent counseling with any changes in patient prescription/therapy preceding the filling of said new prescription.
75.01	Is an "offer" to counsel made for all <u>new</u> prescriptions picked up at the pharmacy? *Indicate who makes the "offer".*	N/A	
76.00	Does the pharmacist provide counseling for all <u>refilled</u> prescriptions picked up at the pharmacy (proactively, no "offer")?	No	This is a Closed-door [sterile compounding] pharmacy. Patient Counseling is done at the time of the prescription's first being processed and filled; Subsequent counseling with any changes in patient prescription/therapy preceding the filling of said new prescription.
76.01	Is an "offer" to counsel made for all <u>refilled</u> prescriptions picked up at the pharmacy? *Indicate who makes the "offer".*	N/A	
77.00	Does the pharmacist provide counseling for <u>refilled</u> prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist (proactively, no "offer")?	No	This is a Closed-door [sterile compounding] pharmacy. Patient Counseling is done at the time of the prescription's first being processed and filled; Subsequent counseling with any changes in patient prescription/therapy preceding the filling of said new prescription.
77.01	Is an "offer" to counsel made for all <u>refilled</u> prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist? *Indicate who makes the "offer".*	N/A	
78.00	Is patient counseling provided for <u>delivered</u> prescriptions? *Printed information sent to patient, toll-free number for patients to call, pharmacist calls patients directly, etc? Describe how.*	No	No prescriptions are delivered.
79.00	Is patient counseling provided for <u>mailed</u> prescriptions? *Printed information sent to patient, toll-free number for patients to call, pharmacist calls patients directly, etc? Describe how.*	Yes	800 number to call; Printed information is included; Patient Counseling is done at the time of the prescription's first being processed and filled; Subsequent counseling with any changes in patient prescription/therapy preceding the filling of said new prescription.
80.00	Are patient package inserts (PPIs) provided with every fill and refill of medications for which they are required (such as hormone products, inhalers, etc)? *Describe how.*	Yes	Included in the patient's delivery package.
81.00	Are MedGuides provided with every fill and refill of medications for which they are required (such as NSAIDS, antidepressants, etc)? *Describe how.*	No	No Medguides needed for any medications being dispensed by this pharmacy.

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82.00	Are REMS (Risk Evaluation Mitigation Strategy) implementation programs performed? Confirm that procedures are in place. *List programs (such as iPledge for isotretinoin, or Tikosyn).*	No	No REMS programs/medications are occurring at this pharmacy.
83.00	Is patient counseling, the offer to counsel, or the refusal of patient counseling documented? *Describe how.*	Yes	Recorded in the CPR plus system.
84.00	Do patients have 24-hour access to a pharmacist? *Note: may not be required by the resident state. Describe how (such as posted contact information and hours of operation).*	Yes	Patient questions can be left via a voice message center, which in turn alerts an on-call pharmacist to call back the individual.
85.00	Are processes in place to handle a drug recall?	Yes	
86.00	Does the pharmacy accept prescription drugs back for destruction as part of a drug take-back program?	No	
86.01	Does the take-back program include controlled substances?	N/A	
86.01	Does the pharmacy have a modified DEA registration for controlled substance take-back? *If yes, list.*	N/A	

Quality Assurance/Quality Improvement Program

If any part of a question is no, enter "No" and explain the observation.

87.00	Is there a documented continuous quality improvement (CQI) Program for the purpose of detecting, documenting, assessing, and preventing quality related events (QREs)? *If yes, list who oversees the program.*	Yes	Compliance Director, Lisa Scannapieco, implements Pharmacy Quality Commitment Program.
87.01	Policies and procedures for the program are maintained in the pharmacy in an immediately retrievable form. *Indicate if hard copy, electronic, or both.*	Yes	Both
87.02	"Quality-Related Event" (QRE) is defined to mean any departure from the appropriate dispensing of a prescribed medication that is or is not corrected prior to the delivery and/or administration of the medication including (but not limited to): 1. a variation from the prescriber's prescription drug order such as incorrect drug, strength, form, or patient; or inadequate or incorrect packaging, labeling, or directions; 2. a failure to identify and manage over-utilization or under-utilization; therapeutic duplication; drug-disease contraindications; drug-drug interactions incorrect drug dosage or duration of drug treatment; drug-allergy interactions; or clinical abuse/misuse. 3. packaging or warnings that fail to meet recognized standards, the delivery of a medication to the wrong patient, or the failure to detect and appropriately manage a significant actual or potential problem with a patient's drug therapy.	Yes	

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87.03	There is documentation of initial/ongoing (at least yearly) review and training of all pharmacy employees on the CQI program and processes. *For example, may be formal training or reviewed at a yearly meeting.*	Yes	
88.00	**Documentation of QREs** starts as soon as possible, but no more than three days, after determining their occurrence. *Indicate if documentation/forms are hard copy or electronic.*	Yes	Both
88.01	Documentation includes all the pertinent data about the prescription involved including personnel involved at each step.	Yes	
88.02	Documentation includes documenting the type of QRE details and how/who discovered the QRE.	Yes	
88.03	Documentation incudes possible contributing factors such as day and time the QRE occurred, number of pharmacists and technicians on duty, prescription volume that day, equipment failure, or other factors affecting work-flow at the time.	Yes	
88.04	Documentation includes steps taken to remediate including communications with the patient and the provider, and if the medication was ingested, disposition of the patient.	Yes	
89.00	**QRE data** collected is analyzed to assess causes and any contributing factors (root cause). *Indicate who performs the analysis ond frequency (with each event, weekly, monthly, quarterly, etc).*	Yes	QRE data is analyzed per triggering event; Data is reviewed monthly at a minimum.
89.01	The pharmacy uses the findings of the analysis to formulate an appropriate response and develop pharmacy systems and workflow processes designed to prevent QREs and increase good outcomes for patients.	Yes	
89.02	For pharmacies utilizing a drug formulary, a periodic review of such formulary is undertaken to ensure that appropriate medications are being offered/selected in the best interest of patients.	N/A	There is no drug formulary.
90.00	**Quality meetings** are held at least annually by staff members of the pharmacy to consider the effects on quality of the pharmacy system due to staffing levels, workflow, and technological support.	Yes	

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90.01	The meeting reviews data showing evidence of the quality of care for patients and develops plans for improvements to increase good outcomes for patients.	Yes	
90.02	Improvements or changes made are evaluated for performance to measure the effectiveness of the CQI program.	Yes	
91.00	**Reporting:** Incidents of QREs are reported to a nationally recognized error reporting program, an outside peer review committee, or a patient safety organization. *Indicate which organizations are reported including if the pharmacy reports QREs to the board of pharmacy.*	Yes	Qualified incidents would be reported to the PA Board of Pharmacy.
91.01	Adverse events are reported to the appropriate entities such as the board of pharmacy, MedWatch, FDA, VAERS, etc?	Yes	
91.02	Incidents involving malfunctioning or defective medical equipment or devices (blood glucose meters, DME, injection devices, etc) are documented and reported to the manufacturer or distributor.	Yes	
92.00	**Quality Self-Audits** are performed by the pharmacy at least quarterly (and upon change in PIC) to determine whether the occurrence of QREs has decreased and whether there has been compliance with preventative procedures, and to develop a plan for improved adherence with the CQI program in the future.	Yes	Most recent pharmacy self-audit was reviewed on-site.
93.00	**Consumer Surveys** are conducted at least yearly of patients who receive pharmaceutical products and services at the pharmacy. A statistically valid sampling technique may be used in lieu of surveying every patient. Each pharmacy should use the results of its consumer survey to evaluate its own performance at a particular time and over a period of time.	Yes	Most recent consumer/patient survey was reviewed on-site.
94.00	**Patient Complaints** are documented, tracked, and investigated as appropriate and the information is used as part of the CQI program.	Yes	

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		Finding	Notes
[redacted]	Indicate the drug name, dosage or strength, and the size of the sample obtained for testing. *(NA if no sample)*	[redacted]	Baclofen 4000mcg/ml in 20ml, 18 units.
[redacted]	Indicate the areas/rooms of the pharmacy entered to perform the inspection. *If the inspector did not fully gorb ond enter buffer room(s), indicate reason.*	[redacted]	Compounding Suite A: Observed live compounding in the Clean/Buffer room and garbing/gowning from the Prep room to Ante-room via the Observation windows; Compounding Suite B: Observed garbing/gowning via Prep Room to Ante-Room and live compounding via High-Definition cameras.

General Operations Information

1.00	Does the pharmacy **dispense** sterile compounded preparations pursuant to a prescription?	Yes	
1.01	Are patient profiles complete and DUR performed for each prescription? *View selected files for profile to include allergies, diseose states/conditions, other medications taken not dispensed by this pharmacy.*	Yes	
1.02	Are sterile compounded prescriptions picked up at the pharmacy?	No	
1.03	Are sterile compounded prescriptions delivered/mailed to patients in their homes or residential facilities?	Yes	
1.04	Are sterile compounded prescriptions delivered/mailed to the practitioner for administration to the patient in the office, clinic, or facility?	Yes	
2.00	Does the pharmacy **distribute** sterile compounded preparations? *Not pursuant to o prescription, not labeled by the pharmacy with o potient nome.*	No	Not part of the pharmacy's business model.
2.01	Does the pharmacy distribute sterile compounded preparations to practitioners for office use?	N/A	
2.02	Does the pharmacy distribute sterile compounded preparations to hospitals, clinics, or surgery centers?	N/A	
2.03	Is the pharmacy registered with the FDA as an Outsourcing Facility?	N/A	
2.04	Does the pharmacy have a sales force that distributes samples containing active ingredients? *List samples provided.*	N/A	
3.00	Does the pharmacy provide sterile compounded preparations to other pharmacies for dispensing?	No	Not part of the pharmacy's business model.
3.01	If so, does the pharmacy have central fill/shared services contracts or agreements with these pharmacies for patient specific preparations?	N/A	

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Sterile Compounding Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding Inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Pentec Health Inc dba Pentec Health, Inc
e-Profile ID: 56581
Inspection Date: 08/17/2020 - 08/18/2020

		Finding	Notes
4.00	Which of the following sterile compounds are prepared?		Not applicable to this pharmacy's sterile compounded drug products.
4.01	Allergen extracts	No	
4.02	Parenteral solutions	Yes	
4.03	Parenteral *suspensions*	No	
4.04	Preservative-free parenterals	Yes	
4.05	Ophthalmic preparations	No	
4.06	Oral or nasal *inhalation* preparations (not topical sprays)	No	
4.07	Baths and soaks for live organs and tissues	No	
4.08	Irrigations for wounds and body cavities	No	
4.09	Any other sterile preparations (implants, pellets, etc.). *Provide list.*	No	
5.00	Does the pharmacy compound investigational drugs? *Provide list.*	No	
6.00	Does the pharmacy only make essential copies of a commercially available drug product on the Drug Shortage List or that is justified by a documented medical need of the individual patient as determined by the prescribing practitioner? *Indicate nome and volume/percent compounded currently.*	No	Not part of this pharmacy's sterile compounding practices.
6.01	If yes, products are verified as appearing on the Drug Shortage List in effect under 506E of the Federal Act at the time of compounding, distribution, and dispensing.	N/A	
6.02	If yes, the Drug Shortage List is monitored and when a drug product is no longer on the list, any remaining stock is quarantined and not available for distribution or dispensing. *Note: Per FDA guidance, 503B facilities may continue to distribute for 60 days following drug shortage list removal for existing orders.*	N/A	
7.00	Does the pharmacy perform **low-risk** compounding? *Indicate percentage of low-risk sterile compounding.*	Yes	70%
7.01	Are all low-risk compounds assigned BUDs within USP guidelines (48 hours at controlled room temperature, 14 days refrigerated, 45 days frozen)?	Yes	
7.02	If low risk, are the compounds located in segregated area are BUD 12 hours or less?	No	
7.03	If extended BUDs are used, list products with Extended BUDs and maximum BUD in notes.		Not applicable to this pharmacy's sterile compounded drug products.

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7.04	If extended BUDs are used, is further testing being performed to justify the use of extended BUDs? *List the types of testing performed (potency, sterility, stability, etc).*	N/A	
8.00	Does the pharmacy perform **medium-risk** compounding? *Indicate percentage of medium-risk sterile compounding.*	Yes	20%
8.01	Are all medium-risk compounds assigned BUDs within USP guidelines (30 hours at controlled room temperature, 9 days refrigerated, 45 days frozen)?	Yes	
8.02	If extended BUDs are used, list products with Extended BUDs and maximum BUD in notes.		Not applicable to this pharmacy's sterile compounded drug products.
8.03	If extended BUDs are used, is further testing being performed to justify the use of extended BUDs? *List the types of testing performed (potency, sterility, stability, etc).*	N/A	
9.00	Does the pharmacy perform **high-risk** compounding? *Indicate percentage of high-risk sterile compounding.*	Yes	10%
9.01	Are all high-risk compounds assigned BUDs within USP guidelines (24 hours at controlled room temperature, 3 days refrigerated, 45 days frozen)?	Yes	
9.02	If extended BUDs are used, list products with Extended BUDs and maximum BUD in notes.		Not applicable to this pharmacy's sterile compounded drug products.
9.03	If extended BUDs are used, is further testing being performed to justify the use of extended BUDs? *List the types of testing performed (potency, sterility, stability, etc).*	N/A	
10.00	Does the pharmacy provide sterile compounded preparations to be administered via an implantable infusion pump?	Yes	
11.00	Does the pharmacy perform compounding for **immediate use?** *Indicate percentage of immediate use sterile compounding.*	No	0%
12.00	Does the pharmacy perform compounding with **hazardous drugs**? *Indicate percentage of hazardous sterile compounding.* *NIOSH list of hazardous drugs including chemotherapy, hormones, etc.*	No	0%
12.01	Does pharmacy have a plan to comply with USP Chapter <800> by the implentation date? Describe plan.	N/A	No hazardous sterile drug compounding at this pharmacy.

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		Finding	Notes
12.02	Are hazardous drugs segregated and stored in a room that is negative pressure (at least -0.01" wc) to adjacent areas and with at least 12 ACPH?	N/A	
12.03	Is hazardous drug waste quarantined in a designated area and disposed of in compliance with local, state, and federal regulations?	N/A	
13.00	Are Safety Data Sheets (SDS) [formerly known as Material Safety Data Sheets (MSDS)] available to personnel for drugs and chemicals used in the pharmacy (including those for compounding, if applicable)? *Verify that personnel can access them and are familior with the format.*	Yes	
14.00	Does the pharmacy perform compounding using **blood products** (or other biological materials)? Such as wound care, autologous eye drops, etc. *Describe.*	No	Not part of this pharmacy's sterile compounding practices.
15.00	Does the pharmacy compound using any Federally **controlled substances I-V**? *Indicate controlled substances used and percentoge of controlled substance sterile compounding.*	Yes	Morphine; Hydromorphone; Ketamine; Fentanyl. Sterile compounding of controlled substances accounts for 8% of all sterile drug products.
16.00	**APIs:** Does the pharmacy make any sterile compounded preparations using bulk powder Active Pharmaceutical Ingredients (APIs)?	Yes	
16.01	Does the pharmacy purchase APIs directly from the manufacturer/repackager? *If not, indicate the source of APIs*	Yes	B&B Pharmaceuticals; Spectrum Rx (API repackager),
16.02	Does the pharmacy verify that the manufacturer/repackager of the API is an FDA-registered facility? *If so, list how this verified*	Yes	Compliance Officer verifies if the manufacturer/repackager of API is an FDA-registered facility by visiting the FDA online database; verification is performed initially and annually with such Vendors.
16.03	Does the pharmacy use active ingredients that are not from an FDA facility? *If so, indicate sources.*	No	
16.04	Does the computer track on-hand quantities of APIs used for compounding?	Yes	
17.00	Does the pharmacy use scales/balances for sterile compounding?	Yes	
17.01	If so, what type of scale/balanced is used? *List manufacturer and model number.*		5 Mettler Toledo Analytical Balances, Model XPE205DR
17.02	If the scale/balance is electronic, does the pharmacy use the automatic calibration? *Describe process and indicate frequency.*	Yes	Third-party company performs annual certification/calibration of scales/balances; Pharmacy performs daily calibration prior to use.
18.00	Does the pharmacy have a **lyophilizer**?	No	No lyophilizer(s) being used by this pharmacy.
18.01	Where is the lyophilizer located? *Indicate location and ISO class of room.*		No lyophilizer(s) being used by this pharmacy.

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18.02	Note the products lyophilized, and the volume or percent of products per week produced using the lyophilizer.		No lyophilizer(s) being used by this pharmacy
18.03	Is the lyophilizer part of the viable air and surface sampling, media fill testing procedures, and cleaning schedules and procedures?	N/A	No lyophilizer(s) being used by this pharmacy.
19.00	Does the pharmacy perform any testing in-house (not sent to an outside lab)? *If so, what tests are performed in house?*	Yes	Gram positive/negative testing; Air/Surface sampling; Particle count testing; Glover fingertip and Media-fill competency testing.
20.00	Does the pharmacy send samples to an outside lab to perform testing? *If so, provide the name of the lab performing testing for the pharmacy and what testing is performed*	Yes	Genus level testing for CFU's done by Focus Lab; Dynalabs conducts periodic potency, sterility and endotoxin testing.
21.00	**Quality Assurance/Quality Improvement:** Does the pharmacy continuous quality improvement program include sterile compounding measures? ***Note: If the facility indicates "yes", please ask each question below to verify.***	Yes	
21.01	Does the pharmacy continuous quality improvement program include QREs related to the preparation of compounded products?	Yes	
21.02	Does the pharmacy continuous quality improvement program include nonviable environmental monitoring and testing?	Yes	
21.03	Does the pharmacy continuous quality improvement program include viable environmental testing?	Yes	
21.04	Does the pharmacy continuous quality improvement program include personnel testing and verification?	Yes	
21.05	Does the pharmacy continuous quality improvement program include equipment calibration, testing, etc?	Yes	
21.06	Does the pharmacy continuous quality improvement program include sterilization method testing and validation?	Yes	
21.07	Does the pharmacy continuous quality improvement program include end product testing (such as: potency, particulates, sterility, endotoxin, etc.)?	Yes	
21.08	Does the pharmacy continuous quality improvement program include patient or prescriber reports or complaints regarding CSPs?	Yes	
21.09	Does the facility QA program identify action limits or thresholds and the appropriate follow-up mechanisms when action limits or thresholds are exceeded including a recall system?	Yes	

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		Finding	Notes
21.10	Does the recall system include communication with both the patient and the physician/prescriber regarding the potentially contaminated CSP administered and the potential risks?	Yes	
21.11	Are QREs involving CSPs that may have been contaminated or are recalled reported to the appropriate agency such as the Board of Pharmacy and/or FDA.	N/A	Pharmacy has a policy and procedure in place. There have been no QRE's in this category requiring reporting to the PA Board of Pharmacy and/or FDA.
21.12	Are all CFUs detected by any personnel, environmental, or product testing; or any other checks or tests including endotoxin, purity, potency, etc. remediated, appropriately investigated, cause determined, and processes implemented to prevent in the future, where applicable? *Review QA trends.*	Yes	QA trend data was reviewed via PowerPoint presentation.
Component Selection and Use			
	Total Non-Compliant (Includes Unknowns)	0	
22.00	**Active Pharmaceutical Ingredients (APIs), bulk drug substances:** All bulk drug substances (APIs) used are: 1) Compliant with the standards of an applicable USP or NF monograph, if one exists; or 2) A component of an FDA-approved human drug product; or 3) On the list of bulk drug substances for use in compounding developed by the FDA and issued through regulation (note: must comply with (1) or (2) above until the FDA list is issued)	Compliant	
22.01	Certificates of analysis (COAs) obtained for all bulk APIs used for compounding. *Verify by selecting products from the shelf from different suppliers and ask to see the COAs for those products*. NOTE: The COA for an API should be reviewed upon receipt of the API to verify the quality of the API before being used for compounding.	Compliant	
22.02	USP- or NF-grade substances used, if available.	Compliant	
22.03	If compendia quality components are not available, chemically pure, analytical reagent grade or American Chemical Society-certified components are used and are determined to be free from impurities.	Compliant	
22.04	APIs or other components have labeling indicating use for pharmaceutical compounding or manufacturing. Labels do not indicate "for research purposes only", "not for drug use", or are handwritten labels from other pharmacies. *Photograph and describe if found. Request copies of the invoices for products with questionable labels*	Compliant	

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		Finding	Notes
22.05	If compounding for both humans and animals, APIs or other components that are labeled for veterinary use only are segregated or marked in such a way to prevent them from being used for human compounding.	N/A	There is no sterile compounding of prescription drugs for veterinary use.
22.06	All substances and components have a complete label including a batch control or lot number, and an expiration date.	Compliant	
22.07	For APIs without an expiration date assigned by the manufacturer or supplier, the pharmacy assigns a conservative expiration date. The expiration date assigned is not greater than one (1) year, unless it is supported with data and/or testing. *Note: purity and quality testing may be performed to extend.*	Compliant	
22.08	All APIs are labeled with the date they were received.	Compliant	
22.09	If the pharmacy repackages APIs into smaller containers for ease of use, the expiration date assigned is conservative (typically the lesser of one year or the actual expiration from the original container). Product may be tested to extend the expiration date but may not exceed the original package expiration date.	N/A	There is no repackaging of API for use in sterile compounding occurring at this pharmacy.
22.10	Bulk component containers are labeled with appropriate OSHA hazard communication labels and hazardous substances are segregated (including hormones).	N/A	There are no Bulk component containers or hazardous substances associated with sterile drug compounding.
23.00	There are no preparations for human use made or ingredients used that appear on the FDA list of drug products withdrawn or removed from the market for safety reasons (facility has a copy of the list or other way to determine).	Compliant	
24.00	When manufactured products are used for compounding, all the other excipients (in addition to the active ingredient) in the manufactured product are considered relative to the use, effectiveness, and stability of the compounded preparation to be made.	Compliant	
25.00	For **animal compounding**, does the compounding meet the same standards as compounding for human patients?	N/A	There is no sterile compounding of prescription drugs for use in animals.
25.01	The pharmacist is knowledgeable or has the most up-to-date references regarding the individual species' limitations in physiology and metabolic capacity that can result in toxicity when certain drugs or excipients are used.	N/A	
25.02	It is determined and documented if the animal is used for food (meat, milk, eggs, etc.) or that the animal is a pet.	N/A	

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		Finding	Notes
25.03	The pharmacist familiar with, or has the most up-to-date reference regarding drug residues in the food chain and withdrawal times if compounding for food-producing animals.	N/A	
25.04	The facility has a list of drugs and components not allowed when compounding for food-producing animals.	N/A	
25.05	The pharmacist is familiar with, or has the most up-to-date reference regarding regulations for drug use in performance animals (e.g., race or show horses, racing dogs)	N/A	
26.00	If the pharmacy compounds **stock solutions** or components (that are then used to compound a finished product) using APIs, these stock solutions are categorized as high-risk compounding.	N/A	This facility currently does not produce Stock solutions or components for eventual use in sterile drug compounding.
26.01	The stock solutions are assigned BUD based on the USP<797> high-risk compound BUD, OR are assigned on the basis of direct testing or extrapolation from reliable literature sources to support an extended BUD.	N/A	
26.02	Compounded preparations using the stock solution are classified as high-risk compounds with appropriate handling with regard to BUD and testing requirements.	N/A	
	Environment		
	Total Non-Compliant (Includes Unknowns)	0	
27.00	If the facility performs both sterile and nonsterile compounding, the areas are separated and distinct.	N/A	No Nonsterile compounding occurring at this pharmacy.
28.00	If the facility performs compounding using blood products (or other biological materials), this compounding area is separate and distinct from the general compounding areas.	N/A	There is no sterile compounding involving blood products.
28.01	Are components used in compounding with blood products restricted to the blood compounding area (not used in other compounding areas)?	N/A	There is no sterile compounding involving blood products.
29.00	Entry into the sterile compounding areas is limited to task critical employees (limited to only the pharmacist(s) and other trained and authorized pharmacy personnel).	Compliant	
30.00	The anteroom has a line of demarcation or other separation of the dirty to the clean side. Note: the line of demarcation may NOT be the doorway between the anteroom and the clean/buffer room.	Compliant	
30.01	Carts used to bring supplies from the storeroom are kept on the outside of the line of demarcation.	Compliant	
30.02	Carts used in the clean/buffer room are kept on the clean side of the line of demarcation.	Compliant	

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		Finding	Notes
31.00	All surfaces of the sterile product compounding area carts, shelves, stools, chairs, and other items are resistant to disinfectants, non-permeable, non-carpeted or upholstered, and low particulate generating.	Compliant	
32.00	Walls are constructed of durable material, which is cleanable, such as epoxy-coated or heavy-gauge polymer material. *If panels are used, they are locked together and sealed.*	Compliant	
33.00	The ceiling surface shall be impervious and hydrophobic. *If tiles are used, they shall be locked and the seams between the tiles and where they meet the walls shall be caulked and sealed.*	Compliant	
34.00	The floor overlaid with wide sheet flooring and seamless or with heat welded seams, with coving to the sidewall, and a sealed seam where the coving meets the wall.	Compliant	
35.00	The clean/buffer room or anteroom does not have dust collecting overhangs.	Compliant	
36.00	The exposed surfaces of:		
36.01	PEC are free of dirt, rust, chips and particulate matter.	Compliant	
36.02	Light fixtures are smooth, mounted flush, and sealed.	Compliant	
37.00	A working sink, located on the clean side of the line of demarcation, is available that enables pharmacy personnel to wash hands and enter the sterile compounding area without contaminating his/her hands and is away from/not adjacent to any PEC(s).	Compliant	
38.00	There is no sink or drain in the clean/buffer room.	Compliant	
39.00	Hand drying is with lint-free disposable towels, or an electronic or HEPA filtered hand dryer.	Compliant	
39.01	If using a hand dryer, particle count and smoke testing validation is performed while dryer is in use (while someone is actively using to dry their hands) at certification, and the immediate area around the dryer is part of the viable air and surface testing program performed. *(N/A if only using towels)*	N/A	There is no hand dryer being used in conjunction with personal hygiene, etc relative to sterile compounding overall.
40.00	All air ducts controlling air flow into the sterile compounding clean/buffer room and anteroom are equipped with High Efficiency Particulate Air filtered air that maintains the cleanroom with an ISO Class 7 environment and the anteroom with an ISO Class 7 (when adjacent to HD cleanroom) or ISO Class 8 environment.	Compliant	
41.00	Incoming air ducts through HEPA filters are on or near the ceiling and air return ducts are low on the walls in the anteroom and clean/buffer room.	Compliant	

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42.00	If there are particle generating equipment/appliances in the clean/buffer room or anteroom (e.g. computers, printers, refrigerators, dishwashers, etc), they are located by an air return so air flows over and out of the room taking particles with it, and this air flow has been confirmed by smoke testing while in use.	Compliant	Given the configuration of Sterile Compounding Suites A & B, sterile compounding practice taking into account equipment/appliances is acceptable at this point in time.
43.00	Beverages including drinking water, chewing gum, candy, or food items are prohibited from the clean/buffer room or anteroom.	Compliant	
44.00	If compounding occurs using nonsterile ingredients, products, components, or devices (for example compounding with non-sterile APIs or using nonsterile vials and closures), the pharmacy has appropriate equipment to sterilize the finished product.	Compliant	
44.01	Pre-sterilization procedures for high risk level CSPs (such as weighing and mixing) are performed in no worse than an ISO Class 8 environment.	Compliant	
45.00	Completely enclosed anteroom and clean/buffer room (with a door) are equipped with monitors or gauges to measure differential pressure.	Compliant	
45.01	Anteroom is at least 0.02" wc positive pressure to general pharmacy areas.	Compliant	
45.02	Clean/buffer room is at least 0.02" wc positive pressure to Anteroom.	Compliant	
45.03	Hazardous compounding room and drug storage area is at least 0.01" wc negative pressure to ISO Class 7 anteroom.	N/A	There is no hazardous sterile drug compounding occurring.
45.04	Pressures are reviewed and documented on a log at least every work shift (minimum of once daily) or monitored by a continuous recording device. *View logs*	Compliant	
45.05	Written plan in place to detect and react to pressure differentials outside of limits.	Compliant	
46.00	If the clean/buffer room and anteroom are not fully enclosed (open or with plastic strips - no door that closes), the air flow is measured across the openings.	N/A	Sterile Compounding Suites A & B Clean/Buffer Rooms and Ante-rooms are fully enclosed.
46.01	The air flow is at least 40 feet per minute across the entire opening.	N/A	
46.02	Airflow is read and recorded each shift (minimum of once daily) or continuously recorded. *View logs.*	N/A	
46.03	Written plan in place to detect and react to air flow measurements outside of limits	N/A	
46.04	This area is used only for low- and medium-risk compounding (HD and high-risk not allowed).	N/A	

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		Finding	Notes
47.00	**Temperature:** The temperature of all compounding and drug storage areas shall be maintained in accordance with standards, and a written plan shall be in place and followed to address any excursions.	Compliant	
47.01	Temperature in the **compounding area** is maintained to provide comfortable working conditions for compounding personnel of 20° C or cooler (68° F or cooler); Temperature can be more restrictive if warranted by specific drug product storage requirements. *Temperature records are maintained.*	Compliant	
47.02	If drugs are stored in the compounding area, temperature monitoring is in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. *Temperature records are maintained.*	Compliant	
47.03	Temperature monitoring is also performed in **drug storage areas** (if separate from the compounding areas). Temperature is maintained at controlled room temperature of 20° - 25° C (68° - 77° F) or as specified by FDA approved labeling for drug product storage.	Compliant	
47.04	Temperature monitoring in the **drug storage area** is performed at least once daily and documented. *Temperature records are maintained.*	Compliant	
47.05	Temperature in the **refrigerator or cooler** is maintained to provide controlled cold temperature of 2° to 8°C (36° to 46°F) or as specified by FDA approved labeling for drug product storage.	Compliant	
47.06	Temperature monitoring in the **refrigerator** is performed at least once daily and documented. Additionally, compounding personnel shall note the storage temperature when placing the product into or removing the product from the storage unit in order to monitor any temperature aberration. Alternatively, continuous monitoring or retroactive detection using min/max may be used. *Temperature records are maintained.*	Compliant	
47.07	Temperature in the **freezer** is maintained to provide controlled frozen temperature of -25° to -10°C (-13° to 14°F) or as specified by FDA approved labeling for drug product storage.	N/A	Freezer used for storing ice packs only.
47.08	Temperature monitoring in the **freezer** is performed at least once daily and documented. Additionally, compounding personnel shall note the storage temperature when placing the product into or removing the product from the storage unit in order to monitor any temperature aberration. *Temperature records are maintained.*	N/A	Freezer used for storing ice packs only.
47.09	Action plan in place for any temperature excursions including evaluating excursion effects on drug product integrity for all temperature monitored areas.	N/A	Freezer used for storing ice packs only.

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Sterile Compounding Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding Inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Pentec Health Inc dba Pentec Health, Inc
e-Profile ID: 56581
Inspection Date: 08/17/2020 - 08/18/2020

		Finding	Notes
48.00	**Humidity:** If warranted by specific drug products, humidity in the compounding area is maintained to provide humidity within the specified ranges. If drug products require storage in a "dry place", humidity is not to exceed 40%. (*Generally recommended ronge is 35-60% for performing sterile compounding .*)	Compliant	
48.01	If applicable, humidity monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Humidity records are maintained.	Compliant	
48.02	If applicable, excursion action plan in place including evaluating excursion effects on drug product integrity.	Compliant	
48.03	If applicable, humidity monitoring is also performed in drug storage areas (if separate from the compounding areas).	Compliant	
49.00	Blowers on ISO 5 PECs are operated continuously during compounding activity, including during interruptions of less than eight hours.	Compliant	
50.00	When the ISO 5 PEC blower is turned off, and before other personnel enter to perform compounding activities, only one garbed person is allowed to enter the buffer area for the purposes of turning on the blower (for at least 30 minutes) and of sanitizing the work surfaces	Compliant	
51.00	The doors into the anteroom from the general pharmacy area and from the anteroom into the clean/buffer room are prevented from both being open at the same time. *By interlocking, training of personnel, or signage.*	Compliant	
52.00	The inside and outside doors of a pass-through are prevented from both being open at the same time. *By interlocking, training of personnel, or signage.*	Compliant	
53.00	**If the PEC is a BSC or LAFW that is NOT located in an ISO Class 7 clean/buffer room:** BSC or LAFW has been certified to maintain ISO Class 5 during compounding activities.	N/A	All PEC LAFW's in Sterile Compounding Suites A & B are in ISO Class 7 Clean/Buffer rooms.
53.01	Used only for low-risk compounded preparations with a 12-hour or less BUD assigned. *If yes, list percentage.*	N/A	
53.02	All garbing requirements are adhered to.	N/A	
53.03	Located in an area that is maintained under sanitary conditions and only traveled by persons engaging in the compounding of sterile preparations.	N/A	
53.04	Location does not contain any unsealed windows or doors that connect to the outdoors or areas of high traffic flow, and is not adjacent to construction sites, warehouses, or food preparation areas?	N/A	

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Inspection Date: 08/17/2020 - 08/18/2020

		Finding	Notes
53.05	The sink is separated from the immediate area of the ISO Class 5 BSC or LAFW (not adjacent).	N/A	
54.00	**If the PEC is a CAI/CACI that is NOT located in an ISO Class 7 clean/buffer room:** CAI/CACI has been certified to maintain ISO Class 5 under dynamic conditions including transferring of ingredients, components and devices, and during preparation of CSP.	N/A	There is no CAI or CACI being used inside Sterile Compounding Suites A & B.
54.01	The pharmacy has documentation from the manufacturer that the CAI or CACI will meet this standard when located in worse than ISO Class 7 environments.	N/A	
54.02	The CAI or CACI is located in an area that is maintained under sanitary conditions and only traveled by persons engaging in the compounding of sterile preparations.	N/A	
54.03	The sink is separated from the immediate area of the CAI or CACI (not adjacent).	N/A	
54.04	For NIOSH hazardous compounding in a CACI that is NOT located in a clean/buffer room, the CACI is located in a physically separated area that maintains a negative pressure of 0.01" water column pressure to adjacent areas and a minimum of 12 ACPH.	N/A	There is no hazardous sterile drug compounding occurring.
Cleaning and Disinfection			
	Total Non-Compliant (Includes Unknowns)	0	
55.00	Are all personnel performing cleaning appropriately garbed?	Compliant	
56.00	Is the sterile compounding area equipped with appropriate nonshedding cleaning equipment and supplies? *All cleaning tools, such as wipers, sponges, and mops, must be nonshedding, dedicated to and labeled for use in either the buffer or cleon area (no wooden handles are allowed).*	Compliant	
57.00	If cleaning tools are reused, is there a procedure to rinse and sanitize the tools and an appropriate clean storage area?	Compliant	
58.00	Are reusable tools appropriately labeled to prevent them from being used inappropriately?	Compliant	
59.00	For cleaning and sanitizing agents that are not "ready-to -use" formulations, are there formulas and instructions for mixing or diluting the agents prior to use and is the preparation documented?	Compliant	
60.00	Are cleaning and sanitizing agents appropriately labeled including expiration dates? *Verify no expired agents present.*	Compliant	

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Inspection Date: 08/17/2020 - 08/18/2020

		Finding	Notes
61.00	Are appropriate cleaning agents used that are effective for bacteria, viruses, fungi, and spores?	Compliant	
62.00	Is the ISO 5 PEC cleaned at the beginning of each shift, between compounding activities, at least every 30 minutes while compounding and after spills or suspected surface contamination?	Compliant	
62.01	If heavily soiled, cleaning includes the appropriate agent. *List agent(s) used.*	Compliant	SproKlenz and Vesphene II being used.
63.00	Does sanitizing of the ISO 5 PEC include sanitizing with sterile 70% IPA using a nonlinting wipe?	Compliant	
64.00	Does daily cleaning and sanitizing include counters and easily cleanable work surfaces?	Compliant	
65.00	Does daily cleaning include the floors starting from the clean/buffer room and working outwards? Floor cleaning is not to occur during compounding.	Compliant	
66.00	If fatigue mats are used, are they cleaned daily and let dry on both sides?	Compliant	
67.00	Is a tacky mat used and if so, is there a procedure in place regarding replacement?	Compliant	
68.00	Are the ceilings, walls, all shelving, bins, carts, chairs, and the tops and sides of the primary engineering controls (PECs) thoroughly cleaned monthly? (*This includes removing everything from shelves and bins before cleaning, cleaning the undersides of cart surfaces and stools, wheels, etc.) Check inside bins and shelving for dust if you are garbed.*	Compliant	
69.00	Is enough time allocated for cleaning activities, including contact/dwell times for the cleaning/disinfection agents?	Compliant	
Training *Verify records of all compounding personnel (up to 10).*			
	Total Non-Compliant (Includes Unknowns)	0	
70.00	There is documentation that compounding personnel are appropriately trained including policies and procedures, documentation, hazardous drug handling, cleaning/disinfection/spills, garbing/gowning/hand hygiene, and aseptic technique. *Note that "compounding personnel" includes personnel performing compounding, supervising compounding, and performing verification of compounding. List number of personnel training files viewed.*	Compliant	3 files reviewed
70.01	All personnel performing compounding are not allowed to compound until training and initial testing is successfully completed.	Compliant	
70.02	All personnel that SUPERVISE compounding and/or perform verifications of other's compounding are not allowed to supervise or verify compounding until training and initial testing is successfully completed.	Compliant	

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Inspection Date: 08/17/2020 - 08/18/2020

		Finding	Notes
71.00	All personnel of reproductive capability who handle or compound hazardous drugs or chemicals have confirmed in writing that they understand the risks of handling hazardous drugs. *Teratagenicity, carcinogenicity, repraductive issues.*	Compliant	
72.00	There is documentation, such as an observational checklist, that all personnel (including housekeeping or other outside personnel) that perform cleaning activities in the compounding areas including hazardous compounding areas are appropriately trained in garbing, cleaning and disinfection.	Compliant	
73.00	There is documentation of training on the operation of any equipment that may be used when preparing compounded sterile products. *Documentation needs to include training on operation, and troubleshooting*	Compliant	
74.00	If the pharmacy uses relief personnel from outside agencies to perform sterile compounding, training and certifications are verified. *View documentation.*	Compliant	
75.00	There is documentation that all compounding personnel (including those supervising or performing verifications) have passed an initial written exam, and subsequent annual written exams for the appropriate compounding risk levels and NIOSH hazardous drugs when applicable. *Indicate frequency, if testing more than annually*	Compliant	Twice a year.
76.00	There is documentation that all compounding personnel have passed an initial and subsequent annual competency assessments of aseptic compounding skills using observational audit tools including handling NIOSH hazardous drugs when applicable. Compounding skills evaluation to include use of equipment. *Indicate frequency, if testing more than annually.*	Compliant	Twice a year.
77.00	There is documentation that new compounding personnel have passed an initial observed gowning procedure and three gloved fingertip sampling tests? *Personnel must pass the tests upon initial validation before being allowed to compaund . Action required if the tests yield any garbing deficiencies, or if the sampling results are >0 colany-forming units (CFU)/plote on the three initial validations. Indicate frequency, if testing more than annually.*	Compliant	Daily during production of sterile drug products.

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Facility Name: Pentec Health Inc dba Pentec Health, Inc
e-Profile ID: 56581
Inspection Date: 08/17/2020 - 08/18/2020

		Finding	Notes
78.00	There is documentation that compounding personnel preparing low or medium risk-level products have passed an annual observed gowning procedure and gloved fingertip sampling test. *Action required if the tests yield ony garbing deficiencies, or if the fingertip sampling results are >3 CFU (total both hands, all 10 fingers). Documentation to include type of media used, COA on media, incubation time and temperature and interpretation of results. Indicate frequency, if testing mare than annually.*	Compliant	Twice a year (for sterile compounding of renal drug products).
79.00	There is documentation that a media fill test procedure is performed for each compounding employee at least annually for individuals that prepare low or medium risk-level products. *The test conditions must closely simulate the most challenging or stressful conditions encountered during compounding of the highest risk level product and include any automation used in compounding. Media-filled vials are incubated and failure is indicated by visible turbidity in the medium an ar before 14 days. Indicate frequency, if testing more than annuolly.*	Compliant	Twice a year (for sterile compounding of intrathecal drug products).
80.00	The media-fill testing procedures include:		
80.01	Media selection (including obtaining COAs or growth promotion certificates from suppliers)	Compliant	
80.02	Fill Volume	Compliant	
80.03	Incubation time and temperature (Media-filled vials are generally incubated at 20° to 25° or at 30° to 35° for a minimum of 14 days. If two temperatures are used for incubation of media-filled samples, then these filled containers should be incubated for at least 7 days at each temperature.)	Compliant	
80.04	Inspection of filled units	Compliant	
80.05	Documentation	Compliant	
80.06	Interpretation of results	Compliant	
80.07	Action levels set with the corrective actions required	Compliant	
81.00	**High-Risk Sterile Compounding:** There is documentation that compounding personnel have passed an observed gowning procedure and gloved fingertip sampling test every six (6) months. *Actian required if the tests yield any garbing deficiencies, or if the sampling results are >3 CFU on both hands upon revalidatian. Documentatian ta include type of media used, COA an media, incubation time and temperature and interpretation of results. Indicate frequency, if testing more than every 6 months.*	Compliant	

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Inspection Date: 08/17/2020 - 08/18/2020

		Finding	Notes
82.00	**High-Risk Sterile Compounding:** There is documentation that a media fill test procedure is performed for each compounding employee at least every six (6) months for individuals that prepare high risk-level products. *The test conditions must closely simulate the most challenging or stressful conditions encountered during compounding of the highest risk level product and include any automation used in compounding. Media-filled vials are generally incubated at 20° to 25° or at 30° to 35° for a minimum of 14 days. If two temperatures are used for incubation of media-filled samples, then these filled containers should be incubated for at least 7 days at each temperature.*	Compliant	
83.00	**Failed testing:** Employees who have failed any testing are prohibited from compounding until training is performed/reviewed and subsequent testing is performed successfully.	Compliant	
83.01	Gloved fingertip tests that have failed have the organisms identified down to the genus to determine the most likely source of the contamination. This data is used to develop plans to prevent contamination.	Compliant	
83.02	There is a plan to evaluate the sterile compounds prepared by an employee with failed gloved fingertip tests or media fills to detect potential contamination of the sterile preparations compounded.	Compliant	
Garbing			
	Total Non-Compliant (Includes Unknowns)	0	
84.00	Personnel are prohibited from compounding, or entering the clean/buffer room or anteroom if they have a rash, sunburn, weeping sores, conjunctivitis, or an active respiratory infection.	Compliant	For personnel entering Sterile Compounding Suites A & B it was observed that preparation along with garbing and gowning exhibited practices that were generally above USP standards [<797>].
85.00	Personnel are required to remove all personal outer garments such as hats, scarves, sweaters, vests, coats, or jackets and any makeup or cosmetics before entering compounding areas. *Include observations in the comments.*	Compliant	
86.00	Personnel are required to remove all hand and wrist jewelry, and all visible jewelry or piercings such as earrings, lip or eyebrow piercings, etc. before entering clean/buffer room.	Compliant	
87.00	Personnel are prohibited from wearing artificial nails or extenders, and required to keep natural nails neat and trimmed.	Compliant	

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		Finding	Notes
88.00	Garbing with dedicated shoes or shoe covers that are donned as the line of demarcation is crossed (with the dedicated or covered shoe never touching the same side of the line of demarcation as the dirty shoe).	Compliant	
89.00	Garbing includes head and facial hair covers and masks. *Note that facial hair requires both a facial hair cover AND a mask. Eye shields are optional unless using cleaning agents or preparing hazardous drugs. There is a method available to assure that all hair is covered.*	Compliant	
90.00	Hand cleaning is performed in the anteroom and includes removing debris from under the nails with a nail cleaner followed by a vigorous washing of the hands and forearms with soap for at least 30 seconds with hands and arms then dried with a non-linting disposable towel or a hand dryer. *Scrub brushes are NOT recommended as they cause skin irritation and damage.*	Compliant	
91.00	The gown is nonshedding with sleeves that fit snugly around the wrists and enclosed at the neck.	Compliant	
92.00	All bare skin is covered on the arms and the legs (no bare ankles, wrists, etc.).	Compliant	
93.00	Prior to donning sterile gloves, a waterless alcohol based surgical hand scrub with persistent activity is used and hands allowed to dry. *Note: regular Purell Hand Sanitizer is NOT appropriate. Purell or other brand surgical hand scrub is appropriate - must have residual activity.*	Compliant	
94.00	Upon leaving the sterile product compounding area, gowns are taken off and disposed of, or if used for nonhazardous compounding they are left in the anteroom and not reused for longer than one shift.	Compliant	
95.00	Pharmacists or other personnel do NOT enter the anteroom and cross the line of demarcation without donning shoe covers or dedicated shoes. *Watch for personnel traversing back and forth across the line of demarcation without doffing and donning new shoe covers or dedicated shoes.*	Compliant	
96.00	Pharmacists or other personnel do NOT enter the clean/buffer room without fully washing and garbing (wearing just a mask to check technician's work, for example)	Compliant	

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		Finding	Notes
Environmental Monitoring			
	Total Non-Compliant (Includes Unknowns)	**0**	
97.00	The most recent PEC and room certification report is available.	Compliant	Most recent Certification Report for Sterile Compounding Suite A is dated 5/14/2020; Most recent Certification Report for Sterile Compounding Suite B is dated 2/13/2020.
97.01	All ISO Class 7 and 8 SECs (clean/buffer rooms and anterooms) have been certified within the last 6 months. *If non-compliant, record the date of the last certification.*	Compliant	Most recent Certification Report for Sterile Compounding Suite A (ISO Class 7) is dated 5/14/2020 (and prior to this the next to last certification Report is dated 11/7/2019); Most recent Certification Report for Sterile Compounding Suite B (ISO Class 7) is dated 2/13/2020 (and prior to this the next to last Certification Report is dated 8/2/2019).
97.02	All ISO Class 5 PECs (laminar airflow workbenches or areas, BSCs, CAIs, CACIs, and barrier isolators) have been certified within the last 6 months. *If non-compliant, record the date of the last certification.*	Compliant	There are no BSCs, CAIs, or CACIs. Sterile Compounding Suite A has 12 LAFWs (ISO Class 5). Sterile Compounding Suite B has 14 LAFWs (ISO Class 5).
97.03	Certification is performed at least every six months (view date of previous certification) and whenever a device or room is relocated or altered, or major service to the facility is performed. *If non-compliant, record the date of the previous certification.*	Compliant	Most recent Certification Report for Sterile Compounding Suite A (ISO Class 7) is dated 5/14/2020 (and prior to this the next to last certification Report is dated 11/7/2019); Most recent Certification Report for Sterile Compounding Suite B (ISO Class 7) is dated 2/13/2020 (and prior to this the next to last Certification Report is dated 8/2/2019).
97.04	Certification is performed to the Controlled Environment Testing Association (CETA) guide (USP: CETA CAG-003-2006 Certification Guide for Sterile Compounding Facilities) and is noted on the report.	Compliant	
97.05	If the certification standard used and noted on the report is NOT CETA CAG-003-2006, the facility has performed a comparison and determined the standard used is the same or better than the CETA CAG-003-2006 guide.	Compliant	
97.06	The PIC/compounding supervisor is familiar with what testing is required and interpretation of results, ensures all testing is performed appropriately (under dynamic conditions where appropriate), has action levels identified, evaluates results to detect issues or trends, and action levels are further customized based on trended data of performance.	Compliant	
98.00	The certification report includes information about the equipment used for performing each test including: identification of the equipment used by model, serial number, last calibration date (or date when next calibration is due).	Compliant	
98.01	The equipment used had not exceeded its calibration date at the time of certification.	Compliant	

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		Finding	Notes
99.00	The HEPA filtered air changes per hour (ACPH) were measured for the compounding rooms.	Compliant	
99.01	ISO Class 7 sterile compounding room is certified as having a minimum of 30 ACPH with at least 15 ACPH from outside air sources. *Recirculated air from the PECs may account for up to 15 ACPH in nonhazardous classified rooms only.*	Compliant	
99.02	ISO class 7 anteroom is certified as having a minimum of 30 ACPH. *Anteroom must be ISO class 7 if connected to a NIOSH hazardous compounding clean/buffer room.*	N/A	Anterooms are ISO Class 8 as associated with Sterile Compounding Suite A & B.
99.03	ISO class 7 hazardous sterile compounding room is certified as having a minimum of 30 ACPH. *Typically all of the air will be from outside.*	N/A	There is no hazardous sterile drug compounding.
99.04	If a CACI is used in a non-HEPA filtered room, the room is certified to maintain a minimum of 12 ACPH.	N/A	There are no CACIs being used.
100.00	Air pattern analysis using smoke testing was performed under dynamic conditions (people working in the PECs and rooms). The smoke flow is described in the report for the various tests such as turbulent, sluggish, smooth, etc.	Compliant	
100.01	Air pattern analysis was conducted at the critical area (direct compounding area inside the ISO Class 5 PEC) to demonstrate **unidirectional** airflow and sweeping action over and away from the product under dynamic conditions (personnel compounding or simulating compounding in PEC).	Compliant	
100.02	Air pattern analysis was conducted to confirm positive pressure (and negative pressure into hazardous compounding rooms) at all points around all openings, doorways, and pass-throughs	Compliant	
100.03	Air pattern analysis conducted around particle generating equipment *while the equipment was in operation* to confirm air flow.	Compliant	
101.00	Differential air pressure between rooms was measured.	Compliant	
101.01	The differential pressure measured was at least 0.02" water column positive from the cleanroom to the anteroom and between the anteroom and all adjacent spaces with the doors closed.	Compliant	
101.02	The differential pressure measured was at least 0.01" water column negative from the hazardous clean/buffer room to the anteroom with the doors closed.	Compliant	

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		Finding	Notes
102.00	Displacement airflow between rooms or areas was measured. This is for a clean/buffer room without a door that closes to the anteroom - may be an open space or may have plastic strips in doorways.	N/A	Clean/Buffer Rooms and Ante-rooms associated with Sterile Compounding Suites A & B are enclosed.
102.01	Displacement airflow (for low and medium-risk non-hazardous rooms only) was measured at a minimum differential velocity of 40 feet per minute from the cleanroom to the anteroom. *Note that it is very important to maintain this velocity across the entire opening and the report should indicate multiple points of measure across all openings.*	N/A	
103.00	Particle counts of particles 0.5um and larger were measured under dynamic conditions.	Compliant	
103.01	ISO Class 5 areas and PECs are certified as having less than 3,520 particles per cubic meter of air (100 particles per cubic foot).	Compliant	
103.02	ISO Class 7 areas are certified as having less than 352,000 particles per cubic meter of air (10,000 particles per cubic foot).	Compliant	
103.03	ISO Class 8 areas are certified as having less than 3,520,000 particles per cubic meter of air (100,000 particles per cubic foot).	Compliant	
104.00	HEPA filter tests were performed.	Compliant	
104.01	All room HEPA filters were leak tested and if leaks found, they were fixed	Compliant	
104.02	All PEC HEPA filters were leak tested and if leaks found, they were fixed	Compliant	
105.00	PECs with failed tests are not used for compounding until the conditions are corrected and verified by subsequent testing.	Compliant	
106.00	Viable air (every six months) and surface sampling (periodically) tests have been conducted as required. *Document frequency.*	Compliant	Air and Surface Sampling of ISO Class 5 areas (LAFWs) is performed on a weekly basis; for ISO Class 7 (Clean/Buffer room) and ISO Class 8 areas (Ante-rooms) testing in performed on a monthly basis in Sterile Compounding Suites A & B.
106.01	Appropriate growth media used (containing tryptic soy agar medium with polysorbate and lecithin (TSApl) added to neutralize cleaning agents for surface sampling) with appropriate corresponding incubation time and temperature used. *Required to use media that supports both bacterial and fungal growth for high risk compounding.*	Compliant	
106.02	Viable air sampling by active impaction using a volumetric air sampling device. *NOTE: Passive air sampling or settling plates are not compliant with USP Chapter <797>.*	Compliant	

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National Association of Boards of Pharmacy®
Verified Pharmacy Program® Inspection Form

Sterile Compounding Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding Inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

Facility Name: Pentec Health Inc dba Pentec Health, Inc
e-Profile ID: 56581
Inspection Date: 08/17/2020 - 08/18/2020

		Finding	Notes
106.03	Air samples were taken in each ISO Class 5 PEC, and in each sterile compounding room and anteroom and volume sufficient volume of air (400-1000L) was collected? *Note: 1000L must be collected in ISO Class 5 PECs to be able to detect the action level. Room samples can be 400-1000L.*	Compliant	
106.04	Surface samples performed on all direct compounding areas inside of each ISO 5 PEC, in each ISO classified room, inside any pass-throughs, and on surfaces likely to be contaminated due to position relative to doorways, etc.	Compliant	
106.05	Viable air and surface samples did not exceed USP action levels (or internal action levels if more restrictive). Classification — Air Sample — Surface Sample ISO Class 5 — >1 CFU/m3 — >3 CFU/plate ISO Class 7 — >10 CFU/m3 — >5 CFU/plate ISO Class 8 — >100 CFU/m3 — >100 CFU/plate *CFUs are TOTAL of bacteriol plus fungal/mold plates. If air sampling volume is less than 1000 liters (one cubic meter), the raw total microbiol count must be multiplied by the appropriate factor to determine the number of CFU/cubic meter.*	Compliant	
106.06	CFUs detected by any means (viable air or surface sampling, gloved fingertip testing, failed sterility tests, etc.) are identified to the genus level. *All CFUs detected must be identified even if the number of CFUs does not exceed an action level.*	Compliant	
106.07	If the number of CFUs detected **in the rooms** exceeds action levels, begin immediate remediation (e.g. recleaning and retesting); and conduct investigation into the source(s) of the contamination.	Compliant	
106.08	If the number of CFUs detected **in the PECs** exceeds action levels, begin immediate remediation, (e.g. recleaning and retesting); and conduct investigation into the source(s) of the contamination.	Compliant	
106.09	If any highly pathogenic microbes (e.g. mold, yeast, coagulase positive staphylococcus, or gram negative rods) were detected (whether or not the number of CFUs exceeds action levels), begin immediate remediation(e.g. recleaning and retesting); and conduct investigation into the source(s) of the contamination.	Compliant	
107.00	Facilities performing routine air or surface sampling with internal qualified personnel routinely verify sampling procedures. *Indicate the outside vendor used to verify procedures and frequency of verifications.*	Compliant	Outside Vendor is Steris; verifications are performed twice yearly.

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Facility Name: Pentec Health Inc dba Pentec Health, Inc
e-Profile ID: 56581
Inspection Date: 08/17/2020 - 08/18/2020

		Finding	Notes
Equipment			
	Total Non-Compliant (Includes Unknowns)	0	
108.00	Appropriate equipment and utensils are available, clean, and in good working order. *Automated, mechanical, or electronic equipment (autoclaves, ovens, etc.) are periodically inspected, and calibrated yearly or in accordance with the equipment manufacturer guidelines.*	Compliant	
109.00	All environmental monitoring equipment and gauges (differential pressure gauges or probes, air flow and velocity measuring equipment for rooms not fully enclosed, etc.) are periodically inspected, and calibrated yearly or in accordance with the equipment manufacturer guidelines. Calibration is documented.	Compliant	
110.00	All temperature and humidity (where applicable) monitoring devices (thermometers, hygrometers, probes, etc.) are periodically inspected, and calibrated yearly or in accordance with the equipment manufacturer guidelines. Calibration is documented	Compliant	
111.00	Automated Compounding Devices (ACDs) are used for sterile compounding (such as repeater pumps) and there is a P&P for the use and calibration.	Compliant	
111.01	There is documentation of the ACD tubing being changed or discarded every 24 hours	Compliant	
111.02	The ACD is used when performing media fill testing.	Compliant	
Compounding Procedures			
	Total Non-Compliant (Includes Unknowns)	0	
112.00	Gloves are disinfected with adequate frequency with an approved disinfectant, such as sterile 70% isopropyl alcohol (IPA).	Compliant	
113.00	Nonessential objects that shed particles are prohibited in the buffer or clean area, including pencils, cardboard cartons, paper towels, reading material, and cotton items (e.g., gauze pads)?	Compliant	
114.00	Essential paper related products (syringe overwraps, work records contained in a protective plastic sleeve) are wiped down with sterile 70% IPA before being brought into the buffer or clean area.	Compliant	
115.00	Supplies required for the scheduled operations of the shift are prepared by wiping the outer surface with sterile 70% IPA (or removing the outer wrap as the item is introduced into the aseptic work area) and brought into the buffer or clean area in a bin or on a movable cart.	Compliant	

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Facility Name: Pentec Health Inc dba Pentec Health, Inc
e-Profile ID: 56581
Inspection Date: 08/17/2020 - 08/18/2020

		Finding	Notes
116.00	Compounding employees are using appropriate aseptic technique. *May require inspector to garb and enter clean/buffer room. Pay attention to first air, entry and exit of materials in ISO Class 5 PEC, appropriate frequent sanitization of gloves, appropriate cleaning and cleanliness of the direct compounding area (DCA).* ***Compounding MUST be observed****, if compounding is not being performed at the time of survey mark item as "Non-Compliant".*	Compliant	
116.01	If compounding is not being performed at the time of survey, ask that a compounding pharmacist or technician prepare a compound for you to observe the compounding process. *If the pharmacy staff refuses or is unable to perform compounding for you to observe, document on the "* ***Denial of Authorization*** *" form. List individual who signs the Denial of Authorization*	[redacted]	Compounding Suite A: Observed live compounding in the Clean/Buffer room and garbing/gowning from the Prep room to Ante-room via the Observation windows; Compounding Suite B: Observed garbing/gowning via Prep Room to Ante-Room and live compounding via High-Definition cameras.
117.00	Compounding personnel ascertain that ingredients for CSPs are of the correct identity and appropriate quality by reading vendors' labels, and a unit-by-unit physical inspection of the product before use.	Compliant	
118.00	All rubber stoppers, of vials and bottles and the necks of ampules are disinfected with sterile 70% IPA waiting for at least 10 seconds before they are used to prepare CSPs.	Compliant	
119.00	Single-dose vials exposed to ISO Class 5 or cleaner air are used within six (6) hours of the initial puncture and any remaining contents discarded. *If exposed to less than ISO Class 5 air, used within 1 hour and discarded.*	Compliant	
120.00	The remaining contents of opened single-dose ampules (or vials where container closure system has been removed) are discarded immediately. ***May not be stored for any time period.***	Compliant	
121.00	Multiple-dose vials formulated for removal of portions on multiple occasions are used within 28 days (or the manufacturer's specific BUD if less) after the initial entry or puncture and any remaining contents discarded.	Compliant	
122.00	The compounding record is complete. *View several completed compounding records and answer each of the following questions. List records reviewed.*	Compliant	
122.01	Official or assigned name, strength and dosage of the preparation	Compliant	
122.02	Names, lot numbers and expiration dates of all components	Compliant	
122.03	Total quantity or number of units compounded	Compliant	

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Facility Name: Pentec Health Inc dba Pentec Health, Inc
e-Profile ID: S6SB1
Inspection Date: 08/17/2020 - 08/18/2020

		Finding	Notes
122.04	Person compounding the preparation	Compliant	
122.05	Person performing the quality control procedures	Compliant	
122.06	Person who approved the preparation	Compliant	
122.07	Date of compounding	Compliant	
122.08	Assigned internal identification number or prescription number	Compliant	
122.09	Assigned BUD and reference if extended beyond USP guidelines	Compliant	
122.10	Duplicate label	Compliant	
122.11	Sterilization method (if applicable)	Compliant	
122.12	Indication of the quality control procedures to perform (testing, filter integrity, etc.) and results of the testing, quality control issues, and investigation/recall if applicable	Compliant	
123.00	Procedure for in-process checks is followed. *These checks indicate that appropriate procedures and packaging are followed for each step, including addressing pharmacist verification of steps performed by non-pharmacists and visual inspection of product. Documentation of the compounding accuracy is recommended to be performed by someone other than the compounder to ensure proper measurement, reconstitution, and component usage.*	Compliant	
124.00	Labels on BATCH preparations include the name and quantity of all contents, date, and time of preparation (or internal code indicating this information), preparer and verification pharmacist identifiers, stability (BUD), and any auxiliary labels indicated including appropriate packaging and labeling of hazardous materials.	N/A	There are no Batch preparation of sterile compounded drugs.
125.00	Labels on PATIENT-SPECIFIC containers, in addition to standard label requirements, also include names and quantity or concentration of active ingredients, BUD, total volume, route of administration, storage conditions and other information for safe use.	Compliant	

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Facility Name: Pentec Health Inc dba Pentec Health, Inc
e-Profile ID: 56581
Inspection Date: 08/17/2020 - 08/18/2020

		Finding	Notes
126.00	Inspect several different finished products and look for any particulates. Do any of the finished products inspected show any evidence of particulates? *If so, list the products including lot and expiration date and obtain photos (if possible).* **REQUEST THE PRODUCT BE QUARANTINED AND NOTIFY NABP IMMEDIATELY.**	Compliant	
127.00	Preparations without additional stability testing or supported by data are assigned BUDs within USP<797> guidelines. **Low Risk:** 48 hours room temp, 14 days refrigerated, 45 days frozen **Medium Risk:** 30 hours room temp, 9 days refrigerated, 45 days frozen **High Risk:** 24 hours room temp, 3 days refrigerated, 45 days frozen	Compliant	
128.00	If extended BUDs are assigned, are they assigned on the basis of stability data extrapolated from reliable literature sources? *View records, preparation must exactly match the preparation cited in the documentation including concentration of all active ingredients, excipients, etc.*	N/A	There are no extended BUDs associated with sterile compounded drug products.
129.00	If extended BUDs are assigned, has the facility performed its own stability testing? *View records, preparation must exactly match the preparation tested by the facility including concentration of all active ingredients, excipients, etc. If so, view records for at least three products and list the products reviewed below. List the products reviewed.*	N/A	There are no extended BUDs associated with sterile compounded drug products.
130.00	Compounded multiple-dose vials with extended BUDs assigned have additional instruction provided that indicates remainder must be discarded 28 days after first puncture or use.	N/A	There are no extended BUDs associated with sterile compounded drug products.
131.00	**Filter sterilization** in an ISO 5 environment and documentation includes:		Filter sterilization of sterile compounded drugs is occurring.
131.01	If the compounded preparation contains large particles, a prefilter is placed upstream from the sterilizing filter.	Compliant	
131.02	The 0.2 micron sterile microporous membrane filter used to sterilize CSP solutions is chemically and physically compatible with the CSP; and the filter is intended for human-use applications for sterilizing CSPs (labeling on the filter does not indicate "research only" or "laboratory only", for example).	Compliant	
131.03	Is the appropriate capacity filter being used for the volume being filtered.	Compliant	
131.04	Filtering is completed rapidly without filter replacement.	Compliant	

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e-Profile ID: 56581
Inspection Date: 08/17/2020 - 08/18/2020

		Finding	Notes
131.05	Confirmation of filter integrity/bubble testing is performed and value documented for each filter used with each batch sterilized by filtration. View documentation on compounding records of items sterilized by filtration to confirm.	Compliant	
132.00	**Steam sterilization** documentation includes:		Steam sterilization is not occurring.
132.01	The autoclave has been verified for the exposure time and mass of the items to be sterilized	N/A	
132.02	Ensures live steam contacts all ingredients and surfaces to be sterilized, effectiveness verified with biological indicators and temperature sensing devices	N/A	
132.03	Solutions are passed through a 1.2 micron or smaller filter into the final containers to remove particulates before sterilization	N/A	
132.04	That the CSP will not be adversely affected by the steam and heat	N/A	
132.05	The description of steam sterilization includes conditions and duration for specific CSPs	N/A	
132.06	That the effectiveness of steam sterilization is verified each time using appropriate biological indicators of Bacillus stearothermophilus and other confirmation methods such as temperature-sensing devices.	N/A	
133.00	**Dry heat sterilization** documentation includes:		Dry heat sterilization is not occurring.
133.01	Dry heat is only used for those items that cannot be sterilized by steam or would be damaged by moisture	N/A	
133.02	Sufficient space is left between materials to allow for air circulation	N/A	
133.03	The description of dry heat sterilization includes conditions and duration for specific CSPs	N/A	
133.04	That the effectiveness of dry heat sterilization is verified each time using appropriate biological indicators of Bacillus subtilis and other confirmation methods such as temperature-sensing devices.	N/A	
133.05	Heated filtered air is evenly distributed throughout the chamber with a blower and the oven is equipped with a system for controlling and recording temperature and exposure period.	N/A	
134.00	**Depyrogenation by dry heat** documentation includes:		Depyrogenation by dry heat is not occurring.
134.01	Dry heat depyrogenation is used to render glassware and containers (such as vials) free from pyrogens as well as viable microbes	N/A	

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e-Profile ID: 56581
Inspection Date: 08/17/2020 - 08/18/2020

		Finding	Notes
134.02	The description of the cycle and duration for specific load items	N/A	
134.03	The effectiveness of the cycle is verified using endotoxin challenge vials (ECVs)	N/A	
134.04	Bacterial endotoxin testing is performed on the ECVs to verify the cycle is capable of achieving a 3-log reduction in endotoxins	N/A	
135.00	Other methods of sterilization are used with documented procedures and validation performed. *Indicate method.*	N/A	There are no other methods of sterilization methods being used with sterile compounding of drug products.
Finished Preparation Release Checks and Tests			
	Total Non-Compliant (Includes Unknowns)	0	
136.00	Are products visually checked for particulates or other foreign matter against both a light and a dark colored background as a condition of release?	Compliant	
137.00	Are there checks for container, closure integrity and any other apparent visual defects?	Compliant	
138.00	Is compounding accuracy documented by verification of steps?	Compliant	
139.00	Is verification of ingredient identity and quantity verified? *Is there a reconciliation of components?*	Compliant	
140.00	Are labels verified as being correct and is a copy of the label included in the record? *Complies to regulation, contains the correct names and amounts or concentrations of ingredients, total volumes, BUDs, storage conditions, and route of administration.*	Compliant	
141.00	**Sterility testing (USP <71>).** *If testing is performed to a higher standard than the minimums below, describe.*		There is no in-house USP <71> sterility testing occurring.
141.01	Sterility testing includes both bacterial and fungal testing.	N/A	
141.02	Sterility testing is performed for all CSPs that have extended BUDS.	N/A	
141.03	Sterility testing is performed for high-risk CSPs prepared in batches of more than 25 identical containers	N/A	
141.04	Sterility testing is performed for CSPs exposed longer than 12 hours at 2°C-8°C or longer than six hours at warmer than 8°C before being sterilized	N/A	

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e-Profile ID: 56581
Inspection Date: 08/17/2020 - 08/18/2020

		Finding	Notes
141.05	The appropriate quantities of units are sterility tested. Parenterals, number of units in the batch is: 1. Not more than 100, test 10% or four units, whichever is greater 2. More than 100 but more than 500, test 10 units 3. More than 500, test 2% or 20 units, whichever is less For large volume parenterals: 2% or 10 containers, whichever is less. For non-parenterals (eye drops, inhalation, etc.): 1. Not more than 200 containers, test 5% or 2 containers, whichever is greater 2. More than 200, test 10 containers 3. If the product is packaged in unit doses, use the parenteral testing above.	N/A	
141.06	For products failing testing, product is quarantined, and an investigation is performed including microbial identification and action taken. *View testing records and note any products with failed results and actions taken.*	N/A	
141.07	If items are dispensed or distributed prior to sterility testing completion, there is a written procedure requiring daily observation of the incubated media. If there is any evidence of microbial growth, there is an immediate recall and both the patient and the physician/prescriber of the patient to whom a potentially contaminated CSP was administered are notified of the potential risk. *View testing records and note any products with failed results and actions taken.*	N/A	
142.00	**Endotoxin testing (USP <85>).** *If testing is performed to a higher standard than the minimums below, describe.*		There is no in-house USP <85> Endotoxin testing occurring.
142.01	Is endotoxin testing performed for all high-risk level CSPs for administration by injection prepared in groups of more than 25 single-dose packages (such as ampules, bags, syringes, vials)	N/A	
142.02	High-risk CSPs prepared in multiple dose vials for administration to multiple patients	N/A	

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e-Profile ID: 56581
Inspection Date: 08/17/2020 - 08/18/2020

		Finding	Notes
142.03	High-risk CSPs exposed longer than 12 hours at 2°C-8°C (25°F-46°F) or longer than six (6) hours at warmer than 8°C (46°F) before they are sterilized	N/A	
142.04	For products failing testing, product is quarantined, and an investigation is performed and action taken. *View testing records and note any products with failed results and actions taken.*	N/A	
Patient Counseling and Communication			
	Total Non-Compliant (Includes Unknowns)	0	
143.00	Do patient/caregiver training programs or materials contain information and precautions regarding the handling and disposal of hazardous products such as chemotherapy medications?	Compliant	
144.00	Are the above required printed drug information materials (drug information, PPI, MedGuides, etc.) provided for the compounded products?	Compliant	
145.00	Are patients instructed on the signs of product instability or contamination (as appropriate) and to report any changes in the physical characteristics of the product to the pharmacy?	Compliant	
146.00	Product recalls include documentation that both the patient AND the physician/prescriber of the potentially contaminated CSP was administered are notified of the potential risk.	Compliant	

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Acronym	Definition
ACD	Automated Compounding Device
ACOEM	American College of Occupational and Environmental Medicine
ACPH	Air Changes Per Hour
ADA	Americans with Disabilities Act
ADR	Adverse Drug Reaction
ALARA	As Low As Reasonably Achievable
API	Active Pharmaceutical Ingredient
ASHP	American Society of Health-System Pharmacists
ASTM	American Society for Testing and Materials
AU	Authorized User
BOP	Board of Pharmacy
BSC	Biological Safety Cabinet
BUD	Beyond Use Date
CACI	Compounding Aseptic Containment Isolator
CAI	Compounding Aseptic Isolator
CDC	Center for Disease Control and Prevention
CETA	Controlled Environment Testing Association
CFR	Code of Federal Regulations
CFU	Colony-forming unit
CLIA	Clinical Laboratory Improvement Amendment
COA	Certificate of Analysis
C-PEC	Containment Primary Engineering Control
CQI	Continuous Quality Improvement
CS	Controlled substance
C-SCA	Containment Segregated Compounding Area
C-SEC	Containment Secondary Engineering Control
CSOS	Controlled Substance Ordering System
CSP	Compounded Sterile Preparation
CSTD	Closed-System drug-Transfer Device
CVE	Containment Ventilated Enclosure
DBA	Doing business as
DCA	Direct Compounding Area
DEA	Drug Enforcement Administration
DME	Durable medical equipment
DOT	Department of Transportation
DUR	Drug Utilization Review

EMT	Emergency medical technician
EPA	Environmental Protection Agency
FCC	Food Chemicals Codex
FDA	Food and Drug Administration
GHS	Globally Harmonized System (of classification and labeling of chemicals)
HazMat	Hazardous Materials
HCS	Hazardous Communication Standard
HD	Hazardous Drug
HEPA	High Efficiency Particulate Air (filter)
HIPAA	Health Insurance Portability and Accountability Act
HMO	Health maintenance organization
IPA	Isopropyl Alcohol
IV	Intravenous
LAFW	Laminar Air Flow Workbench
LOD	Line of Demarcation
MSDS	Material Safety Data Sheet
MTM	Medication Therapy Management
NF	National Formulary
NIOSH	National Institute for Occupational Safety and Health
NRC	Nuclear Regulatory Commission
NSAID	Non-steroidal anti-inflammatory drug
NVLAP	National Voluntary Laboratory Accreditation Program
OIG	Office of the Inspector General
ONS	Oncology Nursing Society
OSHA	Occupational Safety and Health Administration
OTC	Over-the-Counter
P&P	Policies and Procedures
PBM	Pharmacy benefits manager
PDMP	Prescription drug monitoring program
PEC	Primary Engineering Control
PHI	Protected Health Information
PIC	Pharmacist-in-charge
PMP	Prescription Monitoring Program
PPE	Personal Protective Equipment
PPI	Patient Package Insert
QA	Quality Assurance
QI	Quality Improvement

QRE	Quality Related Event
RAM	Radioactive Material
RCRA	Resource Conservation and Recovery Act
REMS	Risk evaluation mitigation strategy
RSO	Radiation Safety Officer
Rx	Prescription
SDS	Safety Data Sheet (formerly MSDS – Material Safety Data Sheet)
SOP	Standard Operating Procedure
ULPA	Ultra Low Particulate Air (filter)
USP	United States Pharmacopeia
VAERS	Vaccine Adverse Event Reporting System
VFC	Vaccines for Children Program
WD	Wholesale distributor

Term	Definition
Dispense/dispensing	Pursuant to a patient specific prescription, labeled with patient name at the pharmacy
Distribute/distributing	Delivered/sent to a practitioner or health care facility for office use or further dispensing, no prescription, not labeled with a patient name at the pharmacy.
Type of Practice: Central Fill/Processing/ Shared Services	Where part of the prescription processing and dispensing process occurs at another location
Type of Practice: Closed Door	Such as a mail order facility, prescriptions cannot be picked up at the facility, all are sent
Type of Practice: HMO/PBM only	Limited to only the beneficiaries of the specific insurance program - no cash patients
Type of Practice: Institutional	Such as a hospital or jail
Type of Practice: Internet Pharmacy	Pharmacy advertises on the internet, patients fill/refill prescriptions and revise patient profile information on-line.
Type of Practice: Investigational Drugs, Clinical Trials or Research	Approved to handle investigational drugs
Type of Practice: Long Term Care	Nursing Home pharmacy
Type of Practice: Manufacturer	Registered with the FDA as a manufacturer
Type of Practice: Open to the Public	Patients are able to come into the pharmacy to pick up filled prescriptions and interact with a pharmacist
Type of Practice: Outsourcing Facility	Registered with the FDA as an Outsourcing Facility
Type of Practice: Provides Office Use	Distributes prescription and/or compounded preparations to providers for administration or resale. No prescription, not labeled with a patient name by the pharmacy.
Type of Practice: Specialty Pharmacy	Business is primarily with specialty drugs and works with specific disease states
Type of Practice: Telepharmacy	Pharmacy oversees a remote location staffed by a technician supervised via audio/visual system by a pharmacist at this facility.
Type of Practice: Traditional retail	Also known as Community Pharmacy.
Type of Practice: Veterinary Pharmacy	Pharmacy business is primarily or exclusively for animals.
Type of Practice: Wholesale Distributor	Pharmacy is licensed or registered as a wholesale distributor

11H

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **not transferable money order or cashier's check only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ *New Pharmacy* **or** ☐ ***Ownership Change*** *(Provide current license number if making changes:* **PH**_____

Check box below for type of ownership and complete all required forms.

☐ *Publicly Traded Corporation – Pages 1,2,3,8*
☐ *Partnership - Pages 1,2,6,8*
☐ *Non Publicly Traded Corporation – Pages 1,2,4,8*
☐ *Sole Owner – Pages 1,2,7,8*

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Village Lane Apothecary

Physical Address: 60 Village Lane Suite 130 Colleyville, TX 76034

Mailing Address: 60 Village Lane Suite 110 Colleyville, TX 76034

City: Colleyville State: TX Zip Code: 76034

Telephone: 817-717-2000 Fax: 817-717-8424

Toll Free Number: 866-808-9891 (Required per NAC 639.708)

E-mail: info@villagelanerx.com Website: www.villagelaneapothecary.com

Managing Pharmacist: Natalie Patten License Number: TX 59306
NV21709 Temp

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No	TYPE OF PHARMACY	Yes/No	SERVICES PROVIDED
☒	☐ Retail	☐	☐ Off-site Cognitive Services
☐	☐ Hospital (# beds_____)	☒	☐ Parenteral **
☐	☐ Internet	☐	☐ Parenteral (outpatient)
☐	☐ Nuclear	☐	☐ Outpatient/Discharge
☐	☐ Ambulatory Surgery Center	☐	☐ Mail Service
☐	☐ Community	☐	☐ Long Term Care
☐	☐ Other: _____	☒	☐ Sterile Compounding **
		☐	☐ Non Sterile Compounding
	All boxes must be checked	☒	☐ Mail Service Sterile Compounding **
	For the application to be complete	☐	☐ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting.**

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

David Moraine, Chief Legal Counsel
Print Name of Authorized Person

8/9/2021
Date

Board Use Only Date Processed:_____ Amount: 500 Check # 28158 9/16/21

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: State of Formation for Village Lane Apothecary, L.L.C. (Texas)

Parent Company if any: _____

Mailing Address: 60 Village Lane Suite 110

City: Colleyville State: TX Zip: 76034

Telephone: 469-990-3626 Fax: 817-755-6079

Contact Person: David Moraine Chief Legal Counsel

For any corporation non publicly traded, disclose the following: (see attached)

1) List top 4 persons to whom the shares were issued by the corporation?

a) _____
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. _____

3) What was the price paid per share? _____

4) What date did the corporation actually receive the cash assets? _____

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8 am 5 pm Saturday _____ am _____ pm

Sunday _____ am _____ pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, David Moraine, Chief Legal Counsel

Responsible Person of Village Lane Apothecary L.L.C.

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s)may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Original Signature of Person Authorized to Submit Application, no copies or stamps

David Moraine
Print Name of Authorized Person

8/9/2021
Date

Managing Pharmacist

Pharmacist Name: Natalie Patten License #: TX59306

Pharmacy Name: Village Lane Apothecary

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☒
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☒
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☒
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☒

If you marked YES to any of the numbered questions above, please include the following information

Board Administrative Action: State: _____ Date: _____ Case #: _____

And/or Criminal Action: State: _____ Date: _____ Case #: _____

County _____ Court: _____

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)

2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)

3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)

4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)

5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)

6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)

7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)

8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)

9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Signature _____ Date 11-17-21

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

Ruth R. Hughs
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Village Lane Apothecary, L.L.C. (file number 802154049), a Domestic Limited Liability Company (LLC), was filed in this office on February 11, 2015.

It is further certified that the entity status in Texas is in existence.

It is further certified that our records indicate THE MORAINE FIRM as the designated registered agent for the above named entity and the designated registered office for said entity is as follows:

60 VILLAGE LANE, SUITE 110

COLLEYVILLE, TX - 76034 USA

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on May 06, 2021.

Ruth R. Hughs
Secretary of State

TEXAS STATE BOARD OF PHARMACY

Re:	Village Lane Apothecary
Address:	60 Village Lane, Suite 130 Colleyville, Texas 76034
License No.:	30288
Date Issued:	October 26, 2015
Licensure Status:	Active
Expiration Date:	October 31, 2023
Type of Pharmacy:	Community Sterile Compounding
Prior Disciplinary Orders:	No

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. Village Lane Apothecary (Texas Pharmacy License #30288) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

Eamon D. Briggs
Assistant General Counsel
Texas State Board of Pharmacy

November 18, 2021
Date

The Texas Department of State Health Services, Drugs and Medical Devices Division, Wholesaler Registration, 1100 W. 49th Street, Austin, TX 78756, is responsible for issuing registrations to wholesale drug distributors and drug manufacturers in Texas.

TEXAS STATE BOARD OF PHARMACY

Re:	Village Lane Apothecary
Address:	60 Village Lane, Suite 130 Colleyville, Texas 76034
License No.:	30288
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Form Completed by:

Eamon D. Briggs
Assistant General Counsel
Texas State Board of Pharmacy

November 18, 2021
Date

The Texas Department of State Health Services, Drugs and Medical Devices Division, Wholesaler Registration, 1100 W. 49th Street, Austin, TX 78756, is responsible for issuing registrations to wholesale drug distributors and drug manufacturers in Texas.

TEXAS STATE BOARD OF PHARMACY

This certifies that the pharmacy named below is hereby licensed to operate as a Class **AS** pharmacy.

License No. **30288** Expiration Date: **10/31/2023**

Balances: **3**

VILLAGE LANE APOTHECARY
60 VILLAGE LN SUITE 130
COLLEYVILLE TX 76034

Allison Vordenbaumen Benz, R.Ph., M.S.
Executive Director/Secretary

MUST BE DISPLAYED IN FULL PUBLIC VIEW

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Texas)
) ss.
Tarrant COUNTY)

I, David Moraine, hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Chief Legal Counsel for Village Lane Apothecary LLC (the Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

2. I certify that upon licensure, the Pharmacy will not sell or ship compounded sterile products unto the state of Nevada, as indicated on the Pharmacy's application for a Nevada Out- of-State Pharmacy License.

3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

5. I understand that if the Pharmacy seeks approval to sell or ship compounded sterile product into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER AFFIANT SAYETH NOT.

I, DAVID MORAINE, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name

SUBSCRIBED AND SWORN TO
before me, a notary public this
4th day of August, 2021.

NOTARY PUBLIC

Allan Kempler
My Commission Expires
06/15/2025
ID No 133158367

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Village Lane Apothecary

Physical Address 60 Village Lane, Suite 130

City Colleyville State TX Zip 76034

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

Section 2: Personal Information

First Michael Middle Charles Last Sisk

Alias(es, nicknames, name changes, etc.) Mike

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Hwy 114

City Southlake State TX Zip 76092

Telephone [redacted] Email Mike@lowtcenter.com

Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		X

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		X
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name: Dallas Baptist University		From - To (MM/YY – MM/YY): 06/92 - 8/96	
Address: 3000 Mountain Creek Pkwy	City: Dallas	State: TX	Zip: 75211
Diploma/Degree obtained, if any: MBA			
School Name: University of Memphis		From - To (MM/YY – MM/YY): 08/89 - 08/91	
Address: 3720 Alumni Ave	City: Memphis	State: TN	Zip: 38152
Diploma/Degree obtained, if any: Bachelor of Finance			
School Name: McNairy Central High		From - To (MM/YY – MM/YY):	
Address: 493 High School Rd	City: Selmer	State: TN	Zip: 38375
Diploma/Degree obtained, if any: Diploma			
School Name:		From - To (MM/YY – MM/YY):	
Address:	City:	State:	Zip:
Diploma/Degree obtained, if any:			
School Name:		From - To (MM/YY – MM/YY):	
Address:	City:	State:	Zip:
Diploma/Degree obtained, if any:			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
12/20 - Present	[redacted] Freeman Rd.	Flower Mound	TX	75022
09/17 - 12/20	[redacted] Scenic Dr.	Flower Mound	TX	75022
07/11 - 09/17	[redacted] Thames Tr.	Colleyville	TX	76037

Applicant's initials: tm

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name: Low T Center			From - To (MM/YY – MM/YY): 03/10 - Current
Business Address: 1920 Hwy 114	City: Southlake	State: TX	Zip: 76092
Phone: 817-410-3800	Title: CEO		
Description of Duties:			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		
Description of Duties:			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		
Description of Duties:			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		
Description of Duties:			

Business Name:			From - To (MM/YY – MM/YY):
Business Address:	City:	State:	Zip:
Phone:	Title:		
Description of Duties:			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		X
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		X
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	X	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	X	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	X	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		X
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		X
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		X
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		X

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials _____

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael Sisk

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/15/22

Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Tarrant

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

1/15/22

Date

Subscribed and Sworn to before me this 15th day of Jan.

Notary Public Signature

NOTARY PUBLIC STATE OF TEXAS
Megan Alysse Davis
My Commission Expires
03/20/2024
ID No 132412423

(Seal)

Applicant's Initials _____

Supplemental Responses to Questions 4, 5, and 6

Licensing or Disciplinary Matters Involving Village Lane Apothecary

Caption:	Colorado State Board of Pharmacy vs. Village Lane Apothecary, L.L.C.
Number:	2019-3051
Year:	2019
Disposition:	Agreed determination, fine (Attached)
Summary:	Former PIC Morriss Burgess failed to timely update PIC information with the Colorado Board. Mr. Burgess was subsequently terminated.

Caption:	Preliminary Notice Letter: Texas State Board of Pharmacy
Number:	30288
Year:	2021
Disposition:	No action taken
Summary:	State Board received complaint from unaffiliated pharmacy tech alleging misdelivered prescription medication. The medication was delivered via Fedex to the address provided by both the patient, and the patient's physician. The matter was closed with no disciplinary action.

Suits, Arbitrations, Other Involving Village Lane Apothecary, L.L.C.

Caption:	Village Lane Apothecary, L.L.C. vs. Lance Lankford and Clean Room Environments, L.L.C.
Number:	Case No. 2017-005513-2
Court:	County Court at Law Number 2
Location:	Tarrant County, Texas
Year:	2017
Disposition:	Judgment for Plaintiff
Summary:	Contractor dispute

Caption:	Tarrant County, et. al. vs. Village Lane Apothecary, L.L.C.
Number:	Case No. 352-D16940-18
Court:	352nd Judicial District
Location:	Tarrant County, Texas
Year:	2018
Disposition:	Dismissed
Summary:	Suit alleged unpaid taxes. Taxes had been paid.

Suits, Arbitrations, Other Involving Michael Sisk

Caption:	Yellow Book Sales and Distribution Company, Inc. vs Michael C. Sisk
Number:	Case No. 2011-007423-3
Court:	County Court at Law No. 3
Location:	Tarrant County, Texas
Year:	2011
Disposition:	Summary Judgment in favor of Mr. Sisk, dismissal
Summary:	Advertiser sued on allegedly unpaid account

Caption:	Stacy (Chambless) Taylor vs Low T. Center, LLC and Michael Sisk
Number:	Case No. 2012-004028-1
Court:	County Court at Law No. 1
Location:	Tarrant County, Texas
Year:	2012
Disposition:	Summary Judgment in favor of Mr. Sisk, settlement, dismissal
Summary:	Former employee sued over health insurance benefits

Caption:	Reed Way and Sandra Gardner vs. Low T Center Plano, L.L.C. et. al.
Number:	Case No. 348-267144-13
Court:	348th District Court
Location:	Tarrant County, Texas
Year:	2013
Disposition:	Judgment for Sisk. Remaining defendants settled.
Summary:	Expelled members of limited liability company sought compensation

Caption:	Sandra Gardner and Reed Way vs. Michael Sisk, et. al.
Number:	Case No. 348-267133-13
Court:	348th District Court
Location:	Tarrant County, Texas
Year:	2017
Disposition:	Dismissed
Summary:	Unsuccessful plaintiffs in above suit attempted second suit

Caption:	Mike Mollo Custom Homes, L.L.C., Mike Mollo, Michael Sisk and Mickala Sisk, Plaintiffs v. Jay Carpenter A/K/A Carpenter's Crue Construction, Inc., Defendants
Number:	Case No. 19-2299-16
Court:	16th District Court
Location:	Denton County, Texas
Year:	2019
Disposition:	Judgment for Mr. Sisk
Summary:	Suit against contractor who fraudulently overbilled

Caption:	Key West Properties, L.L.C. vs 51% Cash Stores, L.L.C., and Michael C. Sisk
Number:	Case No. 19-3381-431
Court:	431st Judicial District
Location:	Denton County, Texas
Year:	2019
Disposition:	Judgment paid, Mr. Sisk's claims for contribution from party at fault are pending
Summary:	Suit on lease guaranty for third party. Judgment in Louisiana (Fourth Judicial District Court, Parish of Ouachita, State of Louisiana, No. 13-0182)

Caption:	Michael Sisk and Mickala Sisk vs. Joe B. Freeman and Theresa Freeman, and Dawn Enoch Moore, Trustee
Number:	Case No. 19-4086-442
Court:	442nd Judicial District
Location:	Denton County, Texas
Year:	2019
Disposition:	Nonsuit
Summary:	Suit on note

Caption:	Jeff Voelkel, et. al. vs. Low-T Centers, Inc. et. al.
Number:	Case No. DC-20-03095
Court:	116th District Court
Location:	Dallas, Texas
Year:	2020
Disposition:	Sisk dismissed
Summary:	Suit following arbitration of shareholder derivative suit. Case originated in Tarrant County, Texas but was transferred to Dallas County. Dismissed on appeal.

Suits, Arbitrations, Other Involving Private Companies In Which Michael Sisk Owned Stock

Caption:	Low T Center, L.L.C. vs. Andre Martini, et. al.
Number:	Case No. 2014-005724-3
Court:	County Court at Law Number 3
Location:	Tarrant County, Texas
Year:	2014
Disposition:	Judgment for Plaintiff.
Summary:	Contract dispute

Caption:	Allan Hobbs vs. Low-T Center Woodlands JV, L.L.C.
Number:	Case No. 2015-003-1821
Court:	County Court at Law Number 1
Location:	Tarrant County, Texas
Year:	2015
Disposition:	Dismissal
Summary:	Contractor sued claiming underpayment by landord relating to tenant improvements

Caption:	LowT Holdings Texas, Inc. vs. Lifetime Fitness, Inc.
Number:	Case No. 15-04834-362
Court:	362nd District Court
Location:	Denton, Texas
Year:	2015
Disposition:	Settlement
Summary:	Suit on contract dispute

Caption:	Low T Center, L.L.C. vs. Beckman Coulter, Inc.
Number:	Case No. DC-15-08587
Court:	191st District Court
Location:	Dallas, Texas
Year:	2015
Disposition:	Settlement
Summary:	Suit on contract dispute

Caption:	Kenneth Roy Henry vs. Low-T Center Tennessee JV, L.L.C., et. al.
Number:	Case No. 2016-CV-49
Court:	Circuit Court, Sumner County, Tennessee
Location:	Middle District of Tennessee
Year:	2016
Disposition:	Removal, dismissal
Summary:	Former employee sued alleging retaliatory discharge

Caption:	Laura Bracho vs. Low T Center, L.L.C.
Number:	Case No. 315-CV-0096
Court:	Federal District Court
Location:	Middle District of Tennessee
Year:	2016
Disposition:	Settlement
Summary:	Former employee sued alleging wrongful discharge

Caption:	DHI Group, Inc. d/b/a Health Careers Network vs. Low-T Center Southlake JV, L.L.C.
Number:	Case No. CC-16-01742-B
Court:	County Court at Law Number 2
Location:	Tarrant County, Texas
Year:	2016
Disposition:	Summary judgment, dismissal
Summary:	Advertising firm sued alleging breach of contract

Caption:	Technifax Office Solutions vs. Low T Center, L.L.C., et. al and Low T Center, L.L.C. vs. Technifax Corporation
Number:	Case No. SC-22075
Court:	Justice of the Peace Precinct 3
Location:	Tarrant County, Texas
Year:	2016
Disposition:	Settlement (payment to Low T Center, L.L.C.)
Summary:	Contract dispute

Caption:	Mediwaste Disposal, L.L.C. vs. Low T Center, L.L.C. et. al.
Number:	Case No. 30-2017-009142-CL-BC-CJC
Court:	Superior Court
Location:	Orange County, California
Year:	2017
Disposition:	Judgment for defendant
Summary:	Contract dispute

Caption:	YP Advertising & Publishing, L.L.C. vs. Low T Center JV, L.L.C., et. al.
Number:	Case No. 17-CV-2060
Court:	Superior Court
Location:	Dekalb County, Georgia
Year:	2017
Disposition:	Settlement
Summary:	Contract dispute

Caption:	Jenna Block vs. Low-T Centers, Inc. et. al.
Number:	Case No. 348-267133-13
Court:	United States District Court for the Southern District of Galveston
Location:	Galveston County, Texas
Year:	2017
Disposition:	Settled
Summary:	Former employee alleged constructive discharge

Caption:	Healthcare Medical Waste, L.L.C. v. Low T Center L.L.C.
Number:	Case No. 2017-C33695
Court:	United States District Court for the Southern District of Galveston
Location:	Galveston County, Texas
Year:	2017
Disposition:	Settled
Summary:	Former employee alleged constructive discharge

Caption:	Angelica Lozano vs. Low-T Centers, Inc., et. al.
Number:	Case No. 3:18-cv-00689
Court:	United States District Court
Location:	Middle District of Tennessee
Year:	2018
Disposition:	Settled
Summary:	Former employee alleged wrongful termination

Caption:	1920 Hwy 114, L.L.C. et. al. vs. Welton Wayne Wilson, et. al.
Number:	Case No. 342-304948-18
Court:	342nd District Court
Location:	Tarrant County, Texas
Year:	2018
Disposition:	Settled by defendants
Summary:	Suit on noncompetition agreement



60 Village Lane | Suite 110 | Colleyville, Texas 76034
Legal and Compliance Office

July 12, 2021

To the Honorable Board of Pharmacy,

Attached is an agreed order entered into between Village Lane Apothecary and the State of Colorado.. Former PIC Morris Burgess failed to timely update records with the State of Colorado, and the result is the attached. Mr. Burgess was released from employment following this incident.

Sincerely,

David J. Moraine, J.D., M.A., LL.M
Chief Legal Officer

cc: Natalie Patten, Pharm. D.
Pharmacist In Charge

COLORADO
Department of
Regulatory Agencies
Division of Professions and Occupations

PERSONAL AND CONFIDENTIAL

November 7, 2019

By Electronic Mail

Village Lane Apothecary
ATTN: Pharmacy Manger
Email: morris.burgess@villagelanerx.com

Re: Colorado State Board of Pharmacy, Case No. 2019-3051

Dear Pharmacy Manager:

The Colorado State Board of Pharmacy ("Board") The Colorado State Board of Pharmacy ("Board") has reviewed the available material concerning the complaint noted above. Upon thorough review and discussion, the Board found reasonable cause that the pharmacy violated section 12-280-126(1)(c)(II) and C.R.S., and Board Rule 5.00.70, as described in the attached document. As such, the Board decided to initiate disciplinary action against the pharmacy's registration. In order to promptly resolve the complaint, the Board has referred this disciplinary action to the Expedited Settlement Process ("ESP") along with settlement terms.

The Board would prefer to settle this disciplinary complaint rather than initiating formal legal proceedings. In lieu of a hearing, the Board is willing to resolve this case by means of a stipulated agreement pursuant to the following terms:

- $1,000 fine (plus surcharge)

I have enclosed the document that can be signed in order to resolve this case. The above settlement terms and consequences are more fully explained in the enclosed Stipulation and Final Agency Order ("Order"). By signing the Order, the pharmacy agrees to the Board's settlement terms and avoids formal disciplinary proceedings.

If the pharmacy wishes to accept the terms of this Order, please do the following:

- **READ** the entire Order;
- **CONSULT** with legal counsel if so desired;
- **SIGN** the enclosed Order;
- **RETURN** the signed Order by **November 21, 2019, to:**

This correspondence has been sent to the Respondent and Attorney of Record. If you are represented by counsel, you may want to contact them to discuss this matter. This correspondence is not intended to interfere with any attorney-client relationship.

Melissa Garner
DORA/Office of Expedited Settlement
1560 Broadway, Suite 1350
Denver, CO 80202
Fax: (303) 869-0349
Email: melissa.garner@state.co.us

In reviewing the Order, please be aware that the burden of proof in a disciplinary proceeding is not "beyond a reasonable doubt." Rather, disciplinary proceedings are similar to civil trials where the burden is "by a preponderance of the evidence." This means that the Board must only present sufficient evidence to prove that "more likely than not" the pharmacy violated the practice act.

Please be advised that during this process, the pharmacy has the right to either represent itself or to be represented by legal counsel of its choice at its own expense. Additional documentation regarding your case may be available upon request. Please contact me for further information. Also, if the pharmacy chooses not to sign the Order, be aware that the representations in the Order do not limit the Board's case if this case should be filed for formal disciplinary proceedings. The Colorado Office of the Attorney General may add additional violations that it deems appropriate.

Finally, this letter and the Expedited Settlement Process fall under the protection of CRE 408 which excludes evidence at hearing of compromise and offers of compromise to prove liability.

If you have any questions about this matter or wish to discuss the offer of settlement or the presentation of a counteroffer to the Board, please contact me by email or at (303) 894-7698.

Sincerely,

Melissa Garner

Melissa Garner
Office of Expedited Settlement
melissa.garner@state.co.us

Enclosure

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2019-3051

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION IN THE STATE OF COLORADO OF VILLAGE LANE APOTHECARY, REGISTRATION NO. OSP 6929,

Respondent Pharmacy.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Village Lane Apothecary ("Respondent Pharmacy") to resolve all matters pertaining to Board Case Number 2019-3051 as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Pharmacy, its registration as a non-resident prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to provisions of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 280, C.R.S. (2019).

2. Respondent Pharmacy was originally registered in the State of Colorado on or about March 22, 2017, being issued registration number OSP 6929, and has been so registered at all times relevant to this disciplinary action.

3. Respondent Pharmacy's address of record with the Board and current location is 60 Village Ln., Colleyville, Texas 76034-2993.

4. Respondent Pharmacy admits these findings and hereby waives any further proof in this or any other proceeding before the Board regarding the following facts.

5. Respondent Pharmacy's pharmacist manager in whose name the registration was issued ceased to be engaged as the manager on or around January 16, 2019. 90 days elapsed between the time the manager ceased being the pharmacist manager and the application to transfer the registration to the new pharmacist manager and fee were received.

6. Respondent Pharmacy admits that its conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes and Board

Rules, and provides grounds for disciplinary action against Respondent Pharmacy's Colorado registration as a prescription drug outlet:

Colorado Revised Statutes

12-280-126. Unprofessional conduct - grounds for discipline. (1) The board may take disciplinary or other action as authorized in section 12-20-404, after a hearing held in accordance with the provisions of sections 12-20-403 and 12-280-127, upon proof that the licensee or registrant:

(c) Has violated:

(II) The lawful rules of the board.

* * *

Pharmacy Board Rules and Regulations

5.00.70 Change in Pharmacist manager.

a. An in-state and non-resident prescription drug outlet shall be under the direct charge of a pharmacist manager. A proprietor who is not a pharmacist shall comply with this requirement and shall provide a manager who is a pharmacist.

b. The registration of any in-state and non-resident prescription drug outlet shall become void if the pharmacist manager in whose name the registration was issued ceases to be engaged as the manager, and the owner shall close the outlet unless such owner has employed a pharmacist manager and, within thirty days after termination of the former manager's employment, has made application to transfer the registration to the new pharmacist manager and has paid the transfer fee therefor.

12-280-127. Disciplinary actions. (1) The board may take disciplinary or other action as authorized in section 12-20-404 when the board determines that the applicant, licensee, or registrant has engaged in activities that are grounds for discipline under section 12-280-126.

* * *

7. The Board finds and concludes, and Respondent Pharmacy agrees, that based upon Respondent Pharmacy's above-described violations of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances.

DISPOSITION

8. Fine with Surcharge. Pursuant to section 12-280-127(5)(a), C.R.S., Respondent Pharmacy shall pay a fine of One Thousand Dollars and No Cents ($1,000.00).

Respondent Pharmacy understands and acknowledges that, pursuant to section 24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies may impose an additional surcharge of 15% of this fine. Respondent Pharmacy shall therefore pay a total amount of One Thousand One Hundred Fifty Dollars and No Cents ($1,150.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.

9. Other Requirements. Through its undersigned Authorized Representative, Respondent Pharmacy acknowledges and agrees that, as a condition of this Final Agency Order and probation, Respondent Pharmacy shall:

   a. promptly pay all its own fees and costs associated with this Final Agency Order;

   b. comply fully with this Final Agency Order; and

   c. comply fully with the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmaceuticals and pharmacists in the State of Colorado.

10. Violations. Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under section 12-280-127(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

11. Completion of Terms. Upon satisfactory completion of all terms and conditions set forth in this Final Agency Order, the Board shall release Respondent Pharmacy from the Final Agency Order, and Respondent's registration will be restored to active and unencumbered status.

12. Advisements and Waivers. Through its undersigned Authorized Representative, Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

   a. To have a formal notice of hearing and charges served upon it;

b. To respond to said formal notice of charges;

c. to have a formal disciplinary hearing pursuant to sections 12-20-403, 12-280-126, and 12-280-127, C.R.S.; and

d. To appeal this Board order.

Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

13. **Acknowledgments**. The undersigned Authorized Representative of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

14. **Integration and Severability**. Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

15. **Public Record**. Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

16. **Effective Date**. This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Pharmacy at Respondent Pharmacy's address of record with the Board, or (b) service by electronic means on Respondent Pharmacy at Respondent Pharmacy's electronic address of record. Respondent Pharmacy hereby consents to service by electronic means if Respondent Pharmacy has an electronic address on file with the Board.

ACCEPTED AND AGREED BY

Respondent Pharmacy

_____ Dated:_____
Authorized Representative

_____
Name/ Title

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this _____day of _____, 2019.

State Board of Pharmacy

BY: _____
Dmitry Kunin
Program Director

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

John B. Scott
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Village Lane Apothecary, L.L.C. (file number 802154049), a Domestic Limited Liability Company (LLC), was filed in this office on February 11, 2015.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on March 16, 2022.

John B. Scott
Secretary of State

333 Guadalupe Street, Suite 3-500
Austin, TX 78701
512-305-8000

Inspection Report

Facility Information

Name: *VILLAGE LANE APOTHECARY* License Number: *30288*
Class of License: *AS*

Inspection Information

Type: *Compliance* Purpose: *Licensee Request*
Date: *05/26/2021* Arrival Time: *9:00 AM* Departure Time: *2:30 PM*
Action Taken: *Inspection*

Licenses/Registration

Verify personnel have active licenses & address with PIC/RPh if necessary	*Satisfactory*
01. Licenses not posted	*Satisfactory*
09: Delinquent licenses/certifications	*Satisfactory*
62: Aiding and abetting	*Not Inspected*
65: Improper registration procedures	*Satisfactory*
79: Nametags	*Satisfactory*

Inventory Records

15: No PIC inventory ***Unsatisfactory***

291.17(g).

Change of pharmacist-in-charge of a pharmacy.

(1) On the date of the change of the pharmacist-in-charge of a Class A, Class A-S, Class C, Class C-S, or Class F pharmacy, an inventory shall be taken. Such inventory shall include all stocks of all controlled substances (including any out-of-date drugs).

(2) This inventory shall constitute, for the purpose of this section, the closing inventory of the departing pharmacist-in-charge and the beginning inventory of the incoming pharmacist-in-charge.

(3) If the departing and the incoming pharmacists-in-charge are unable to conduct the inventory together, a closing inventory shall be conducted by the departing pharmacist-in-charge and a new and separate beginning inventory shall be conducted by the incoming pharmacist-in-charge.

(4) The incoming pharmacist-in-charge shall be responsible for notifying the board within 10 days, as specified in §291.3 of this title (relating to Required Notifications), that a change of pharmacist-in-charge has occurred.

Warning Notice — Due Date for Completed Correction: *05/29/2021*

Failure to take a change of PIC inventory on date of occurrence. Ensure to take a change of PIC inventory going forward.

17: Incomplete inventory	*Satisfactory*
59: Improper drug destruction	*Satisfactory*

Inventory Records *(continued)*

68: No change of ownership inventory	*Not Applicable*
69: No annual inventory	*Satisfactory*

Comment — Due Date for Completed Correction: *06/25/2021*

The last annual controlled substance inventory was conducted 5/24/21

Notifications

31: Closed Phcy/Change of owner improper	*Not Applicable*
34: Notification Violation	*Satisfactory*
76: No PIC	*Satisfactory*

Environment/Equipment/Security

02: Insufficient Equipment	*Satisfactory*
03: Orderly/Clean	*Satisfactory*
04: Balance Failed	*Satisfactory*
05: Equipment Inspection	*Satisfactory*
07: Improper security	*Satisfactory*
08: Environment	*Satisfactory*
47: Out of date/mislabeled drug stock	*Satisfactory*
48: Improper drug storage	*Satisfactory*
66: Grey Market diversion/Samples	*Not Applicable*
78: Counseling area	*Satisfactory*
90: No complaint notification	*Satisfactory*

Controlled Substances

10: Rxs not separated	*Satisfactory*
19: Rx lacks proper information	*Satisfactory*
24: Theft/Loss not reported	*Satisfactory*
26: CII Rx Noncompliance	*Satisfactory*
30: Invoices not dated/initialed	*Satisfactory*
33: Rx records not in numerical order	*Satisfactory*
35: Invoices not separated	*Satisfactory*

Controlled Substances *(continued)*

40: Non emergency CII Rx	*Satisfactory*
44: Refill CIII-V over 5x/6mo	*Satisfactory*
46: Improper distribution	*Satisfactory*
50: Out of state verbal Rx for C/S	*Satisfactory*
53: Illegal possession of C/S	*Not Applicable*
57: Corresponding Responsibility	*Satisfactory*

Labeling/Prepackaging

32: Rx label is incorrect	*Satisfactory*
45: Improper dispensing/labeling	*Satisfactory*
54: Improper prepackaging procedures	*Satisfactory*

Library

06: Inadequate Library	*Satisfactory*

Training

60: Improper documentation of training	*Satisfactory*
61: Improper supervision of supportive personnel	*Satisfactory*

Patient/Computer/Dispensing Records

18: Records not available	*Satisfactory*
21: Computer records incomplete	*Satisfactory*
22: Computer system noncompliance	*Satisfactory*
25: No documentation of refill authorization	*Satisfactory*
36: No notification of substitution	*Satisfactory*
37: Illegal dispensing	*Not Inspected*
49: Substitution noncompliance	*Satisfactory*
56: Improper transfer of Rx	*Satisfactory*
67: No written information	*Satisfactory*
80: No counseling by RPh	*Satisfactory*
82: PMR Incomplete	*Satisfactory*
83: PMR Absent	*Satisfactory*

Patient/Computer/Dispensing Records *(continued)*

84: No drug regimen review	*Satisfactory*
86: Absence of RPh pick up records	*Not Applicable*

Policies & Procedures

92: Improper automated dispensing procedures	*Not Applicable*

Non-Sterile Compounding

38: Area for non-sterile compounding	*Satisfactory*
43: Records for non-sterile compounding	*Satisfactory*

Compounded Dosage Forms

Allergen extracts	*No*
Parenteral solutions	*No*
Parenteral suspensions	*No*
Preservative-free parenterals	*No*
Ophthalmic preparations	*No*
Oral or nasal inhalation preparations (not topical spray)	*No*
Bath or soaks for live organs/tissues	*No*
Irrigations for wounds or body cavities	*No*
Any other sterile preparations (implants, pellets, etc) [list]	*No*
Investigational drugs	*No*
Blood products or other biological materials (wound care, autologous, eye drops, etc)	*No*
Any compounds using federally controlled substances Schedule I-V (list and percentage)	*Yes*
Does the pharmacy use lyophilizer?	*No*

Environment (Sterile)

109: Is the cleanroom clean and free of objects that shed particles?	*Satisfactory*
110: Is the cleanroom used only for sterile preparations?	*Satisfactory*
119: Does the cleanroom contain only appropriate supplies?	*Satisfactory*
101: Does the ante-area provide at least ISO Class 8 air quality under dynamic conditions?	*Satisfactory*
115: Does the ante-area contain a hands-free sink with hot and cold running water?	*Satisfactory*
102: Does the buffer area provide at least ISO Class 7 air quality under dynamic conditions?	*Satisfactory*

Environment (Sterile) *(continued)*

106: Is the buffer area free from sources of water (e.g., sink, floor drains)?	*Satisfactory*
108: Is there hands-free access to the buffer area?	*Satisfactory*
113: Are floors, walls, ceilings & fixtures smooth, impervious and free from cracks & crevices?	*Satisfactory*
112: Does the floor covering enable regular disinfection?	*Satisfactory*
118: Are supplies stored above the floor to permit adequate floor cleaning?	*Satisfactory*
127: Does the clean room have a pressure gauge or velocity meter to monitor pressure differential between buffer area and ante-area and between the ante-area and the general environment? Is the pressure differential at least 0.02" wc?	*Satisfactory*
116: Are temperature and humidity monitored, documented and within the required range?	*Satisfactory*
167: Is there a thermometer available for the cleanroom and refrigerator(s)?	*Satisfactory*

Primary Engineering Control (PECs) Device

126: Is the laminar air flow hood located in a buffer area that has a minimum differential positive pressure of 0.02" wc?	*Satisfactory*
121: Is the PEC able to maintain at least ISO Class 5 conditions while compounding sterile preparations?	*Satisfactory*
246: Are hazardous drugs prepared in a Class II/III vertical flow BSC or CACI located in an ISO Class 7 area physically separated from other areas?	*Satisfactory*
247: Does the area where the BSC or CACI is located have not less than 0.01" wc negative pressure adjacent to the positive pressure ISO Class 7 area?	*Satisfactory*
105: Does the CAI or CACI provide unidirectional airflow?	*Satisfactory*
104: If the CAI or CACI is used for high-risk sterile compounding, is it placed in an ISO Class 8 area?	*Satisfactory*
122: If the CAI is not required to be placed in an ISO Class 7 area, does the pharmacy maintain documentation from the manufacturer?	*Not Applicable*
124: Is the PEC certified by an independent contractor every 6 months and when relocated?	*Satisfactory*
125: Are prefilters inspected periodically and replaced as needed?	*Satisfactory*
128: Are differential pressures monitored and documented at least every work shift (at a minimum daily) or by a continuous recording device?	*Satisfactory*

Equipment and Supplies

174: Does the pharmacy have disposable needles, syringes, and other required or applicable supplies?	*Satisfactory*
177: Does the pharmacy have lint-free towels or wipes?	*Satisfactory*

Equipment and Supplies *(continued)*

180: Does the pharmacy have masks, caps, gowns with tight cuffs, shoes covers, and beard covers (if applicable)?	*Satisfactory*
176: Does the pharmacy have handwashing agents with bactericidal action?	*Satisfactory*
175: Does the pharmacy have disinfectant cleaning solutions and dedicated cleaning supplies?	*Satisfactory*
179: Does the pharmacy have hazardous spill kits, if applicable?	*Satisfactory*
171: Does the pharmacy have appropriate containers for needles and syringes?	*Satisfactory*
170: Does the pharmacy have sterile isopropyl alcohol, sterile gloves, and waterless alcohol-based surgical hand scrub?	*Satisfactory*
178: Does the pharmacy have appropriate filters and filtration equipment?	*Satisfactory*
181: If an automated compounding device is used, does the pharmacy calibrate & verify the device for accuracy, and document at least daily?	*Satisfactory*
172: Does the pharmacy have packaging or delivery containers to maintain proper storage conditions for sterile preparations?	*Satisfactory*

High Risk CSPs

103: If high-risk CSPs are compounded, does the buffer area provide physical separation from other compounding areas?	*Satisfactory*
231: Is sterility testing performed if CSPs are prepared in groups > 25, or	*Satisfactory*
232: If MDVs are prepared for multiple patients or when exposed > 12 hours at 2-8 degrees C before sterilized, or	*Not Applicable*
233: If exposed > 6 hours at warmer than 8 degrees C before sterilized?	*Not Applicable*
237: Are all non-sterile measuring, mixing, and purifying devices rinsed thoroughly with pyrogen-free or depyrogenated sterile water, and then thoroughly drained or dried immediately before use for high-risk sterile compounding?	*Satisfactory*
238: Are all high-risk sterile solutions subjected to terminal sterilization prefiltered using no larger than a 1.2-micron filter to remove particulate matter? Is sterilization by filtration performed with a sterile 0.2 – 0.22 micrometer pore size filter within an ISO Class 5 environment or better?	*Satisfactory*
165: Are filter integrity tests being performed and documented (e.g., bubble point test)?	*Satisfactory*
239: Are pre-sterilization procedures (weighing and mixing) completed in an ISO Class 8 environment or better?	*Satisfactory*

Sterile Library

154: Does the pharmacy have a reference on injectable drugs?	*Satisfactory*
155: Does the pharmacy have a specialty reference?	*Satisfactory*

156: Does the pharmacy have all of the required (USP chapters 71, 85, 795, 797, 1163) and applicable USP chapters?	*Satisfactory*

Hazardous CSPs

242: Do personnel wear protective apparel at all times when hazardous drugs are handled?	*Satisfactory*
243: Do personnel use appropriate safety and containment techniques when preparing hazardous CSPs?	*Satisfactory*
244: Do personnel dispose of hazardous waste in compliance with local, state, and federal regulations?	*Satisfactory*
245: Do personnel affix a proper label, including proper precautions inside and outside of the packaging?	*Satisfactory*
248: Does the pharmacy have a pressure indicator that can be readily monitored for correct room pressurization?	*Satisfactory*
249: Does the pharmacy meet the requirements for low volume preparation of hazardous drugs by using a device that provides two-tiers of containment (e.g., closed-system vial transfer device within a BSC)?	*Satisfactory*
250: Are hazardous drugs stored separately from other inventory in a manner to prevent contamination and personnel exposure?	*Satisfactory*
Does the pharmacy have a plan to comply with USP <800> by the implementation date?	*Satisfactory*
Are hazardous drugs stored separately in compliance with USP <800> (negative pressure at least -0.01" wc to adjacent areas and with at least 12 ACPH)?	*Satisfactory*
Is hazardous drug waste quarantined in a designated area?	*Satisfactory*
Are Safety Data Sheets (SDS) [formerly known as Material Safety Data Sheets (MSDS)] available to personnel for drugs and chemicals used in the pharmacy (including those for compounding, if applicable)?	*Satisfactory*

Personnel Cleansing, Garbing, Hand Hygiene

202: Does hand sanitizing and gowning occur in the ante-area (outside of the buffer area)?	*Satisfactory*
180: Do compounding personnel don clean non-shedding gowns with sleeves that fit snugly around the wrists and enclose at the neck? Is the order of garbing appropriate (dirtiest to cleanest)?	*Satisfactory*
194: Before entering the buffer area, do compounding personnel remove cosmetics?	*Satisfactory*
195: Before entering the buffer area, do compounding personnel remove all hand, wrist, and other body jewelry/piercings?	*Satisfactory*
196: Are natural nails kept neat and trim and no wearing of artificial nails or extenders?	*Satisfactory*
200: Do compounding personnel remove debris from underneath fingernails using a nail cleaner under running warm water?	*Satisfactory*

Personnel Cleansing, Garbing, Hand Hygiene *(continued)*

192: Are personnel with an apparent illness or open lesions compounding sterile preparations?	*Satisfactory*
241: When compounding personnel temporarily exit the ISO Class 7 environment, are re-donning procedures properly followed?	*Satisfactory*
201: Do compounding personnel engage in proper hand hygiene?	*Satisfactory*
203: Do compounding personnel completely dry hands and forearms using lint-free disposable towels or hand dryer?	*Satisfactory*
204: Is antiseptic hand cleansing performed using waterless alcohol-based surgical scrub once inside the buffer area and prior to donning sterile gloves?	*Satisfactory*
206: Is sterile isopropyl alcohol applied to gloves throughout the day and when non-sterile surfaces are touched?	*Satisfactory*

Cleaning/Disinfection Procedures

182: Does the pharmacy have written procedures on the cleaning and disinfecting of the direct and contiguous compounding areas (e.g., beginning of shift, every 30 minutes, before each batch, spills)?	*Satisfactory*
230: Is cleaning performed by trained personnel using approved agents (described in written SOPs)?	*Satisfactory*
228: Are supplies & equipment that are removed from shipping cartons wiped with a disinfecting agent (e.g., sterile IPA)?	*Satisfactory*
226: Are work surfaces and floors in the ante-area and buffer area cleaned and disinfected daily with dedicated supplies?	*Satisfactory*
227: Are walls, ceilings and shelving in the ante-area and buffer area cleaned and disinfected at least monthly?	*Satisfactory*
229: Does the pharmacy maintain documentation of cleaning procedures (i.e., date/time of cleaning, type of cleaning, name of individual who performed the cleaning)?	*Satisfactory*

Environmental Sampling

270: Is surface sampling conducted in all ISO classified areas on a periodic basis?	*Satisfactory*
272: Is viable air sampling performed?	*Satisfactory*
273: Is viable air sampling documented by properly trained individuals for all risk levels every 6 months?	*Satisfactory*
271: Are environmental sampling results evaluated and addressed (i.e., action levels followed)?	*Satisfactory*

Records of CSPs

252: Does the pharmacy maintain records relating to CSPs for a minimum of 2 years?	*Satisfactory*
253: Do compounding records include the date and time of preparation of a CSP?	*Satisfactory*

Records of CSPs (continued)

254: Do compounding records include the complete formula of a CSP? *Satisfactory*

257: Do compounding records include the quantities of materials used in a CSP? *Satisfactory*

255: Do compounding records include the signature or initials of who prepared a CSP? *Satisfactory*

256: Do compounding records include the signature or initials of who conducted the final check of a CSP? *Satisfactory*

258: Do compounding records include the container used and the number of units prepared for a CSP? *Satisfactory*

259: Do compounding records include the criteria used to determine the beyond-use date of a CSP? *Satisfactory*

260: Do compounding records include the documentation of performance of quality control procedures? *Satisfactory*

261: Are master worksheets and preparation worksheets for batch compounding complete? *Satisfactory*

291.133(e)(2)(B)(ii).

Records. Compounding records. Compounding records when batch compounding or compounding in anticipation of future prescription drug or medication orders.

Preparation work sheet. The preparation work sheet for each batch of preparations shall document the following:

(I) identity of all solutions and ingredients and their corresponding amounts, concentrations, or volumes;
(II) lot number for each component;
(III) component manufacturer/distributor or suitable identifying number;
(IV) container specifications (e.g., syringe, pump cassette);
(V) unique lot or control number assigned to batch;
(VI) expiration date of batch-prepared preparations;
(VII) date of preparation;
(VIII) name, initials, or electronic signature of the person(s) involved in the preparation;
(IX) name, initials, or electronic signature of the responsible pharmacist;
(X) finished preparation evaluation and testing specifications, if applicable; and
(XI) comparison of actual yield to anticipated or theoretical yield, when appropriate.

Comment — Due Date for Completed Correction: *06/25/2021*

Advised to ensure preparation worksheets for batch compounding are complete.

262: Are master worksheets developed and approved by a pharmacist? *Satisfactory*

General Operational Requirements

166: Is a pharmacist available at all times (24/7)? ***Unsatisfactory***

291.133(c)(2)(A)(vi).

Personnel. Pharmacists. General. A pharmacist shall be accessible at all times, 24 hours a day, to respond to patients' and other health professionals' questions and needs.

Warning Notice — Due Date for Completed Correction: *06/25/2021*

Failure to ensure a pharmacist is always available to respond to patients' and other health professionals' questions and needs at all times. Correct/resolve deficiency by date noted.

General Operational Requirements *(continued)*

187: Are written SOPs developed and implemented for all significant procedures in the compounding area to include at a minimum: the facility, equipment, personnel, preparation evaluation, quality assurance, preparation recall, packaging, and storage of CSPs? — *Satisfactory*

188: Does the pharmacy have all required written policies (e.g., pharmaceutical care services, sampling plan, recalls)? — ***Unsatisfactory***

291.133(g).

Recall Procedures.

(1) The pharmacy shall have written procedures for the recall of any compounded sterile preparation provided to a patient, to a practitioner for office use, or a pharmacy for administration. Written procedures shall include, but not be limited to the requirements as specified in paragraph (3) of this subsection.

(2) The pharmacy shall immediately initiate a recall of any sterile preparation compounded by the pharmacy upon identification of a potential or confirmed harm to a patient.

(3) In the event of a recall, the pharmacist-in-charge shall ensure that:

(A) each practitioner, facility, and/or pharmacy to which the preparation was distributed is notified, in writing, of the recall;

(B) each patient to whom the preparation was dispensed is notified, in writing, of the recall;

(C) the board is notified of the recall, in writing, not later than 24 hours after the recall is issued;

(D) if the preparation is distributed for office use, the Texas Department of State Health Services, Drugs and Medical Devices Group, is notified of the recall, in writing;

(E) the preparation is quarantined; and

(F) the pharmacy keeps a written record of the recall including all actions taken to notify all parties and steps taken to ensure corrective measures.

(4) If a pharmacy fails to initiate a recall, the board may require a pharmacy to initiate a recall if there is potential for or confirmed harm to a patient.

(5) A pharmacy that compounds sterile preparations shall notify the board immediately of any adverse effects reported to the pharmacy or that are known by the pharmacy to be potentially attributable to a sterile preparation compounded by the pharmacy.

Warning Notice — Due Date for Completed Correction: *06/25/2021*

Advised to ensure pharmacy has written policies for compounded recalls as required.

158: If the pharmacy compounds commercially available products, does the pharmacy document the need by verifying and monitoring a drug shortage list (including if the preparation is quarantined/not available once removed from the shortage list)? Or, — *Not Applicable*

158: Does the pharmacy document the need for compounding commercially available products by individual patient needs determined by the prescribing practitioner (i.e, hypersensitivity to inactive ingredients or alternate dosage form)? — *Not Applicable*

275: If the pharmacy dispenses prescriptions to patients in other states, does the pharmacy have proper licensure in those states? — *Satisfactory*

Office Use Compounding & Distribution of CSPs

163: Does the pharmacy have a written agreement with the prescriber that meets all requirements to distribute compounded sterile preparations to practitioners for office use? — *Not Applicable*

162: If the pharmacy is distributing CSPs to another pharmacy, does the pharmacy meet the requirements for such distribution? — *Not Applicable*

Is the pharmacy registered with the FDA as an Outsourcing Facility (503B)? — *Not Applicable*

Quality Control & Verification of Compounding Accuracy

207: Does a pharmacist review all compounding records for accuracy and perform the final check of a CSP?	*Satisfactory*
185: Are periodic in-process checks for CSPs defined in written procedures and conducted as defined?	*Satisfactory*
191: Are all drug components USP/NF grade substances manufactured in an FDA-registered facility? If USP/NF grade substances are not available, are the drug components of chemical grade in CP, AR, ACS, or Food Chemical Codex categories?	*Satisfactory*
191: Is a Certificate of Analysis available for all components of the preparation if materials are not purchased through an FDA-registered facility?	*Not Applicable*
191: Are any CSPs prepared by the pharmacy listed on the federal FDA list of drug products that are withdrawn or removed from the market for safety reasons?	*Not Applicable*

Veterinary Compounding

Are APIs or other components labeled for veterinary use segregated or marked to prevent use for human compounding?	*Satisfactory*
Does the pharmacy meet the same standards for animal compounding as human compounding?	*Satisfactory*
Is the pharmacist knowledgeable or does the pharmacy have up-to-date references regarding species limits that can result in toxicity when compounding with particular drugs/excipients?	*Not Inspected*
Does the pharmacy document if the animal is a pet or used for food?	*Satisfactory*
Is the pharmacist familiar with, or does the pharmacy have the most up-to date references regarding drug residues in the food chain and withdrawal times if compounding for food-producing animals?	*Not Inspected*
Does the pharmacy have a list of drugs and components that have been designated by state or federal authorities as prohibited ingredients in CSPs for food-producing animals?	*Not Inspected*
Is the pharmacist familiar with, or does the pharmacy have the most up-to-date reference regarding regulations for drug use in performance animals?	*Not Inspected*

Label

209: Is the CSP properly labeled to include the generic name(s), and	*Satisfactory*
210: For outpatient prescriptions, does the label include a statement that the CSP has been compounded by the pharmacy?	*Satisfactory*

291.133(d)(9)(A)(ii).

Operational Standards. Labeling. Prescription drug or medication orders. In addition to the labeling requirements for the pharmacy's specific license classification, the label dispensed or distributed pursuant to a prescription drug or medication order shall contain the following: For outpatient prescription orders other than sterile radiopharmaceuticals, a statement that the compounded sterile preparation has been compounded by the pharmacy. (An auxiliary label may be used on the container to meet this requirement).

210: For outpatient prescriptions, does the label include a statement that the CSP has been compounded by the pharmacy? *(continued)* — *Satisfactory* 4157

Comment — Due Date for Completed Correction: *06/25/2021*

Failure to ensure the label for a compounded sterile preparation for outpatient use includes a statement that the compounded sterile preparation has been compounded by the pharmacy. Correct/resolve deficiency by date noted.

211: Does the label include a beyond-use date? — *Satisfactory*

213: If the CSP is compounded as a batch, does the label contain a unique lot number assigned to the batch, and — *Satisfactory*

291.133(d)(9)(B)(i).

Operational Standards. Labeling. Batch. If the sterile preparation is compounded in a batch, the following shall also be included on the batch label: Unique lot number assigned to the batch.

Comment — Due Date for Completed Correction: *06/25/2021*

Advised to ensure that if compounded sterile preparation is prepared in a batch, the label for the CSP shall include a unique lot number assigned by the pharmacy.

214: Quantity, and — *Satisfactory*

215: Appropriate ancillary instructions, such as storage or cautionary statements, and — *Satisfactory*

216: Any device-specific instructions, if appropriate? — *Satisfactory*

220: Are CSPs assigned a beyond-use date based on the specified labeling for the drug, appropriate literature sources, or direct testing? — *Satisfactory*

Training & Competency Testing

129: Has each pharmacist completed the required education and training prior to engaging in sterile compounding? — *Satisfactory*

130: Has each pharmacy technician completed the required education and training prior to engaging in sterile compounding? — *Satisfactory*

142: Does the pharmacy maintain documentation to demonstrate that all compounding personnel have successfully passed initial competency evaluation/testing (e.g., media-fill testing, gloved fingertip/thumb testing)? Does the pharmacy have an on-the-job training program? — *Satisfactory*

144: Does the pharmacy maintain documentation of on-going training and testing for all compounding personnel (e.g., observation of aseptic technique, media-fill testing, gloved fingertip/thumb testing, continuing education)? — *Satisfactory*

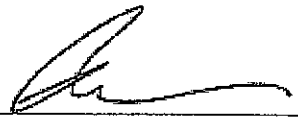
An agent of the Texas State Board of Pharmacy has inspected your pharmacy. The results of this inspection have been noted.

- Items designated as "Refer to Legal" must be rectified immediately. In addition, the matter discovered during the inspection and deemed to be a serious violation by the inspector will be referred to the Legal Division for review and possible disciplinary action; and

- Items designated as "Warning Notice" must be corrected by the deadline noted to ensure compliance with the laws and rules governing the practice of pharmacy (Note: A "Warning Notice" is issued for a minor violation, and does not equate to disciplinary action).



Natalie patten



Robert Moura

VILLAGE LANE APOTHECARY

Texas State Board of Pharmacy Inspection Report Response

15. The change of pharmacist-in-charge inventory is part of the policy and procedure manual and has been reviewed by the current pharmacist-in charge.

166. A Village Lane Apothecary pharmacist is now available 24/7 by calling a toll free number.

188. Village Lane Apothecary now has a written policy for recall procedures that addresses all of the steps required by the Texas State Board Pharmacy Statute 291.133 (g).

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FV5662639	05-31-2024	$888

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	RETAIL PHARMACY	04-23-2021

VILLAGE LANE APOTHECARY
60 VILLAGE LN, STE 130
COLLEYVILLE, TX 760342993

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

VILLAGE LANE APOTHECARY

60 Village Lane | Suite 110 | Colleyville, Texas 76034
Legal and Compliance Office

July 12, 2021

To the Honorable Board of Pharmacy,

Attached is an agreed order entered into between Village Lane Apothecary and the State of Colorado. Former PIC Morris Burgess failed to timely update records with the State of Colorado, and the result is the attached. Mr. Burgess was released from employment following this incident.

Sincerely,

David J. Moraine, J.D., M.A., LL.M
Chief Legal Officer

cc: Natalie Patten, Pharm. D.
Pharmacist In Charge

COLORADO
Department of
Regulatory Agencies
Division of Professions and Occupations

PERSONAL AND CONFIDENTIAL

November 7, 2019

By Electronic Mail

Village Lane Apothecary
ATTN: Pharmacy Manger
Email: morris.burgess@villagelanerx.com

Re: Colorado State Board of Pharmacy, Case No. 2019-3051

Dear Pharmacy Manager:

The Colorado State Board of Pharmacy ("Board") The Colorado State Board of Pharmacy ("Board") has reviewed the available material concerning the complaint noted above. Upon thorough review and discussion, the Board found reasonable cause that the pharmacy violated section 12-280-126(1)(c)(II) and C.R.S., and Board Rule 5.00.70, as described in the attached document. As such, the Board decided to initiate disciplinary action against the pharmacy's registration. In order to promptly resolve the complaint, the Board has referred this disciplinary action to the Expedited Settlement Process ("ESP") along with settlement terms.

The Board would prefer to settle this disciplinary complaint rather than initiating formal legal proceedings. In lieu of a hearing, the Board is willing to resolve this case by means of a stipulated agreement pursuant to the following terms:

- $1,000 fine (plus surcharge)

I have enclosed the document that can be signed in order to resolve this case. The above settlement terms and consequences are more fully explained in the enclosed Stipulation and Final Agency Order ("Order"). By signing the Order, the pharmacy agrees to the Board's settlement terms and avoids formal disciplinary proceedings.

If the pharmacy wishes to accept the terms of this Order, please do the following:

- **READ** the entire Order;
- **CONSULT** with legal counsel if so desired;
- **SIGN** the enclosed Order;
- **RETURN** the signed Order by **November 21, 2019, to:**

This correspondence has been sent to the Respondent and Attorney of Record. If you are represented by counsel, you may want to contact them to discuss this matter. This correspondence is not intended to interfere with any attorney-client relationship.

Melissa Garner
DORA/Office of Expedited Settlement
1560 Broadway, Suite 1350
Denver, CO 80202
Fax: (303) 869-0349
Email: melissa.garner@state.co.us

In reviewing the Order, please be aware that the burden of proof in a disciplinary proceeding is not "beyond a reasonable doubt." Rather, disciplinary proceedings are similar to civil trials where the burden is "by a preponderance of the evidence." This means that the Board must only present sufficient evidence to prove that "more likely than not" the pharmacy violated the practice act.

Please be advised that during this process, the pharmacy has the right to either represent itself or to be represented by legal counsel of its choice at its own expense. Additional documentation regarding your case may be available upon request. Please contact me for further information. Also, if the pharmacy chooses not to sign the Order, be aware that the representations in the Order do not limit the Board's case if this case should be filed for formal disciplinary proceedings. The Colorado Office of the Attorney General may add additional violations that it deems appropriate.

Finally, this letter and the Expedited Settlement Process fall under the protection of CRE 408 which excludes evidence at hearing of compromise and offers of compromise to prove liability.

If you have any questions about this matter or wish to discuss the offer of settlement or the presentation of a counteroffer to the Board, please contact me by email or at (303) 894-7698.

Sincerely,

Melissa Garner

Melissa Garner
Office of Expedited Settlement
melissa.garner@state.co.us

Enclosure

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2019-3051

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE NON-RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION IN THE STATE OF COLORADO OF VILLAGE LANE APOTHECARY, REGISTRATION NO. OSP 6929,

Respondent Pharmacy.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Village Lane Apothecary ("Respondent Pharmacy") to resolve all matters pertaining to Board Case Number 2019-3051 as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Pharmacy, its registration as a non-resident prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to provisions of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 280, C.R.S. (2019).

2. Respondent Pharmacy was originally registered in the State of Colorado on or about March 22, 2017, being issued registration number OSP 6929, and has been so registered at all times relevant to this disciplinary action.

3. Respondent Pharmacy's address of record with the Board and current location is 60 Village Ln., Colleyville, Texas 76034-2993.

4. Respondent Pharmacy admits these findings and hereby waives any further proof in this or any other proceeding before the Board regarding the following facts.

5. Respondent Pharmacy's pharmacist manager in whose name the registration was issued ceased to be engaged as the manager on or around January 16, 2019. 90 days elapsed between the time the manager ceased being the pharmacist manager and the application to transfer the registration to the new pharmacist manager and fee were received.

6. Respondent Pharmacy admits that its conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes and Board

Rules, and provides grounds for disciplinary action against Respondent Pharmacy's Colorado registration as a prescription drug outlet:

Colorado Revised Statutes

12-280-126. Unprofessional conduct - grounds for discipline. (1) The board may take disciplinary or other action as authorized in section 12-20-404, after a hearing held in accordance with the provisions of sections 12-20-403 and 12-280-127, upon proof that the licensee or registrant:

(c) Has violated:

(II) The lawful rules of the board.

* * *

Pharmacy Board Rules and Regulations

5.00.70 Change in Pharmacist manager.

a. An in-state and non-resident prescription drug outlet shall be under the direct charge of a pharmacist manager. A proprietor who is not a pharmacist shall comply with this requirement and shall provide a manager who is a pharmacist.

b. The registration of any in-state and non-resident prescription drug outlet shall become void if the pharmacist manager in whose name the registration was issued ceases to be engaged as the manager, and the owner shall close the outlet unless such owner has employed a pharmacist manager and, within thirty days after termination of the former manager's employment, has made application to transfer the registration to the new pharmacist manager and has paid the transfer fee therefor.

12-280-127. Disciplinary actions. (1) The board may take disciplinary or other action as authorized in section 12-20-404 when the board determines that the applicant, licensee, or registrant has engaged in activities that are grounds for discipline under section 12-280-126.

* * *

7. The Board finds and concludes, and Respondent Pharmacy agrees, that based upon Respondent Pharmacy's above-described violations of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances.

DISPOSITION

8. Fine with Surcharge. Pursuant to section 12-280-127(5)(a), C.R.S., Respondent Pharmacy shall pay a fine of One Thousand Dollars and No Cents ($1,000.00).

Respondent Pharmacy understands and acknowledges that, pursuant to section 24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies may impose an additional surcharge of 15% of this fine. Respondent Pharmacy shall therefore pay a total amount of One Thousand One Hundred Fifty Dollars and No Cents ($1,150.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.

9. Other Requirements. Through its undersigned Authorized Representative, Respondent Pharmacy acknowledges and agrees that, as a condition of this Final Agency Order and probation, Respondent Pharmacy shall:

   a. promptly pay all its own fees and costs associated with this Final Agency Order;

   b. comply fully with this Final Agency Order; and

   c. comply fully with the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmaceuticals and pharmacists in the State of Colorado.

10. Violations. Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under section 12-280-127(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

11. Completion of Terms. Upon satisfactory completion of all terms and conditions set forth in this Final Agency Order, the Board shall release Respondent Pharmacy from the Final Agency Order, and Respondent's registration will be restored to active and unencumbered status.

12. Advisements and Waivers. Through its undersigned Authorized Representative, Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:

   a. To have a formal notice of hearing and charges served upon it;

b. To respond to said formal notice of charges;

c. to have a formal disciplinary hearing pursuant to sections 12-20-403, 12-280-126, and 12-280-127, C.R.S.; and

d. To appeal this Board order.

Respondent Pharmacy freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

13. Acknowledgments. The undersigned Authorized Representative of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

14. Integration and Severability. Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

15. Public Record. Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

16. Effective Date. This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Pharmacy at Respondent Pharmacy's address of record with the Board, or (b) service by electronic means on Respondent Pharmacy at Respondent Pharmacy's electronic address of record. Respondent Pharmacy hereby consents to service by electronic means if Respondent Pharmacy has an electronic address on file with the Board.

ACCEPTED AND AGREED BY

Respondent Pharmacy

_____ Dated: 11/13/19
Authorized Representative

Morris Burgess / P.I.C
Name/ Title

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 31 day of December, 2019.

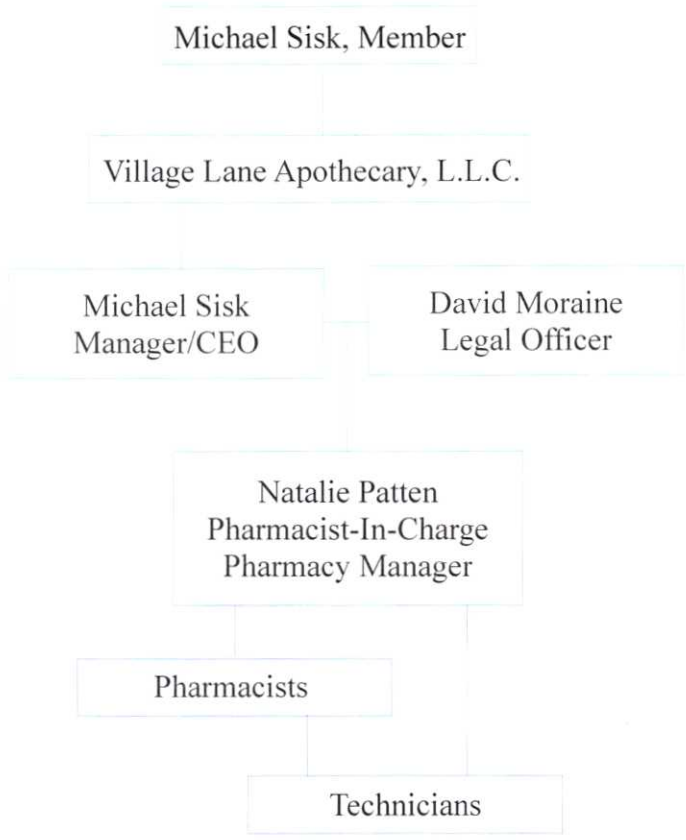
State Board of Pharmacy

BY: _____
Dmitry Kunin
Program Director

VILLAGE LANE APOTHECARY

OWNER:	Village Lane Apothecary, L.L.C. 60 Village Lane, Suite 110 Colleyville, Texas 76034
BENEFICIAL OWNER:	Michael Sisk (100% Membership Interest) 1920 East Highway 114 Southlake, Texas 76092
OFFICERS:	Michael Sisk, President 1920 East Highway 114 Southlake, Texas 76092
	David Moraine, CLO 60 Village Lane, Suite 110 Colleyville, Texas 76034
PHARMACIST-IN-CHARGE:	Natalie Patten, Pharm. D 60 Village Lane, Suite 130 Colleyville, Texas 76034

ORGANIZATIONAL STRUCTURE



Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Natalie A. Patten

Date: 10/13/2021
Amount:
License #: 21709

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:04/13/2022

Natalie A. Patten

License #
21709
Temporary

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

Expires: 04/13/2022
STATUS: Temporary

License Type: Pharmacist
License #: 21709

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Natalie A. Patten

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Village Lane Apothecary

Physical Address 60 Village Lane, Suite 130

City Colleyville State Texas Zip 76034

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 817-717-2000 Website www.villagelaneapothecary.com

Licensing Company Email natalie.patten@villagelanerx.com

Section 2: Personal Information

First Natalie Middle A Last Patten

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Address [redacted] Leaflet Drive

City Fort Worth State Texas Zip 76244

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Oklahoma - Health Sciences Center		08/12 - 06/16	
Address	**City**	**State**	**Zip**
1110 N Stonewall Avenue	Oklahoma City	OK	73117
Diploma/Degree obtained, if any			
Doctor of Pharmacy			

School Name		From - To (MM/YY – MM/YY)	
University of Oklahoma		08/04 - 05/09	
Address	**City**	**State**	**Zip**
660 Parrington Oval	Norman	OK	73019
Diploma/Degree obtained, if any			
Bachelor of Science - Microbiology			

School Name		From - To (MM/YY – MM/YY)	
Altus High School		08/01 - 05/04	
Address	**City**	**State**	**Zip**
400 N Park Avenue	Altus	OK	73521
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
07/20 - present	[redacted] Leaflet Drive	Fort Worth	Texas	76244
09/16 - 07/20	[redacted] W President George Bush Highway #82	Richardson	Texas	75080
02/16 - 09-16	[redacted] Northeast 122nd St #703	Oklahoma City	OK	73114
10/14 - 02/16	[redacted] S Santa Fe Avenue	Moore	OK	73160
08/11 - 10/14	[redacted] N Pennsylvania Ave	Oklahoma City	OK	73134
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials NP

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Village Lane Apothecary			01/20 - Present	
Business Address		**City**	**State**	**Zip**
60 Village Lane, Suite 130		Colleyville	TX	76034
Phone	**Title**		**Number of Employed Hours**	
817-717-2000	Pharmacist in Charge		3800	

Description of Duties

Develop/implement policies to ensure compliance with applicable agencies/state boards. Oversee daily operation of dispensing medication. Ensure all duties performed by staff are in compliance with laws/rules pharmacy must abide by.

Business Name			From - To (MM/YY – MM/YY)	
Texas Star Pharmacy			04/19 - 10/19	
Business Address		**City**	**State**	**Zip**
3033 W Parker Road		Plano	TX	75023
Phone	**Title**		**Number of Employed Hours**	
972-519-8475	Pharmacist in Charge		900	

Description of Duties

Compound/dispense medication in accordance to Texas State Board of Pharmacy. Ensure compliance of record keeping. Oversee ordering/receiving of drugs. Provide vaccines. Counsel/educate patients.

Business Name			From - To (MM/YY – MM/YY)	
Willow Bend Pharmacy			11/17 - 02/19	
Business Address		**City**	**State**	**Zip**
5944 W Parker Road		Plano	TX	75093
Phone	**Title**		**Number of Employed Hours**	
n/a (pharmacy sold)	Staff Pharmacist		2640	

Description of Duties

Dispense medications. Counsel patients on all new prescriptions. Ensure proper documentation is completed. Facilitate in formulation of compounded medications.

Business Name			From - To (MM/YY – MM/YY)	
Trinity Pharmacy			11/16 - 11/17	
Business Address		**City**	**State**	**Zip**
1925 E Rosemeade Parkway		Carrollton	TX	75007
Phone	**Title**		**Number of Employed Hours**	
972-492-4411	Staff Pharmacist		2080	

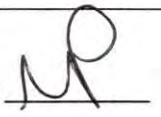
Description of Duties

Compound medications. Ensure proper records kept on all compounded medications. Assist in the execution of compliance tasks. Provide vaccinations pursuant to prescription. Upkeep standing physician's orders for vaccines.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Applicant's initials 

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials 

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

11-17-21
Date

Applicant's initials

I, Natalie Patten, **certify that as the designated representative for**

Village Lane Apothecary,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Natalie Patten

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/17/2021

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Natalie Patten

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

11/17/2021

Date

Please have this section completed in the presence of a Notary Public.

State of Texas, ss. County of Tarrant

I, Natalie Patten, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

11-22-2021

Date

Subscribed and Sworn to before me this 22nd day of November, 2021.

Notary Public Signature

ANDREW KING
Notary ID #132929474
My Commission Expires
February 17, 2025

(Seal)

Applicant's initials

11I

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable $500.00 Fee

Rev (9/22/2021)

Where is the facility located?

- ☐ Nevada
- ■ Out-of-State

Type of Application (check applicable box)		Ownership Type (check applicable box)
☐ New Pharmacy	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12)
■ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12)
☐ Location Change *	PH 02575	☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12)
☐ Name Change*		☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)

Section 1: General Information

Pharmacy Name: Wickliffe LLC d/b/a Wickliffe Veterinary Pharmacy

Physical Address: 4340 Georgetown Road

City: Lexington State: KY Zip: 40511

Mailing Address (if different from physical address): Same as above.

City: _____ State: _____ Zip: _____

Telephone: 859-389-7470 Toll Free # (NAC 639.708, NRS 639.23286): 888-934-5678

Fax: 859-381-9252 Contact Email: nkirkpatrick@wicklifferx.com

Website: wickliffeRX.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Nicholas Kirkpatrick

Supervising/Managing Pharmacist NV Pharmacist Registration #: 22165

Type of Pharmacy (check all applicable)

- ■ Retail/Community
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☐ Other: _____

Services the Pharmacy will Provide (check all applicable)

- ■ Retail/Community
- ■ Non-sterile Compounding
- ■ Sterile Compounding
- ■ Mail-Order Service
- ☐ Off-site Cognitive Services
- ☐ Long Term Care
- ☐ Hospital
- ☐ Other:

Days of Operation

■ Monday ■ Tuesday ■ Wednesday ■ Thursday ■ Friday ■ Saturday** ☐ Sunday

**On call

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: Nicholas Kirkpatrick	NV Pharmacist Registration #: 22165
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:
Name:	NV Pharmacist Registration #:

Section 3: History of Company	**Yes**	**No**
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✔
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction?		✔
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?	✔	
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✔
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✔

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: N/A	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:
Name:	Credentials:	%:

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

Section 5: Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Delaware

Parent Company (if any): Wickliffe Holdco, LLC

Corporation/Organization Name: Wickliffe LLC

Mailing Address: 4340 Georgetown Road

City: Lexington State: KY Zip: 40511

Telephone: 859-389-7470 Email: joel.heberlein@bluerabbit.vet

Contact Person Name: Joel Heberlein, President

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ■ No

Section 7: Partnership

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

Section 8: Sole Owner

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

Statement of Responsibility

1. I am the President (title) for Wickliffe LLC d/b/a Wickliffe Veterinary Pharm. (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Joel Heberlein

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

12/1/21

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, _____ hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the _____ (title) for _____ (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

_____
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this _____ day of _____, 20_____

_____
Notary Public

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: _____ Pharmacist Registration #: _____

Pharmacy Name: _____

Initial each statement below to indicate you have read and agree with the following:

_____ I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

_____ I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

_____ I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

_____ I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

_____ I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History	**Yes**	**No**
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		
2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state?		
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		

If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.

Board Administrative Action:	**State:**	**Date:**	**Case #:**

Criminal Action:	**State:**	**Date:**	**Case #:**	**County:**	**Court:**

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

_____ _____

Original signature of Managing Pharmacist (copies or stamps not accepted) Date

Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)**	✓	✓		
• **List the top four stockholders and their percent ownership. NRS 639.231(3)**	✓	✓		
• **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)**		✓		
• **For General Partnerships, list the name of each partner. NAC 639.214(2)** • **For Limited Partnerships, list the names of (NAC 639.214(3)):** ○ **All General Partners;** ○ **All Limited Partners who hold 10% or more of the interest.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/. NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.		✓	✓	✓
• **Personal History Record Application found at** http://bop.nv.gov/Services/newapps/Business/ must be completed by: **a. For Non-publicly traded** - The top 4 shareholder/stockholders. **b. For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest. **c. For Sole Owner** - The owner.		✓	✓	✓
• **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f)	✓	✓	✓	✓
• **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a)	✓	✓	✓	✓
• **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g)	✓	✓	✓	✓
• **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)**	✓	✓	✓	✓
• **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)**	✓	✓	✓	✓
• **Transmit Controlled Substance Prescription Data-** Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Joel Heberlein, President

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

12/1/21
Date

Board Use Only	Date Received: _____	Amount: 500 Check# 1316452

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administration action, board citation, cite fine, or proceeding relating to the pharmaceutical industry?

First, the applicant, Wickliffe LLC d/b/a Wickliffe Veterinary Pharmacy ("*Applicant*"), wishes to clarify that, as a new entity, it has never had a professional license disciplined by any board or agency in any jurisdiction. Accordingly, the answer to the above question is "No." However, out of an abundance of caution, we have elected to disclose the below disciplinary history for the predecessor entity, Wickliffe Veterinary Pharmacy (the "*Predecessor Entity*"). Please note, all of the Predecessor Entity's licenses are currently unrestricted, active and in good standing.

- **Kentucky Board of Pharmacy** (Case No. 03-0036A): Agreed Order executed on July 9, 2003 wherein the Predecessor Entity agreed to pay a fine and accept a discipline.

- **Kentucky Board of Pharmacy** (Case No. 11-0196A): Agreed Order executed on November 5, 2011 wherein the Predecessor Entity agreed to pay a fine and accept a discipline. This discipline led to a sister-state discipline by the Michigan Board of Pharmacy (Case No. 53-12-123396), which fined the facility.

- **Kentucky Board of Pharmacy** (Case No. 14-0250A and 15-0279A): Agreed Order executed on October 23, 2015 wherein the Predecessor Entity agreed to a fine and a three (3) year probation. This discipline led to sister-state disciplines in the following states[1]:

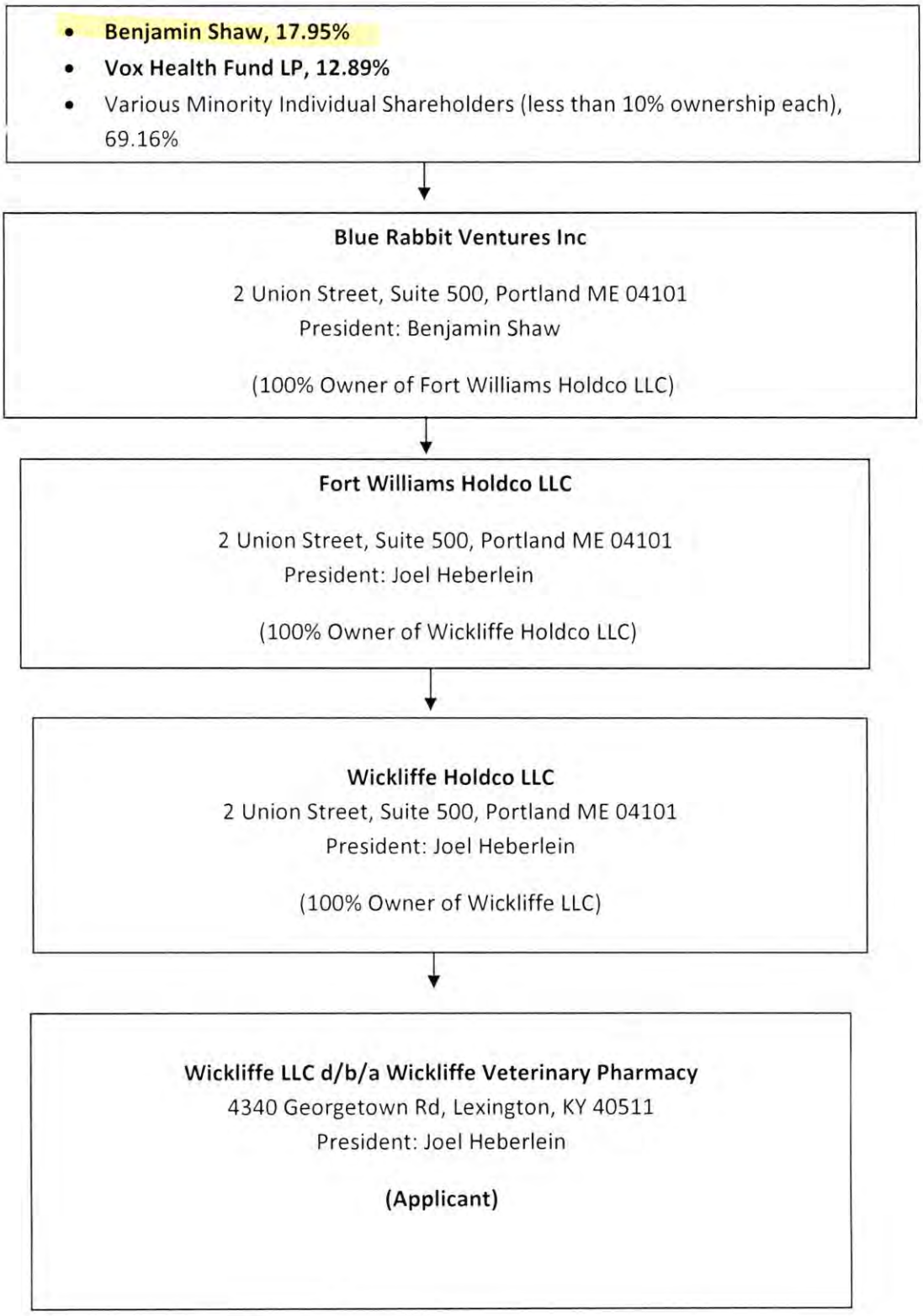
    - **Oregon Board of Pharmacy** (Case No. 2015-0594): Predecessor Entity's license was placed on probation for the duration of the probation with the Kentucky BOP. Probation was terminated on October 24, 2018 and the Oregon license is currently unencumbered and in good standing.
    - **Alabama Board of Pharmacy** (No Case No): Predecessor Entity paid a fine and its Alabama license was placed on probation for the same length of time that it remained under Kentucky's probation. Probation has since been terminated and the Alabama license is currently unencumbered and in good standing.
    - **Iowa Board of Pharmacy** (Case No. 2014-181): Predecessor Entity paid a fine and and its Iowa license was placed on probation until its Kentucky probation was lifted. On February 7, 2019, the Iowa Board terminated the probation. The Iowa license is currently unencumbered and in good standing.
    - **Colorado Board of Pharmacy** (Case No. 2015-4608): Predecessor Entity's Colorado license was placed on probation until its Kentucky probation was lifted. The Colorado probation has since been terminated and its license is currently unencumbered and in good standing.
    - **Texas Board of Pharmacy** (Case No. L-14-055): Predecessor Entity's license was placed on probation for three (3) years and it was ordered to pay a fine. That probation has since been terminated and Predecessor Entity's Texas license is currently unencumbered and in good standing.

[1]As these matters are all sister-state actions arising from the 2015 Kentucky discipline, we have only attached the Kentucky orders for 2003, 2011 and 2015. If you would like copies of the sister-state actions stemming from the 2015 Kentucky discipline, please let us know.

- **Wisconsin Board of Pharmacy** (Case No. 0004737): Predecessor Entity was reprimanded and fined.
- **Maryland Board of Pharmacy** (Case No. PI-15-052): Predecessor Entity's Maryland license was placed on a three (3) year probation. That probation has since been terminated and the Maryland license is currently unencumbered and in good standing.
- **Florida Board of Pharmacy** (Case No. 2014-07670): Predecessor Entity's Florida license was placed on probation and fined. Probation was later lifted and its Florida license is currently unencumbered and in good standing.
- **Rhode Island Board of Pharmacy** (Case No. C-16-418): Predecessor Entity was placed on probation for three (3) years running concurrently with the Kentucky Order probation period. The probation was later lifted and the Rhode Island license is currently unencumbered and in good standing.
- **Louisiana Board of Pharmacy** (Case No. 2016-60): Predecessor Entity's Louisiana license was placed on probation for two years and fined. The probation ended on October 23, 2018 and its Louisiana license is currently unencumbered and in good standing.
- **Utah Board of Pharmacy** (Case No. DOPL 2016-684): Predecessor Entity was reprimanded and fined by the Utah BOP.
- **Missouri Board of Pharmacy** (No Case No): Predecessor Entity's Missouri license was placed on probation until October 23. The Missouri license is currently unencumbered and in good standing.
- **California Board of Pharmacy** (Case No. 5856): Predecessor Entity's California licenses were placed on probation for three (3) years and Predecessor Entity paid administrative costs. The probation has since been terminated and the California licenses are unencumbered and in good standing.
- **Michigan Board of Pharmacy** (Case No. 53-17-145600): Predecessor Entity was fined.
- **Illinois Board of Pharmacy** (Case No. 2015010771): Predecessor Entity was reprimanded and fined.

Joel Heberlein
President
Wickliffe LLC d/b/a Wickliffe Veterinary Pharmacy

ORGANIZATIONAL CHART



* The above chart reflects the anticipated stock ownership interest stockholders following the closing of the transaction and calculated on a fully diluted and fully vested basis. The stock ownership amounts set forth in the above chart is subject to normal adjustments upon final closing of the transaction.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Wickliffe LLC d/b/a Wickliffe Veterinary Pharmacy

Physical Address: 4340 Georgetown Road

City: Lexington State: KY Zip: 40511

Mailing Address (if different from physical address): Same as above

City: State: Zip:

Telephone: 859-389-7470 Website: wickliffeRX.com

Licensing Company Email: nkirkpatrick@wickliffex.com

Section 2: Personal Information

First: Benjamin Middle: Last: Shaw

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Union Street, Suite [redacted]

City: Portland State: ME Zip: 04101

Telephone: [redacted] Email: bshaw@bluerabbit.vet

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's initials BJS

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Portland High School			
Address	**City**	**State**	**Zip**
284 Cumberland Ave	Portland	Maine	04101
Diploma/Degree obtained, if any			
Diploma			

School Name		From - To (MM/YY – MM/YY)	
Bates College			
Address	**City**	**State**	**Zip**
2 Andrews Rd	Lewiston	Maine	04240
Diploma/Degree obtained, if any			
B.A in Biology, Political Science & Enviormental Sciences			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
2017-Present	[redacted]Sunny Bank Rd	Cape Elizabeth	Maine	04107
2010-2017	[redacted] Park Circle	Cape Elizabeth	Maine	04107
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials BJS

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Blue Rabbit Ventures Inc.			
Business Address	**City**	**State**	**Zip**
2 Union Street, Suite 500	Portland	ME	04101
Phone	**Title**		
	President		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Borealis Ventures			11/19 - Present
Business Address	**City**	**State**	**Zip**
10 Allen St	Hanover	NH	03755
Phone	**Title**		
	Partner		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Covetrus			04/18 - 10/19
Business Address	**City**	**State**	**Zip**
7 Custom House	Portland	Maine	04101
Phone	**Title**		
	CEO		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Vets First Choice			05/10 - 04/18
Business Address	**City**	**State**	**Zip**
7 Custom House	Portland	Maine	04101
Phone	**Title**		
	CEO		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials BJG

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

1/25/22
Date

Applicant's initials BJS

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Benjamin Shaw

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/25/22

Date

Please have this section completed in the presence of a Notary Public.

State of Maine, ss. County of Cumberland

I, Benjamin Shaw, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

1/25/22

Date

Subscribed and Sworn to before me this 25 day of January 2022

Maureen C Valentine

Notary Public Signature

MAUREEN C. VALENTINE
Notary Public Maine
My Commission Expires July 18, 2027

(Seal)

Applicant's initials BJS

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Wickliffe, LLC d/b/a Wickliffe Veterinary Pharmacy

Physical Address: 4340 Georgetown Road

City: Lexington State: KY Zip: 40511

Mailing Address (if different from physical address): Same as above

City: State: Zip:

Telephone: 859-389-7470 Website: wickliffeRX.com

Licensing Company Email: nkirkpatrick@wicklifferx.com

Section 2: Personal Information

First: Joel Middle: Last: Heberlein

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Union Street, Suite [redacted]

City: Portland State: ME Zip: 04101

Telephone: [redacted] Email: joel.heberlein@bluerabbit.vet

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: N/A to: N/A

Military Occupation/Specialty: N/A

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? N/A		

Applicant's initials: qmw

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
PROVIDENCE COLLEGE		9/93 - 5/97	
Address	**City**	**State**	**Zip**
1 CUNNINGHAM SQUARE	PROVIDENCE	RI	02918
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
MARSHFIELD HIGH SCHOOL		9/89 - 5/93	
Address	**City**	**State**	**Zip**
167 FOREST STREET	MARSHFIELD	MA	02050
Diploma/Degree obtained, if any			
HS DIPLOMA			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
9/03 - Present	[redacted] Damon's Point Circle	Marshfield	MA	02050
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name	From - To (MM/YY – MM/YY)
BLUE RABBIT VENTURES, IN	4/21 - PRESENT

Business Address	City	State	Zip
2 UNION ST, SUITE 504	PORTLAND	ME	04101

Phone	Title
781-264-4453	CFO

Description of Duties

CFO FOR ANIMAL HEALTH COMPANY

Business Name	From - To (MM/YY – MM/YY)
TEAM LAUNCH LLC	6/16 - 4/21

Business Address	City	State	Zip
268 SUMMER STREET	BOSTON	MA	02210

Phone	Title
781-264-4453	OPERATING PARTNER

Description of Duties

PARTNER IN COMPANY THAT CREATES NEW E-COMMERCE COMPANIES

Business Name	From - To (MM/YY – MM/YY)
FOLLAIN LAUNCH INC	1/19 - 4/21

Business Address	City	State	Zip
268 SUMMER STREET	BOSTON	MA	02210

Phone	Title
781-264-4453	CFO/COO

Description of Duties

CFO/COO FOR BEAUTY AND PERSONAL CARE RETAILER

Business Name	From - To (MM/YY – MM/YY)
FLASHNOTES, INC.	18/[illegible] - 5/16

Business Address	City	State	Zip
2 FANEUIL HALL MARKETPLACE #501	BOSTON	MA	02109

Phone	Title
857-230-5761	CFO

Description of Duties

CFO FOR STUDENT TO STUDENT MARKETPLACE

Business Name	From - To (MM/YY – MM/YY)
RUE LA LA	7/09 - [illegible] 11/14

Business Address	City	State	Zip
20 CHANNEL CENTER STREET	BOSTON	MA	02210

Phone	Title
617-695-7300	SVP, FINANCE

Description of Duties

RESPONSIBLE FOR DAILY ACTIVITIES OF FINANCE AND ACCOUNTING FUNCTIONS

Continue on next page if additional space is needed.

Applicant's initials [illegible]

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Joel Heberlein

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/7/21

Date

Please have this section completed in the presence of a Notary Public.

State of Maine, ss. County of Cumberland

I, Joel Heberlein, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12/7/21

Date

Subscribed and Sworn to before me this 7 day of December, 2021

Maureen Valentine

Notary Public Signature

MAUREEN C. VALENTINE
Notary Public Maine
My Commission Expires July 18, 2027

(Seal)

Applicant's initials

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Wickliffe, LLC d/b/a Wickliffe Veterinary Pharmacy

Physical Address: 4340 Georgetown Road

City: Lexington State: KY Zip: 40511

Mailing Address (if different from physical address): Same as above.

City: State: Zip:

Telephone: 859-389-7470 Website: wickliffeRX.com

Licensing Company Email: nkirkpatrick@wickliffeRX.com

Section 2: Personal Information

First: Nicholas Middle: R. Last: Kirkpatrick

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Georgetown Road

City: Lexington State: KY Zip: 40511

Telephone: [redacted] Email: nkirkpatrick@wickliffeRX.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: N/A to: N/A

Military Occupation/Specialty: N/A

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? N/A		

Applicant's Initials: NK

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name	From - To (MM/YY – MM/YY)
East Tennessee State University Bill Gatton College of Pharmacy	08/2012 – 05/2016

Address	City	State	Zip
Maple Avenue,	Johnson City	TN	37604

Diploma/Degree obtained, if any: PharmD

School Name	From - To (MM/YY – MM/YY)
University of Kentucky	08/09 - 05/12

Address	City	State	Zip
301 Peterson Service Building	Lexington	KY	40506

Diploma/Degree obtained, if any: Bachelor of Science - Human Nutrition

School Name	From - To (MM/YY – MM/YY)
West Kentucky Community and Technical College	08/07 – 05/09

Address	City	State	Zip
4810 Alben Barkley Dr.	Paducah	KY	42001

Diploma/Degree obtained, if any: Associate of Science

School Name	From - To (MM/YY – MM/YY)
Heath High School	08/04 - 05/07

Address	City	State	Zip
~~300 Lakeway View Dr.~~ 4330 Metropolis Lake Road	Paducah	KY	42086

Diploma/Degree obtained, if any:

School Name	From - To (MM/YY – MM/YY)

Address	City	State	Zip

Diploma/Degree obtained, if any:

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
04/16 - Present	[redacted] Horsemint Trail	Lexington	KY	40509
08/12 - 04/16	[redacted] Judd Lane	Johnson City	TN	37604
08/10 - 08/12	[redacted] Simpson Avenue	Lexington	KY	40504

Applicant's initials NL

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above:

Business Name			From - To (MM/YY – MM/YY)
Wickliffe Veterinary Pharmacy			05/20 - present
Business Address	**City**	**State**	**Zip**
4340 Georgetown Road	Lexington	KY	40511
Phone	**Title**	**Number of Employed Hours**	
859-839-7470	Pharmacy Manager	3000	
Description of Duties			
Pharmacist in Charge - manage all pharmacists and technicians			

Business Name			From - To (MM/YY – MM/YY)
Tailor Made Compounding			12/16 - 05/20
Business Address	**City**	**State**	**Zip**
200 Moore Dr.	Nicholasville	KY	40356
Phone	**Title**	**Number of Employed Hours**	
859-887-0013	Staff Pharmacist	7000	
Description of Duties			
Oversaw sterile pharmacy operations, managed inventory, manage pharmacy technicians			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials MM

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✓	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 16. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

See attached.

Original Signature (electronic, copies or stamps not accepted)

12/3/2021
Date

Applicant's initials MC

6. Have you or any general or limited partnership, company, or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?

Nicholas Kirkpatrick was disciplined by the Kansas Board of Pharmacy (Case No. 20-224), for failing to timely report to the Board a change of his position as pharmacist-in-charge of his prior employer. Mr. Kirkpatrick was disciplined and fined $120. His Kansas license is currently active, in good standing, and unencumbered.

The Kansas Board of Pharmacy's discipline led to a sister state discipline by the Alabama Board of Pharmacy (Case No. 20-L-0104). Mr. Kirkpatrick was disciplined and paid an administrative fee of $500. His Alabama license is currently active, in good standing, and unencumbered.

I, Nicholas R. Kirkpatrick, **certify that as the designated representative for**

Wickliffe, LLC d/b/a Wickliffe Veterinary Pharmacy,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Nicholas Kirkpatrick

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/3/2021

Date

Applicant's initials MK

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Nicholas Kirkpatrick

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12/3/2021

Date

Please have this section completed in the presence of a Notary Public.

State of Kentucky, ss. County of Fayette

I, Nicholas Kirkpatrick, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

12/3/2021

Date

Subscribed and Sworn to before me this 3 day of December 2021

Notary Public Signature

LINDA C RAMSEY
Notary Public-State at Large
KENTUCKY - Notary ID # KYNP26196
My Commission Expires 03-26-2025

(Seal)

Applicant's initials NK

Officer Information for Wickliffe LLC

Wickliffe LLC
4340 Georgetown Road
Lexington KY 40511
FEIN: 87-2983014

Wickliffe LLC will have the following officer:

1. Joel Heberlein

   President
   Home Address: [redacted] Damon's Point Circle, Marshfield, MA 02050
   Business Address: 2 Union Street, Suite 500, Portland ME 04101
   DOB: [redacted]
   Telephone: [redacted]
   Email: joel.heberlein@bluerabbit.vet
   SSN: [redacted]

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
http://www.sos.ky.gov

Certificate of Existence

Authentication number: 259107
Visit https://web.sos.ky.gov/ftshow/certvalidate.aspx to authenticate this certificate.

I, Michael G. Adams, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

WICKLIFFE PHARMACEUTICAL, INC.

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is January 12, 2000 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that Articles of Dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 3rd day of December, 2021, in the 230th year of the Commonwealth.



Michael G. Adams
Secretary of State
Commonwealth of Kentucky
259107/0486870

COMMONWEALTH OF KENTUCKY

KENTUCKY BOARD OF PHARMACY

State Office Building Annex, Suite 300
125 Holmes Street
Frankfort KY 40601

LICENSE/PERMIT: Resident Pharmacy

EFFECTIVE DATE: 04/18/2000

NUMBER: P06568

EXPIRATION DATE: 06/30/2022

PIC: NICHOLAS R. KIRKPATRICK

Issued to:
WICKLIFFE PHARMACEUTICAL INC

4340 GEORGETOWN RD
LEXINGTON, KY 40511

License/Permit must be posted in public view.

The official status of this license/permit can be verified at www.pharmacy.ky.gov.

The facility above is hereby licensed or permitted at the above address, and is subject to the rules and regulations of the Kentucky Board of Pharmacy.

nkirkpatrick@wicklifferx.com

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BW7636838	05-31-2023	$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, 5	RETAIL PHARMACY	04-03-2020

WICKLIFFE PHARMACEUTICALS
4340 GEORGETOWN RD
LEXINGTON, KY 40511

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
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WICKLIFFE PHARMACEUTICALS
4340 GEORGETOWN RD
LEXINGTON, KY 40511

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Form DEA-223 (9/2016)

Kentucky Board of Pharmacy

125 Holmes St.
Frankfort, KY 40601

Report

Pharmacy

Name: *WICKLIFFE PHARMACEUTICAL INC* Permit No.: *P06568*

Address: *4340 GEORGETOWN RD, LEXINGTON, KY 40511*

Phone: *(859) 389-7470* Fax: *(859) 381-9252* Email: *vinced@WICKLIFFERX.COM*

Inspection

Date: *03/30/2021* Time In: *12:00 AM* Time Out: *10:00 AM*

Type: *Audit*

Notes: *Desktop Review is an administrative review of portions of a licensee's Sterile Compounding Program. Compliance is based on assessment of documentation submitted by the licensee and does not constitute or take the place of an onsite inspection. Documentation provided by Nick Kirkpatrick.*

Pharmacist and Interns

Rhyan N Banas

License: *PT00363652* Status: *Active* PIC: *No*

jolie b kadja

License: *PT00353197* Status: *Active* PIC: *No*

ALEX G DUDLEY

License: *PT00021915* Status: *Active* PIC: *No*

MONETTE WRIGHT

License: *010906* Status: *Active* PIC: *No*

Maxwell K Johnson

License: *PT00366336* Status: *Lapsed* PIC: *No*

Emily A Elkins

License: *PT00367878* Status: *Active* PIC: *No*

britany m walker

License: *PT00350034* Status: *Active* PIC: *No*

Pharmacist and Interns *(continued)*

Anna Hatfield
License: *PT00363800* Status: *Lapsed* PIC: *No*

Noel Pooler
License: *PT00347102* Status: *Active* PIC: *No*

LOGAN BARBERIE
License: *PT00362930* Status: *Active* PIC: *No*

MICHELLE COMPTON
License: *PT00024263* Status: *Active* PIC: *No*

Roberto Ortiz
License: *PT00022636* Status: *Active* PIC: *No*

NICHOLAS R. KIRKPATRICK
License: *018695* Status: *Active* PIC: *Yes*

Aliona Markos
License: *PT00357969* Status: *Active* PIC: *No*

REGAN T. WATKINS
License: *I14719* Status: *Intern* PIC: *No*

FREDRICK VINCENT DA GRAVA
License: *011753* Status: *Active* PIC: *No*

Ashley N Cornelius
License: *PT00348143* Status: *Active* PIC: *No*

Samantha Briggs
License: *PT00362929* Status: *Active* PIC: *No*

Donni J Plunkett
License: *PT00351245* Status: *Active* PIC: *No*

Natasha E. Thompson
License: *018196* Status: *Active* PIC: *No*

Ryan C Smith
License: *PT00362781* Status: *Active* PIC: *No*

Garrett A Tamminga
License: *PT00027617* Status: *Lapsed* PIC: *No*

Pharmacist and Interns *(continued)*

Jackie S Bernard

License: *PT00088470* Status: *Active* PIC: *No*

Jessica Crossan

License: *PT00346925* Status: *Active* PIC: *No*

TIMOTHY CRAIG ARNOLD JR

License: *PT00023183* Status: *Lapsed* PIC: *No*

Keith D Allen

License: *PT00029806* Status: *Active* PIC: *No*

Policies and Procedures

Compounding Personnel Education and Assessment	*Compliant*
Personnel Cleansing and Garbing	*Compliant*
Cleaning and Disinfecting Compounding Area	*Compliant*
Operation of Isolators	*Compliant*
Compounding Procedures for In-Process Checks and Final Product Verification	*Compliant*
Ingredient Inspection and Assessment	*Compliant*
Checks for Compounding Accuracy and Recordkeeping of Compounding Log	*Compliant*
Physical Inspection of CSPs	*Compliant*
Final Check of CSPs Including Labeling	*Compliant*
Maintenance and Assessment of Compounding Equipment	*Compliant*
Assignment of BUDs	*Compliant*
Monitoring of Storage Areas	*Compliant*
Packaging, Handling, Security, Storage, Disposal, Destruction, Transport and Return of CSPs and Supplies	*Compliant*
Quality Assurance Program	*Not inspected*
Adverse Events Reporting and Monitoring	*Not inspected*
Hazardous and Oncology Drug Handling and Disposal	*Compliant*
Sterilization by Steam	*Compliant*

Policies and Procedures *(continued)*

Sterilization by Dry Heat	*Compliant*
Depyrogenation by Dry Heat	*Compliant*
Monitoring of CSPs Dispensed Prior to Sterility Results, including Recall Procedures	*Not inspected*
P&P reviewed and revised annually	*Not inspected*

Comments

document annual review date(s) for each PnP

Training and Garbing

Documentation all compounding personnel passed initial and annual/semi-annual written exam for appropriate risk level for cleaning and disinfecting.	*Compliant*
Documentation all compounding personnel passed initial and annual/semi-annual written exam for hand hygiene and garbing.	*Compliant*
Documentation all compounding personnel passed initial and annual/semi-annual written exam for aseptic technique.	*Compliant*
Visually observed and appropriately documented competencies of cleaning and disinfecting, initially and at the completion of media fill test, and including environmental services, if applicable and when appropriate.	*Compliant*
Visually observed and appropriately documented competencies of hand hygiene and garbing, initially with initial gloved fingertip sample with zero growth.	*Compliant*
Visually observed and appropriately documented competencies of hand hygiene and garbing annually/semi-annually done upon completion of aseptic media fill test performed annually/semi-annually with up to 3 total CFUs.	*Compliant*
Visually observed and appropriately documented competencies of aseptic technique, initially and annually/semi-annually for appropriate risk level under most challenging conditions.	*Compliant*
Training of any equipment used.	*Not inspected*
Documentation of immediate reinstruction, reevaluation and retesting of compounding personnel who fail any testing.	*N/A*
Written policy personnel cannot compound if have sunburn, illness, open sores, etc.	*Compliant*
Personnel remove outer garments, make-up, visible jewelry (hand, wrist, ears, lips, eyebrow piercings).	*Compliant*

Comments

per policy

Training and Garbing *(continued)*

Personnel keep nails short and natural. *Compliant*

Comments

per policy

Garbing

Garb from dirtiest to cleanest, using the line of demarcation appropriately. *Not inspected*

Performs hand washing appropriately up to the elbows for 30 seconds and uses a nail pick. *Not inspected*

Use waterless, alcohol based surgical scrub with persistent activity. Has chlorhexidine/emollients: Purell Surgical Scrug; Avagard; Sterillium; Surgicept; Triseptin; Alcare. *Not inspected*

Sterile gloves donned appropriately. *Not inspected*

Dispose of gown when leave compounding area or reuse for one shift (nonhazardous). *Not inspected*

Non-garbed personnel are not entering compounding area. *Not inspected*

Environment with Ante and Buffer Rooms

Floor is smooth, impervious, free from cracks and crevices, and seams are heat sealed. *Not inspected*

Ceiling tiles are sealed, free from cracks and crevices, and seams where walls and ceiling meet are sealed. *Not inspected*

Walls are painted with epoxy based paint or other impermeable surface, are smooth, impervious, easily cleanable, and free from cracks and crevices, seams are heat sealed. *Not inspected*

Non-shedding equipment is used. *Not inspected*

Limited entry to necessary personnel. *Compliant*

Comments

per policy

Accessories: shelving, chairs, stools, carts easily cleanable and non-permeable, free from cracks and crevices, low particulate generating and limited to necessary equipment in ante and buffer rooms. *Not inspected*

All items cleaned and disinfected before bringing into buffer room. *Not inspected*

Ante-Room has a sink with hot and cold water and hands dried with lint free non-shedding, disposable paper towels or blow dryer. *Not inspected*

Buffer Room has no sink, drain or water source. *Not inspected*

Environment with Ante and Buffer Rooms *(continued)*

Proper utilization of line of demarcation (LOD).	*Not inspected*
HEPA Filters must be on air ducts in the ceiling of ante and buffer rooms.	*Not inspected*
Food, drinks, gum prohibited in compounding area. Comments *per policy*	*Compliant*
If LAFW Blower turned off, must run for 30 minutes before using.	*Not inspected*
If no physical barrier between the buffer and ante rooms, only performing low and medium risk sterile compounding.	*N/A*
If no physical barrier between the buffer and ante rooms, air velocity is at least 40 feet/minute continuously from buffer area across LOD into ante area.	*N/A*
If no physical barrier between the buffer and ante rooms, air velocity is recorded every shift, a minimum of daily.	*N/A*
Pressure is recorded each shift, a minimum of daily.	*Not inspected*
Ante room is positive pressure of at least 0.02 inch water column to general pharmacy.	*Not inspected*
Buffer room is positive pressure of at least 0.02 inch water column to ante room.	*N/A*
Temperature is recorded daily.	*Compliant*
Temperature of buffer room is appropriate.	*Compliant*
Controlled storage areas for room temperature is 68 to 77 F or 20 to 25 C.	*Compliant*
Controlled storage area for cold temperature is 36 to 46 F or 2 to 8 C.	*Compliant*
Controlled storage area for freezer temperature is -13 to 14 F or -25 to -10 C.	*Not inspected*
Components store in appropriate humidity, recommended 35% to 60%.	*Compliant*

Cleaning

Personnel appropriately garbed when cleaning.	*Not inspected*
Cleaning and disinfecting agent (may be one step cleaning and disinfecting) appropriate for bacteria, viruses, fungi.	*Compliant*
Cleaning equipment is non-shedding, disposable or dedicated.	*Not inspected*
Daily cleaning of compound area takes place when no compounding is occurring and includes easily cleanable surfaces including counter tops, pass through, etc. and floors.	*Compliant*

Cleaning *(continued)*

Monthly cleaning of compound area takes place when no compounding is occurring and includes everything in compound area – bins, equipment, ceiling, walls and floor.	*Compliant*
Cleaning of ISO Class 5 PEC is documented each shift, a minimum of daily.	*Compliant*
Uses low linting towels to clean ISO Class 5 PEC.	*Not inspected*
Uses germicidal detergent diluted with sterile water if not ready to use, to clean each shift or daily.	*Compliant*
ISO Class 5 PEC is disinfected between compounding activities.	*Not inspected*
ISO Class 5 PEC is wiped with sterile water followed by disinfectant after spills or surface contamination.	*Not inspected*
70% sIPA allowed to remain in contact with surface for 30 seconds before compounding.	*Not inspected*
PEC cleaned in correct order of top ,back, sides, racks/poles, items on deck, deck.	*Not inspected*

Environmental Monitoring: Certification of Ante and Buffer Rooms

All ISO Class 5 PEC and ISO Class 7 and/or ISO Class 8 rooms have been certified as required.	*Compliant*
Review report from certifier. Date: *08/13/2020* Certifier: *Steris* Comments *previous certification 2/26/2020*	*Compliant*
Certification done to CETA guidelines, CAG-003-2006, or similar.	*Compliant*
Certifier's equipment calibrated to manufacturer standards.	*Compliant*
Ante room has HEPA filtered air certified to ISO Class 8 for non-hazardous compounding.	*N/A*
Ante room has HEPA filtered air certified to ISO Class 7 for hazardous compounding.	*Compliant*
Buffer room has HEPA filtered air certified to ISO Class 7.	*Compliant*
ISO Class 7 ante room, minimum of 30 ACPH. ACPH: *35*	*Compliant*
ISO Class 8 ante room, recommended 20 ACPH. ACPH:	*N/A*
ISO Class 7 non-hazardous buffer room, minimum of 30 ACPH with at least 15 from outside source. ACPH:	*N/A*

Environmental Monitoring: Certification of Ante and Buffer Rooms *(continued)*

ISO Class 7 hazardous buffer room, minimum of 30 ACPH. ACPH: *78*	*Compliant*
Smoke test performed in PEC in direct compounding area to demonstrate unidirectional airflow under dynamic conditions.	*Compliant*
Differential pressure measured to be at least positive 0.02 inch water column from ante room to general pharmacy with door closed.	*Compliant*
Differential pressure measured to be at least positive 0.02 inch water column from buffer room to ante room with door closed.	*N/A*
Differential pressure measured to be at least negative 0.01 inch water column from buffer room to positive pressure ISO 7 ante room with door closed.	*Compliant*
If no physical separation of ante and buffer room, displacement airflow measured requiring air velocity of 40 feet/minute or more from buffer area across LOD into ante room.	*N/A*
ISO Class 5 areas not more than 3,520 particles per cubic meter of air, taken under dynamic conditions.	*Compliant*
ISO Class 7 areas not more than 352,000 particles per cubic meter of air, taken under dynamic conditions.	*Compliant*
ISO Class 8 areas not more than 3,520,000 particles per cubic meter of air, taken under dynamic conditions.	*N/A*
Room HEPA filters leak tested and repaired if needed.	*Compliant*
PEC HEPA filters leak tested and repaired if needed.	*Compliant*
PEC airflow velocity measured.	*Compliant*
Documentation of viable air and surface sampling shall include date and time of sampling.	*Compliant*
Documentation of viable air and surface sampling shall include sampling shall include sample locations.	*Compliant*
Documentation of viable air and surface sampling shall include method of collection.	*Compliant*
Documentation of viable air and surface sampling shall include frequency of sampling.	*Compliant*
Documentation of viable air and surface sampling shall include volume of air sampled.	*Compliant*
Documentation of surface sampling shall include size of surface sampled, 24-30 cm2.	*Not inspected*
Documentation of viable air and surface sampling shall include time of day in relationship to compounding.	*Compliant*
Documentation of viable air and surface sampling shall include action levels.	*Compliant*

Environmental Monitoring: Certification of Ante and Buffer Rooms *(continued)*

Viable air sampling performed using active impaction device with appropriate growth media to support bacteria and for high risk compounding fungus, at least every 6 months in all ISO classified areas using 400 – 1000 L of air per sample.	*Compliant*
Viable air microbial action levels for ISO Class 5: 1000 liters > 1 CFU/m3 or 400 liters > 1CFU/m3.	*Compliant*
Viable air microbial action levels for ISO Class 7: 1000 liters, > 10 CFU/m3 or 400 liters, > 4CFU/m3	*Compliant*
Viable air microbial action levels for ISO Class 8: 1000 liters, > 100 CFU/m3 or 400 liters, > 40 CFU/m3	*N/A*
Viable surface sampling performed periodically on direct compounding areas, buffer and ante rooms, pass thru and surfaces likely to be contaminated, as applicable, using media supplemented with neutralizing effects of disinfecting agents (TSA with lecithin & Polysorbate 80) and done at the conclusion of compounding.	*Compliant*
Surface microbial action levels for ISO Class 5, less than 3 CFU/m3.	*Compliant*
Surface microbial action levels for ISO Class 7, less than 5 CFU/m3.	*Compliant*
Surface microbial action levels for ISO Class 8, less than 100 CFU/m3.	*N/A*
All CFUs analyzed down to the genus with mold, yeast, coagulase positive Staph, gram negative rods requiring immediate Investigation.	*Compliant*
Exceeded action levels should prompt a re-evaluation of adequacy of personnel work practices, cleaning, operational procedures and/or air efficiency and require an investigation into the source of contamination.	*Not inspected*

Environmental Monitoring: Certification of PEC

All ISO Class 5 PECs have been certified as required.	*N/A*
Review report from outside agency.	*N/A*
Certification done to CETA guidelines, CAG-003-2006, or similar.	*N/A*
Certifiers equipment calibrated to manufacturer standards.	*N/A*
Smoke test performed in PEC in direct compounding area to demonstrate unidirectional airflow under dynamic conditions.	*N/A*
Differential pressure measured to be at least 0.02 inches water column from ante chamber to general pharmacy area.	*N/A*
Differential pressure measured to be at least 0.02 inches water column from main chamber to ante chamber.	*N/A*

Environmental Monitoring: Certification of PEC *(continued)*

ISO Class 5 areas not more than 3,520 particles per cubic meter of air, taken under dynamic conditions.	*N/A*
PEC HEPA filters leak tested and repaired if needed.	*N/A*
PEC airflow velocity measured.	*N/A*
Documentation of viable air and surface sampling shall include date and time of sampling.	*N/A*
Documentation of viable air and surface sampling shall include sample locations.	*N/A*
Documentation of viable air and surface sampling shall include method of collection.	*N/A*
Documentation of viable air and surface sampling shall include frequency of sampling.	*N/A*
Documentation of viable air sampling shall include volume of air sampled.	*N/A*
Documentation of surface sampling shall include size of surface sampled, 24-30 cm2.	*N/A*
Documentation of viable air and surface sampling shall include time of day in relationship to compounding.	*N/A*
Documentation of viable air and surface sampling shall include action levels.	*N/A*
Viable air sampling performed using active impaction device with appropriate growth media to support bacteria and for high risk compounding fungus, at least every 6 months in all ISO classified areas using 400 – 1000 liters of air per sample.	*N/A*
Viable air microbial action levels for ISO Class 5: 1000 liters > 1 CFU/m3 or 400 liters > 1CFU/m3.	*N/A*
Viable surface sampling performed periodically on direct compounding areas using media supplemented with neutralizing effects of disinfecting agents (TSA with lecithin & Polysorbate 80) and done at the conclusion of compounding.	*N/A*
Surface microbial action levels for ISO Class 5, less than 3 CFU/m3.	*N/A*
All CFUs analyzed down to the genus with mold, yeast, coagulase positive Staph, gram negative rods requiring immediate investigation.	*N/A*
Exceeded action levels should prompt a re-evaluation of adequacy of personnel work practices, cleaning, operational procedures and/or air efficiency and require an investigation into the source of contamination.	*N/A*

Compounding Procedures

Documentation of equipment maintenance and calibration logs.	*Compliant*
Objects that shed prohibited from buffer room or compounding area of CAI/CACI: pencils, cardboard, paper towels, cotton gauze pads.	*Not inspected*

Compounding Procedures *(continued)*

Essential paper products (syringe overwrap, work records in protective plastic sleeves) are wiped down with 70% sIPA in ante room before bringing into buffer room or before placing in the ante chamber of CAI/CACI.	*Not inspected*
Required supplies wiped down with 70% sIPA (or removing outer wrap) as item introduced into aseptic work space.	*Not inspected*
Syringes, needles, tubing opened only In ISO Class 5 PEC.	*Not inspected*
Personnel use correct aseptic technique, compounding in first air.	*Not inspected*
Personnel routinely inspecting sterile gloves for wear and tear and replace as necessary.	*Not inspected*
Personnel routinely disinfecting sterile gloves with 70% sIPA prior to entering and when re-entering ISO Class 5 area and touching non-sterile objects.	*Not inspected*
Personnel ascertain CSP ingredients are correct by looking at label and doing unit by unit inspection of product before using.	*Not inspected*
Rubber stoppers of vials/bottles and ampules disinfected with 70% sIPA prior to introducing needle/breaking ampule, waiting 10 seconds for 70% sIPA to dry.	*Not inspected*
Contents thoroughly mixed and inspected for particulate matter, incompatibility or other issues.	*Not inspected*
Before dispensing CSP, clarity is visually confirmed. Identity and amounts of ingredients, procedures to prepare, sterilize, and specific release criteria are reviewed to assure accuracy and completeness.	*Not inspected*
Opened single dose ampules must be discarded immediately.	*Not inspected*
Single dose containers opened in worse than ISO Class 5 used within 1 hour then discarded, with time first used/discard time documented on container.	*Not inspected*
Single dose containers opened in ISO Class 5 used within 6 hours then discarded, with time first used/discard time documented on container.	*N/A*
MDV used for 28 days, or as specified by manufacturer, once punctured, with date first used/discard date documented on MDV.	*Not inspected*
Compound record is required.	*Compliant*
Appropriate procedures and packaging followed for each step.	*Compliant*
Pharmacist verification of steps performed by technicians by visual inspection.	*Compliant*
Documentation of compounding accuracy by 2nd person in addition to compounder if more than one person is compounding, to ensure proper measurement, reconstitution, component usage.	*Compliant*

Compounding Procedures *(continued)*

Name and quantity of each component on batch labels.	*Compliant*
Date and time preparation compounded (may be internal reference number) on batch labels.	*Compliant*
Verifying pharmacist identifier on batch labels.	*Compliant*
BUD on batch labels. Cannot use exp/expiration. May use: Use Before/Discard After/Administer By, etc.	*Compliant*
Auxiliary labels, ie packaging and labeling of hazardous CSP, on batch lables.	*Compliant*
Standard label requirements on patient specific labels to include date of dispensing, and pharmacy name, address if CSP will leave the premises.	*Compliant*
Verifying pharmacist identifier on patient specific labels.	*Compliant*
BUD on patient specific labels. Cannot use exp/expiration. May use: Use Before/Discard After/Administer By, etc.	*Compliant*
Flow rate, if applicable, on patient specific labels.	*N/A*
Auxiliary labels, ie packaging & labeling of hazardous CSP, on patient specific labels.	*Compliant*
Directions for use, including infusion rate, on patient specific labels.	*Compliant*
Required controlled substances transfer warnings, where applicable, on patient specific labels.	*Not inspected*
Identity of dispensing pharmacist on patient specific labels.	*Compliant*
Storage requirements, when applicable, on patient specific labels.	*Compliant*
If redispense CSPs, must ensure sterility, purity and stability of CSP and BUD cannot be changed unless retested.	*N/A*
Check for container and closure integrity, done after compounding and if stored, before dispensing.	*Compliant*
Compounding accuracy documented by verification of steps.	*Compliant*
Verification of identity and quantity verified by reconciliation of components.	*Compliant*
Labels verified as being correct.	*Compliant*

Continuous Quality Improvement

Share data with staff.	*Not inspected*
Track and trend data.	*Not inspected*

Continuous Quality Improvement *(continued)*

Track complaints from patients and practitioners.	*Not inspected*
Formalized in writing.	*Not inspected*
Consideration of all aspects of preparation and dispensing including environmental testing and verification of results.	*Not inspected*
Description of specific monitoring and evaluation activities.	*Not inspected*
Specification of how results are to be reported and evaluated.	*Not inspected*
Identification of appropriate follow-up mechanisms when action limits or thresholds are exceeded.	*Not inspected*
Delineation of the individuals responsible for each aspect of the program.	*Not inspected*

Sterile Compounding of Hazardous Drugs

Personnel who handle, dispose or compound HD are trained and competency is assessed prior to handling HD and annually thereafter. Training shall be a didactic overview and verified by testing specific HD preparation techniques.	*Compliant*
Personnel who compound HD shall be trained in storage, handling and disposal.	*Not inspected*
Personnel who compound HD shall be trained in safe aseptic manipulation practices.	*Not inspected*
Personnel who compound HD shall be trained in negative pressure techniques when utilizing BSC or CACI.	*Not inspected*
Personnel who compound HD shall be trained in correct use of Closed-System Transfer Devices (CSTD), if applicable.	*N/A*
Personnel who compound HD shall be trained in containment, cleanup and disposal for breakages and spills.	*Not inspected*
Personnel who compound HD shall be trained in treatment of personnel contact and inhalation exposure.	*Not inspected*
Written confirmation by all compounding personnel of reproductive capability that they understand the risks of handling HD.	*Not inspected*

Comments

form incorporated by reference in PnP

HD are handled with caution at all times using chemo rated gloves during receiving, distributing, stocking, inventorying, preparing for administration, and disposal.	*Not inspected*
Personal compounding equipment (PPE) includes gowns with low permeability like polyethylene.	*Not inspected*

Sterile Compounding of Hazardous Drugs *(continued)*

Personal compounding equipment (PPE) includes face masks.	*Not inspected*
Personal compounding equipment (PPE) includes eye protection, as appropriate.	*Not inspected*
Personal compounding equipment (PPE) includes hair covers.	*Not inspected*
Personal compounding equipment (PPE) includes shoe covers or dedicated shoes.	*Not inspected*
Personal compounding equipment (PPE) includes double gloving with chemo rated gloves, with outer glove being sterile.	*Not inspected*
HD CSP are compounded in a BSC or CACI.	*Compliant*
BSC or CACI is located inside an ISO Class 7 area that is physically separate from other areas and is negative pressure of 0.01 inch water column to adjacent positive pressure ISO Class 7 ante room.	*Compliant*
Documentation from CACI manufacturer that the ISO Class 5 environment is maintained under dynamic conditions when not located in an ISO Class 7 environment but must be in a negative pressure room with at least 12 ACPH.	*N/A*
For low volume exemption, defined by KBOP as 5 HD CSPs/2 week period, may use 2 levels of containment.	*N/A*
Documentation from manufacturer of recovery time to achieve ISO Class 5 air quality of CACI when turning off/on and when transferring material from ante chamber to main chamber before and during compounding.	*Not inspected*
CACI located in low traffic area. Comments *located in negative pressure buffer room*	*N/A*
For CACI, pressures recorded each shift, minimum of daily. Main chamber is at least negative 0.01 inch water column to ante chamber and ante chamber is at least positive 0.02 inch water column to general pharmacy.	*Not inspected*
PEC cleaned daily/each shift in correct order of top, back, sides, racks/poles, front inside of BSC shield or CACI, gauntlets in CACI, items on deck, deck, CACI ante chamber in the same order,	*Compliant*
HD shall be stored separately from other inventory.	*Not inspected*
HD disposed of in a manner that complies with all Federal and State laws.	*Not inspected*

12 Hour BUD

Compounded in an ISO Class 5 LAFW not located in ISO Class 7 room.	*N/A*
Low risk, non-hazardous, patient specific CSP.	*N/A*
BUD 12 hours or less, administration begins no later than 12 hours from beginning of compounding.	*N/A*
Personnel gowns and garbs the same as for a clean room.	*N/A*
Cleaning of ISO Class 5 LAWF is the same as for an ISO Class 5 LAWF in clean room.	*N/A*
ISO Class 5 LAWF is segregated compounding area, not near garbage can, sink, window, door.	*N/A*

Immediate use

Compounding does not take place in ISO Class 5 PEC.	*N/A*
Low risk, non-hazardous CSP.	*N/A*
Compounding procedure is continuous not exceeding 1 hour & administration begins no later than 1 hour from start of compounding, if not CSP is discarded.	*N/A*
During compounding, aseptic technique is followed and if not immediately administered the CSP is under continuous supervision to minimize contact with non-sterile items.	*N/A*
CSP is immediately and completely administered by compounder or witnessed by compounder, if not must be labeled with patient identifier, names and amounts of all components, name or initials of compounder, and exact 1-hour BUD and time.	*N/A*

CAI not Located in ISO Class 7

Documentation from CAI manufacturer the ISO Class 5 environment is maintained under dynamic conditions when not located in an ISO Class 7 environment.	*N/A*
Documentation from CAI manufacturer of recovery time to achieve ISO Class 5 air quality when turn off and on and when transferring material from ante chamber to main chamber before and during compounding.	*N/A*
CAI located in low traffic area.	*N/A*
Documentation from CAI manufacturer compounder is exempt from garbing.	*N/A*
CAI Pressures documented each shift, minimum of daily. Main chamber at least positive 0.02 inch water column to ante chamber and ante chamber at least positive 0.02 inch water column to general pharmacy.	*N/A*
Daily/shift documented cleaning of CAI, in the following order: top, back, sides, racks/poles, inside front, gauntlets, items on deck, deck, and ante chamber in same order.	*N/A*

CAI not Located in ISO Class 7 *(continued)*

Personnel appropriately garbed while cleaning CAI.	*N/A*
All items cleaned and disinfected before placing in ante chamber of CAI.	*N/A*
Temperature is recorded daily.	*N/A*
Controlled storage areas for room temperature is 68 to 77 F or 20 to 25 C.	*N/A*
Controlled storage area for cold temperature is 36 to 46 F or 2 to 8 C.	*N/A*
Controlled storage area for freezer temperature is -13 to 14 F or -25 to -10 C.	*N/A*

High Risk

Active Pharmaceutical Ingredient (API): Certificate of Analysis on file.	*Not inspected*
Active Pharmaceutical Ingredient (API): Use USP or NF product and if not, safety and purity established.	*Not inspected*
Active Pharmaceutical Ingredient (API): Label bears batch or lot number.	*Not inspected*
Active Pharmaceutical Ingredient (API): Label bears expiration date, if not, an expiration date of no more than 1 year from date of receiving is assigned.	*Not inspected*
Pharmacy marks API with date received.	*Not inspected*
If pharmacy puts API in smaller container for ease of use, container bears name of API.	*Not inspected*
If pharmacy puts API in smaller container for ease of use, container bears date API was received.	*Not inspected*
If pharmacy puts API in smaller container for ease of use, container bears date API was transferred.	*Not inspected*
If pharmacy puts API in smaller container for ease of use, container bears batch or lot number of API.	*Not inspected*
If pharmacy puts API in smaller container for ease of use, container bears expiration date from manufacturer or pharmacy assigned expiration date of no more than 1 year from date of receiving.	*Not inspected*
APIs stored in tightly closed containers under temperature, humidity and lighting conditions per official monograph or suppliers.	*Not inspected*
Pre-sterilization procedures for high risk CSP, weighing and mixing, shall be completed in no worse than ISO Class 8 environment.	*Compliant*
Appropriate sterilization methods used and documented.	*Compliant*
Terminal sterilization of non-sterile empty vials or stoppers/closures used and documented.	*Compliant*

High Risk *(continued)*

Pre-filter with 1.2 micron to remove large particles, if needed.	*Not inspected*
Filtration performed in ISO Class 5 environment.	*Compliant*
Documentation 0.2/ 0.22 micron sterile, non-pyrogenic microporous membrane filter is chemically/physically compatible with CSP.	*Compliant*
Filtration is completed rapidly without filter replacement.	*Not inspected*
Filter integrity testing is performed and documented for each filter used with each batch sterilized by filtration.	*Compliant*
Written documentation of description of steam sterilization includes conditions and duration for specific CSP.	*Compliant*
Prior to sterilizing, plastic, glass and metal devices are tightly wrapped in low particle shedding paper or fabric or sealed in envelopes that prevent post-sterilization microbial penetration.	*Compliant*
Autoclave allowed to reach 121 C before starting sterilization process.	*Compliant*
Usual expose to 121 C at 15 psi for 20 – 60 minutes. Maintains log of temperature and exposure time for each steam sterilized CSP.	*Compliant*
Ensures steam contacts all ingredients and surfaces to be sterilized.	*Not inspected*
Autoclave was mapped.	*Not inspected*
Effectiveness of steam sterilization is verified each time using biological indicators (BI) and temperature-sensing devices.	*Compliant*
For dry heat sterilization, heat filtered air is evenly distributed throughout the chamber with a blower.	*Not inspected*
Dry heat oven is equipped with system for controlling temperature and exposure period and has been mapped.	*Not inspected*
Sufficient space is left between materials to allow circulation of hot air.	*Not inspected*
Written documentation of description of dry heat includes conditions and duration for specific CSP.	*Compliant*
Effectiveness of dry heat sterilization is verified each time using biological indicators (BI) and temperature-sensing devices.	*Compliant*
For depyrogenation by heat used to render glassware, containers, vials free from pyrogens and viable microbes. Cover tightly with aluminum foil, bake at 250 C for 30 minutes, use immediately or if stored must be ISO Class 7 environment.	*Compliant*

High Risk *(continued)*

For depyrogenation by heat written documentation of description of cycle and duration for specific load items.	*Compliant*
For depyrogenation by heat effectiveness of cycle is verified using Endotoxin Challenge Vials (ECVs) with bacterial endotoxin testing performed on ECVs to verify the cycle is capable of achieving a 3 log reduction in endotoxins.	*Not inspected*
If depyrogenated glassware, containers, and/or vials are not used immediately, must be kept tightly covered with aluminum foil and stored in an ISO 7 environment.	*Compliant*
Other methods of sterilization are used with documented procedures and validation performed.	*Not inspected*

Extending BUD and Sterility Testing

Sterility testing for both bacteria and fungus performed each time BUD is extended beyond USP guidelines.	*Compliant*
Sterility testing performed on high risk CSP prepared in groups of more than 25 identical containers.	*Compliant*
Sterility testing performed on high risk CSP exposed longer than 12 hours at 2-8C (36-46F) or longer than 6 hours at warmer than 8C (46F) before sterilization.	*Not inspected*
Sterility testing is done using membrane filtration (preferred method) or direct inoculation per USP <71>.	*Compliant*
Appropriate number of CSPs tested for sterility per UPS <71> for parenterals: less than 100 units, test 10% or 4 units, whichever is greater; for 100-500 units, test 10 units; and for greater than 500 units, test 2% or 20 units, whichever is less.	*Compliant*
Appropriate number of CSPs tested for sterility per UPS <71> for large volume parenterals: 2% or 10 containers, whichever is less.	*Not inspected*
Appropriate number of CSPs tested for sterility per UPS <71> for non-parenterals (eye drops, inhalations): less than 200 units, test 5% or 2 units, whichever is greater; for 200 or more units, test 10 units; and if packaged as unit dose, use parenteral testing numbers.	*Not inspected*
Bacterial endotoxin testing performed on high risk CSP if prepared in groups of more than 25 identical containers.	*Compliant*
Bacterial endotoxin testing performed on high risk CSP if exposed longer than 12 hours at 2-8C (36-46F) or longer than 6 hours at warmer than 8C (46F) before sterilization.	*Not inspected*
CSP quarantined until results of sterility and endotoxin tests received or if dispensed before receiving results, written procedure requiring daily observation of incubating CSPs and immediate recall when evidence of growth. Patient and prescriber notified of potentially contaminated CSP and potential risk.	*Compliant*

Extending BUD and Sterility Testing *(continued)*

Positive sterility test results promptly investigated including aseptic technique, environmental control, etc. to identify source of contamination and correct the issue.	*Not inspected*
Stability data documented to support extended BUD, either from literature or testing.	*Not inspected*
Method suitability test performed on CSP for stability data derived from testing.	*Not inspected*
If potency testing is performed, strength must be within 10% of stated potency.	*Not inspected*

Transporting CSP Outside Facility

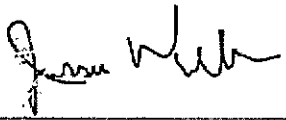
P&P for packing containers specifying which to use.	*Not inspected*
P&P for insulating and stuffing materials specifying which to use.	*Not inspected*
Written instructions to patients how to safely open containers of CSP.	*Not inspected*
Ascertain temperature of CSP during transit.	*Not inspected*
Specific handling and exposure instructions on the exteriors of containers packed with CSPs.	*Not inspected*
Periodic review of delivery performance of couriers to ascertain CSPs are being efficiently and properly transported.	*Not inspected*
Provide CSP labeling that includes clearly readable BUDs, storage instructions, and disposal information for out of date units.	*Not inspected*
Ascertain each patient is able to store CSP properly, including use of properly functioning refrigerator or freezer if needed.	*Not inspected*

Board Approved Waivers

Board has approved a waiver for non-hazardous sterile compounding.	*N/A*
Board has approved a waiver for hazardous sterile compounding.	*N/A*

Inspector's Signature

I have completed this inspection in accordance with the statutes and administrative codes.



Inspector: *Jessica Williams*

Pharmacist's Signature

I have read and understand the statutes and administrative codes. I acknowledge that the items noted in this report have been discussed with me. I understand that if I disagree with any of the deficiencies cited, that I have the right to refute them on this report or and other form that I choose to send to the department.

n/a

Pharmacist: *NICHOLAS KIRKPATRICK*

RECD KYBOP 06/22/15

COMMONWEALTH OF KENTUCKY
KENTUCKY BOARD OF PHARMACY
Case No. 14-0250A and 15-0279A

IN RE: PHARMACY PERMIT NO. P06568 HELD BY WICKLIFFE PHARMACEUTICAL INC.

Agreed Order

Come the parties, the Kentucky Board of Pharmacy ("the Board") and Wickliffe Pharmaceutical Inc. ("Respondent"), and the parties having been fully informed regarding the matter set forth herein, state as follows:

(1) Pursuant to Chapter 315 of the Kentucky Revised Statutes, the Board is authorized to regulate and control all matters related to pharmacists and pharmacies not delegated to another agency of the Commonwealth. The matter herein has not been delegated to another agency of the Commonwealth.

(2) Respondent is a pharmacy in the Commonwealth of Kentucky, having been assigned pharmacy permit no. P06568.

Case 14-0250A

(3) (a) On or about April 25, 2014, Kathleen Culver (Culver) from the Food and Drug Administration (FDA) advised Steve Hart, the Board's Inspections and Investigations Coordinator at the time, that two horses in Kentucky had died after being administered a paste compounded by Respondent.

(b) The toltrazuril 227mg/pyrimethamine 340mg/ml paste was dispensed on or about March 24, 2014 by pharmacist Kelly Zaccarelli (Zaccarelli).

(c) On or about April 29-30, 2014, Katie Busroe (Busroe), a Pharmacy and Drug Inspector for the Board, investigated the incident with Culver at Respondent's site. Culver removed samples of the active pharmaceutical ingredients (APIs) that were used to compound the paste.

(d) FDA lab analysis indicated there was no contamination of the APIs. The FDA determined that the dose of paste administered to the horses resulted in an overdose of pyrimethamine. Two tubes of paste were tested for potency with the results being:

- **Tube 1**: pyrimethamine 82% of declared potency and toltrazuril 83% of declared potency; and

- **Tube 2**: pyrimethamine 80% of declared potency and toltrazuril 82% of declared potency.

(e) The potency testing indicated that the compounded preparation was adulterated, in violation of KRS 217.055 and KRS 315.121(1)(h).

(4) (a) On or about May 8, 2014, Jackie Bernard, Owner of Wickliffe, advised Busroe and Culver that a horse in Florida died after being administered toltrazuril 416mg/pyrimethamine 17mg/ml suspension compounded by Wickliffe.

(b) The suspension was compounded by Respondent on or about March 28, 2014. Tyler Hill was the responsible pharmacist for the compounded suspension.

(c) Altogether, two horses died and six additional horses were hospitalized after they received the compounded suspension.

(d) On or about May 9, 2014, Hart traveled to Wickliffe with Culver to investigate the incident. The same APIs that were used to compound the above-referenced paste were used to compound the suspension.

(e) FDA lab testing indicated the pyrimethamine was 2380% of the declared potency and the toltrazuril was 3.74% of the declared potency.

(f) The potency testing indicated that the compounded preparation was adulterated, in violation of KRS 217.055 and KRS 315.121(1)(h).

(5) (a) On or about November 5, 2014, Busroe inspected Wickliffe with two other Pharmacy and Drug Inspectors, Phil Losche and Amanda Harding. On this date, Zaccarelli served as the Pharmacist-in-Charge (PIC).

(b) During the day long inspection the general operations of Wickliffe were observed. Respondent dispenses to animals. Approximately 99% of dispensed prescriptions are compounded and 1% is commercially available product. Of the compounded preparations, approximately 75% are nonsterile and 25% are sterile. Of the sterile compounds, approximately 98% are injectibles and 2% are ophthalmic preparations; all are high risk. Respondent advised it had 754 compounding formulas. Respondent employed 5 pharmacists (4 present on the day of the inspection) and 27 technicians. The PIC performed mostly administrative and some dispensing functions. One pharmacist was preparing to go on maternity leave, two pharmacists worked in the nonsterile compounding area, two technicians (one full-time and one part-time) worked in the sterile compounding area, eight technicians worked in the nonsterile compounding area, and multiple technicians answered telephones and provided customer service functions. Respondent had one sterile compounding room and three nonsterile compounding rooms; each with at least two work stations. At any time, there may be eight nonsterile preparations being made. The week of the inspection, Respondent averaged 267 prescriptions per day, and filled 284 the day of the inspection. The following issues were discovered:

1. Technicians were performing functions without the immediate supervision of a pharmacist, in violation of 201 KAR 2:045, Section 3 and KRS 315.020(1).
2. There was no documented stability data to substantiate the extended beyond use date (BUD) of various compounded sterile preparations (CSPs) and compounded nonsterile preparations (CNSPs), in violation of KRS 315.121(1)(a). [*See* STORAGE AND BEYOND-USE DATING, USP 797; and STABILITY CRITERIA AND BEYOND-USE DATING, USP 795]
3. Hazardous drugs were improperly stored and handled, in violation of KRS 315.121(1)(a). [*See* HAZARDOUS DRUGS AS CSPs, USP 797]
4. A container of Phenylbutazone alfalfa flavor did not have a tight fitting lid in violation of KRS 315.121(1)(a). [*See* ELEMENTS OF QUALITY CONTROL, USP 797]
5. Respondent transfers Active Pharmaceutical Ingredients (APIs) into smaller containers that are not identified with the component name, original supplier, lot or control number, transfer date and expiration date, in violation of KRS 315.121(1)(a). [*See* COMPONENT SELECTION, HANDLING AND STORAGE, USP 795]
6. Some hazardous drugs had not been prepared in a Biological Safety Cabinet or Compounding Aseptic Containment Isolator in violation of KRS 315.121(1)(a). [*See* HAZARDOUS DRUGS AS CSPs, USP 797]
7. Prescription labels do not always correctly identify the identity of the dispensing pharmacist as required by 201 KAR 2:076, Section 4; and KRS 315.121(1)(a) and (h).
8. Prescription labels do not contain adequate directions for use as required by 201 KAR 2:076, Section 4; and KRS 315.121(1)(a) and (h).
9. A person known as "Sylvia," who was not registered as a technician nor licensed as a pharmacist or pharmacist intern, made an over-the-counter product for another company in a nonsterile compounding room in the pharmacy, in violation of 201 KAR 2:100, Section 1 and KRS 315.121(1)(h).
10. Drug Utilization Review was not performed by a pharmacist on all prescriptions as required by 201 KAR 2:210, Section 4, and in violation of KRS 315.121(1)(h).
11. CSPs were dispensed utilizing a prescriber whose license and/or DEA number was/were not current, in violation of 201 KAR 2:076, Section 4(1)(f) and (g); and KRS 315.121(1)(a) and (h).
12. Respondent permits prepared prescription medications to be left outside the pharmacy for pickup, in violation of 201 KAR 2:100, Section 4; and KRS 315.121(1)(a) and (h).

Case No. 15-0279A

(6) (a) Marhonda Goldey worked from March 31, 2013 through May 27, 2015 without being appropriately registered with the Board. Consequently, the Respondent was in violation of KRS 315.121(1)(g).

(b) The above facts subject Respondent to discipline pursuant to KRS 315.121(1) (h).

(7) In lieu of the filing of a formal Complaint and hearing on the above-referenced two cases, the Board and Respondent have agreed to address this matter by entering into this Agreed Order.

WHEREFORE, IT IS HEREBY AGREED AND ORDERED THAT:

(A) Respondent is fined $100,000. The fine is payable in four installments. The first payment of $50,000.00 is due on or before December 1, 2015. The second payment of $16,666.67 is due on or before December 1, 2016. The third payment of $16,666.67 is due on or before December 1, 2017. The fourth and final payment of $16,666.66 is due on or before December 1, 2018. Respondent's check shall be made payable to the Kentucky State Treasurer and sent to the Kentucky Board of Pharmacy, State Office Building Annex, Suite 300, 125 Holmes St., Frankfort, Kentucky, 40601. Respondent agrees that a missed, late or insufficient payment shall result in the full balance of the fine being due and payable; Respondent's license shall be suspended without a 13B hearing until the fine is paid in full;

(B) Respondent shall be placed on probation for a minimum of three (3) years from the date this Agreed Order is finally executed by the President of the Board, or until the last installment payment is made should Respondent choose to make the fourth and final installment payment as late as December 1, 2018. Respondent agrees to the following terms of probations:

1. The Board shall conduct quarterly inspections at Respondent's site; the costs of which, not to exceed $500 per inspection, shall be paid by Respondent to the Board within thirty (30) days of invoicing by the Board. Costs shall be determined as time, travel costs, and mileage charges of the inspector(s);
2. Respondent agrees to maintain a ratio of one (1) pharmacist to two (2) technicians in the sterile compounding areas, one (1) pharmacist to three (3) technicians in the nonsterile compounding areas, and one (1) pharmacist to three (3) technicians in the noncompounding areas;
3. Respondent agrees that technicians shall initiate or receive telephonic communications about refills if the refills exactly duplicate the original prescription tied to the refill. Technicians shall immediately refer live phone calls or recordings of all other inquiries (e.g., choice of drug, dosage strength, form or delivery method, product recommendations and directions for use) to a pharmacist;
4. Respondent shall not dispense any preparations that have failed potency testing;
5. Respondent agrees it shall not extend BUD on CSPs without stability, potency, and sterility data performed to USP standards. Testing results shall be sent from the lab directly to the Board within seven (7) days of results;
6. Respondent agrees it shall not extend BUD on CNSPs without stability and potency data performed to USP standards. Testing results shall be sent from the lab

directly to the Board within seven (7) days of results;
7. Respondent agrees to validate APIs that are not analyzed to USP or NF standards by reliable testing and acceptable specifications, and to make those tests immediately available to the Board upon request;
8. Respondent agrees to store hazardous drugs pursuant to USP 795, 797 and 800;
9. Respondent agrees to have a properly designated area for quarantined drugs, including a tracking mechanism for each drug and separation from other drugs if not prepared as a batch;
10. Respondent agrees to treat hazardous drugs in CSP areas as hazardous from start to finish;
11. Respondent agrees to abide by USP 795, 797, and 800 regarding the cleaning and decontamination of hazardous compounding areas;
12. Respondent agrees to use compounding sheets that are validated as accurate by the Pharmacist-in-Charge (PIC);
13. Respondent shall label each prescription with information included in 201 KAR 2:276, Section 4(3)(a)-(k);
14. Respondent agrees to obtain specific directions for use, and will not accept "Use as Directed;"
15. A pharmacist shall physically check each product in a PIC developed process that is approved by the Board or its President. The PIC developed process shall be submitted to the Board within thirty (30) days from the date this Agreed Order is finally executed by the President of the Board;
16. Respondent shall report all adverse drug events (ADEs) to FDA MedWatch and USP MEDMARX;
17. The PIC shall immediately investigate and memorialize all ADEs, perform a root cause analysis, and develop quality assurance measures designed to prevent a further occurrence; those reports shall be made immediately available to the Board or its agents upon request;
18. The PIC shall meet with pharmacy staff each quarter to conduct ADE analysis, and a Board inspector shall attend each quarterly meeting;
19. The PIC shall serve as the liaison between Respondent and the Board;
20. All currently named PICs shall attend Critical Point Boot Camp on or before August 1, 2016; thereafter attendance at Critical Point Boot Camp is required within one (1) year of appointment as PIC;
21. Respondent agrees no other business shall be conducted within the confines of the pharmacy;
22. Respondent shall not manufacture for Bluegrass Equine within Respondent's premises;
23. Respondent shall not leave prescription medications outside the pharmacy for pickup;
24. Respondent agrees to pay for sterility and/or potency testing of sterile or nonsterile preparations of samples confiscated by the Board's agents;
25. Respondent shall not dispense prescription medications without a lawful drug order;
26. Respondent shall not dispense prescription medications for the Owner or Owner's family members;

27. Respondent shall document an ongoing quality control program and quality assurance procedures as required by 201 KAR 7:076, Section 6; USP 795 and 797; the program shall be made immediately available to the Board or its agents upon request;
28. Respondent agrees that the PIC shall be responsible for quality assurance programs and the procurement, storage, security, disposition of drugs and the provision of pharmacy services; the Owner shall defer to the PIC on these matters.

(C) Respondent acknowledges it has read and understands the terms of this Agreed Order and is entering into it freely, willingly, and voluntarily. Respondent further acknowledges that by entering into this Agreed Order Respondent is freely, voluntarily, and willingly waiving all the due process rights afforded to him under the U. S. and Kentucky Constitutions, KRS Chapter 315 and the accompanying regulations in regard to disciplinary actions.

(D) Respondent shall not seek to amend this Agreed Order. This Agreed Order constitutes the entire agreement between the parties and the Respondent is not relying on any other agreement or representations of any kind, verbal or otherwise.

(E) In consideration of execution of this Order, the Respondent, its executor, administrator, successors and assigns, hereby releases and forever discharges the Commonwealth of Kentucky, the Board, and the Office of the Kentucky Attorney General and each of their members, agents, and employees in their individual and representative capacities, from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known and unknown, in law and equity, the Respondent ever had, now has, may have or claim to have against any or all of the persons or entities named in this paragraph arising out of or by reason of this investigation, this disciplinary action, this Order or its administration.

(F) The above information shall be reported to the National Association of Boards of Pharmacy ("NABP"), and is subject to disclosure under the Kentucky Open Records Act.

Joel Thornbury, President
Kentucky Board of Pharmacy

10/23/2015
Date

Cheryl Lalonde
Board's Attorney

10-23-15
Date

Wiekliffe Pharmaceutical Inc.
Respondent

10-16 2015
Date

Luke Morgan
Respondent's Attorney

10-16-15
Date

COMMONWEALTH OF KENTUCKY
KENTUCKY BOARD OF PHARMACY
Case No. 11-0196A

BD OF PHARMACY
2011 OCT 25 A 8:09

IN RE: PHARMACY PERMIT NO. P06568 HELD BY WICKLIFFE PHARMACY

Agreed Order

Come the parties, the Kentucky Board of Pharmacy ("the Board") and Wickliffe Pharmacy ("Respondent"), and both having been fully informed regarding the matter set forth herein, state as follows:

(1) Pursuant to Chapter 315 of the Kentucky Revised Statutes, the Board is authorized to regulate and control all matters related to pharmacists and pharmacies not delegated to another agency of the Commonwealth. The matter herein has not been delegated to another agency of the Commonwealth.

(2) Respondent is a pharmacy in the Commonwealth of Kentucky, having been assigned pharmacy permit no. P06568.

(3) (a) On or about August 23, 2011, the Board investigator conducted an inspection of Respondent's pharmacy and discovered a pharmacy technician that initiated or received a telephonic communication regarding a new prescription that violated the requirements of 201 KAR 2:045, Section 2.
(b) On or about August 23, 2011, the Board investigator found a prescription incorrectly labeled, in violation of KRS 217.065(1).
(c) Respondent is subject to discipline pursuant to KRS 315.121(1) (h).

(4) The Board and Respondent have agreed to address this matter by entering into this Agreed Order, in lieu of the filing of a formal Complaint.

WHEREFORE, IT IS HEREBY AGREED AND ORDERED THAT:

(A) Respondent shall be fined $1000 ($500 fine for technician call violation and $500 fine for misbranded prescription) payable by October 30, 2011. Respondent's check shall be made payable to the Kentucky State Treasurer and sent to the Kentucky Board of Pharmacy, State Office Building Annex, Suite 300, 125 Holmes Street, Frankfort, Kentucky 40601.

(B) By entering into this Agreed Order, Respondent expressly acknowledges that Respondent was fully and completely informed of Respondent's right to due process, that Respondent fully understands those rights, and that Respondent knowingly, voluntarily, and willingly agrees to waive those rights and to enter into this Agreed Order.

(C) The above information shall be reported to the National Association of Boards of Pharmacy ("NABP"), and is subject to disclosure under the Kentucky Open Records Act.

Larry A. Hadley, President
Kentucky Board of Pharmacy

11-5-11
Date

Wickliffe Pharmacy, Respondent

10/21/2011
Date

COMMONWEALTH OF KENTUCKY
KENTUCKY BOARD OF PHARMACY

Case No. 03-0036A

IN RE: PHARMACY PERMIT NO. P06568 HELD BY WICKLIFFE PHARMACEUTICAL INC

AGREED ORDER

Come the parties, the Kentucky Board of Pharmacy ("the Board") and Wickliffe Pharmaceutical Inc. ("Respondent"), and both having been fully informed regarding the matter set forth herein, state as follows:

(1) Pursuant to Chapter 315 of the Kentucky Revised Statutes, the Board is authorized to regulate and control all matters related to pharmacists and pharmacies not delegated to another agency of the Commonwealth.

(2) Respondent is a pharmacy in the Commonwealth of Kentucky, having been assigned pharmacy permit no. P06568.

(3) (a) On or about March 1, 2003, the Respondent's pharmacist-in-charge's license to practice pharmacy in the Commonwealth expired by operation of law as a consequence of the failure of the employee pharmacist to renew the license.

(b) On or about March 11, 2003, employee pharmacist submitted a Pharmacist's License Renewal Application for 2003.

(c) Between March 1, 2003 and March 12, 2003, the Responden's pharmacist-in-charge practiced the profession of pharmacy in the Commonwealth without a current active license.

(d) The Respondent operated a pharmacy without a licensed pharmacist in charge of the operation of the pharmacy in violation of KRS 315.035.

(4) These actions constitute violations of KRS 315.035 and subjects the Respondent to discipline as provided for by KRS 315.990 (1).

(5) The Board and the Respondent have agreed to address this matter by entering into this Agreed Order, in lieu of the filling of a formal Complaint.

WHEREFORE, IT IS HEREBY AGREED AND ORDERED THAT:

(a) The Respondent is FINED $500, payable on or before the date this Agreed Order is entered by the Board, and the Respondent shall be subject to one additional inspection within one (1) year, the costs of which shall be paid by the Respondent to the Board within twenty-one (21) days of invoicing. Costs shall be the time and mileage charges of the inspector and shall not exceed $500.00.

(6) By entering into this Agreed Order, the Respondent expressly acknowledges that it was fully and completely informed of its right to due process, that it fully understands those rights, and that it knowingly, voluntarily, and willingly agrees to waive those rights and to enter this Agreed Order.

(7) The above information shall be reported to the National Association of Boards of Pharmacy ("NABP"), and is subject to disclosure under the Kentucky Open Records Act.

ENTERED THIS 9th DAY OF July, 2003.

KENTUCKY BOARD OF PHARMACY

Georgina K. Jones, President — Date 7/9/03

Wickliffe Pharmaceutical Inc. — Date 6-20-03

Filed By
JUL 30 2020
KANSAS STATE
BOARD OF PHARMACY

BEFORE THE KANSAS BOARD OF PHARMACY

In the Matter of)
)
Nicholas Kirkpatrick)
)
License No. 1-106207)

Case No. 20-226

SUMMARY ORDER

NOW, on this 30th day of July 2020, comes before the Kansas Board of Pharmacy (the "Board"), through its Executive Secretary, the matter of Nicholas Kirkpatrick ("Respondent").

Pursuant to the authority granted to the Board by the Kansas Pharmacy Act, K.S.A. 65-1625, *et seq.*, and in accordance with the Kansas Administrative Procedure Act, K.S.A. 77-501, *et seq.*, the Board's Executive Secretary enters this Summary Order in the above-captioned matter. After reviewing the investigation materials and being otherwise duly advised in the premises, the Board makes the following findings, conclusions and order:

FINDINGS OF FACT

1. The Board has previously issued Respondent License No. 1-106207 which entitles Respondent to practice as a pharmacist in the State of Kansas.

2. On May 28, 2020, Respondent resigned as Pharmacist-in-Charge ("PIC") from Tailor Made Compounding (22-108376), effective immediately.

3. On June 26, 2020, the Board received a Change in PIC Form BA-50, notifying of the resignation of Respondent as PIC effective May 28, 2020.

4. On or about July 9, 2020, the Board processed the PIC change.

CONCLUSIONS OF LAW

1. Pursuant to K.S.A. 65-1658, the Board may assess a civil fine not to exceed $5,000, after notice and an opportunity to be heard, to any registrant for violation of the pharmacy act of the state of Kansas or any other rules or regulations of the state board of pharmacy.

2. Pursuant to K.A.R. 68-2-5, each pharmacist shall notify the board in writing within five days of ceasing to serve as the pharmacist-in-charge at a pharmacy or registrant required to have a pharmacist-in-charge. The notice shall include the pharmacist's name, the name and address of the pharmacy or registrant, and the date the pharmacist ceased to serve as the pharmacist-in-charge.

3. Respondent had five days to notify the Board of his resignation as PIC effective May 28, 2020, or until June 2, 2020.

4. Respondent failed to notify the Board of his resignation as PIC until June 26, 2020 – twenty-four (24) days past the deadline.

5. Respondent violated K.A.R. 68-2-5 by failing to notify the Board of his resignation as PIC within five days.

ORDER

Based upon the foregoing findings of fact and conclusions of law, Respondent is ordered to pay a fine to the Board. A violation of K.A.R. 68-2-5 warrants a base fine of $5.00 per day that Respondent is in violation of the regulation, not to exceed $200.00. Because Respondent provided notice to the Board twenty-four (24) days past the deadline, the total fine is $120. Respondent has 30 days from the date of this order to pay the fine.

NOTICES

The Respondent is hereby notified as follows:

1. The Respondent may request a hearing pursuant to the Kansas Administrative Procedure Act by filing a written request with the Kansas Board of Pharmacy, 800 SW Jackson, Suite 1414, Topeka, KS 66612-1231 within fifteen (15) days after service of this order.

2. If a hearing is not requested as described above, the Order shall become a final order of the Board, effective upon the expiration of the time to request a hearing.

3. Within fifteen (15) days after entry of a final agency order, either party may file a petition for reconsideration pursuant to K.S.A. 77-529.

4. Within the time limits established in K.S.A. 77-613, either party may seek judicial review of a final agency order, pursuant to said statute. The agency officer designated to receive service of a petition for judicial review is:

Alexandra Blasi
Executive Secretary
Kansas Board of Pharmacy
800 SW Jackson, Suite 1414
Topeka, KS 66612

IT IS SO ORDERED.

1/30/2020
Date

Alexandra Blasi, JD, MBA
Executive Secretary
Kansas Board of Pharmacy

DocuSign Envelope ID: 1D04AAAF-ABC6-4B1E-B2A8-50EA7158ACEB

IN THE MATTER OF:	)	**BEFORE THE ALABAMA STATE**
	)	
NICHOLAS RICHARD KIRKPATRICK	)	**BOARD OF PHARMACY**
	)	
License No. 20021	)	**CASE NO: 20-L-0104**

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Nicholas Richard Kirkpatrick (hereinafter referred to as "Kirkpatrick") which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement") alleging violations of the Alabama Pharmacy Practice Act. These allegations with particularity are set out in the Statement, which is attached hereto as **Exhibit "A."**

Prior to a hearing in this cause, and pursuant to Code of Alabama (1975), § 41-22-12(f), the matters at issue were resolved informally by the parties and the parties negotiated a Consent Order, the terms of which are as follows:

1. The Board finds Kirkpatrick violated the provision of law set out in Count Two of the Statement. Counts One and Three of the Statement shall be dismissed with prejudice.

2. Kirkpatrick shall pay an administrative fine in the amount of Five Hundred Dollars ($500.00) within thirty (30) days of the effective date of this Consent Order that being the day the same is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall Kirkpatrick attempt to discharge the same.

3. Kirkpatrick expressly waives his rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedures Act and the Alabama Uniform

Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against him and any judicial review. Kirkpatrick further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

5. By execution of this Consent Order, Kirkpatrick hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

6. Kirkpatrick acknowledges and agrees that any future violation of the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rules of the Alabama State Board of Pharmacy or the pharmacy law or Rules of the Board of Pharmacy of another state or any other applicable laws, upon proof and hearing thereof, may result in further disciplinary sanctions against his license, including, but not limited to revocation.

7. Kirkpatrick acknowledges and agrees that he has read this Consent Order and that he fully understands the terms, conditions and contents of the same. Kirkpatrick acknowledges and agrees that he voluntarily and of his own free will accepts the terms and conditions set out in this Consent Order and had the opportunity to seek legal counsel prior to the execution of this Consent Order.

DONE this the 5th day of February, 2021.

Nicholas Richard Kirkpatrick

DONE this the 10th day of February, 2021.

ALABAMA STATE BOARD OF PHARMACY

By: _____
Brenda Denson, Pharm.D., President

_____
James S. Ward,
Attorney for the Alabama State
Board of Pharmacy

OF COUNSEL:
WARD & COOPER, LLC
2100A Southbridge Parkway
Suite 645
Birmingham, AL 35209
(205) 871-5404

EXHIBIT "A"

IN THE MATTER OF:	)	**BEFORE THE ALABAMA STATE**
	)	
NICHOLAS RICHARD KIRKPATRICK	)	**BOARD OF PHARMACY**
	)	
License No. 20021	)	**CASE NO: 20-L-0104**

STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: Nicholas Richard Kirkpatrick
3700 Horsemint Trail
Lexington, Kentucky 40509

Pursuant to the provisions of Code of Alabama (1975), § 34-23-34 and § 34-23-92(12) and Code of Alabama (1975), § 41-22-12, you are hereby notified and requested to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on February 16, 2021 at 8:00 a.m., at the State Board of Pharmacy Conference Room, 111 Village Street, Birmingham, Alabama 35242, and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine why your license to practice pharmacy in this State should not be revoked, suspended or placed on probation or a monetary penalty imposed in that it is alleged that you have been guilty of the following, to wit:

COUNT ONE

Violating Code of Alabama (1975), § 34-23-33(2) based upon the Summary Order entered by the Kansas Board of Pharmacy on July 30, 2020 attached hereto as Exhibit "A" and/or your failure to timely notify the Kansas Board of your resignation as the PIC for Tailor Made Compounding, i.e. you resigned on May 28, 2020 and did not notify the Kansas Board until June 26, 2020 as more fully set out in the Order referenced above.

COUNT TWO

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of the preceding Count.

Further, pursuant to the provisions of Code of Alabama (1975), § 20-2-53 and § 41-22-12, you are hereby notified and requested to appear before the Board at the aforesaid time and place and from time to time thereafter as may be requested by the Board for the purpose of a hearing to determine why your registration to manufacture, dispense or distribute controlled substances enumerated in Schedules II, III, IV and V of the Alabama Uniform Controlled Substances Act, Code of Alabama (1975), § 20-2-1, et. seq., issued pursuant to Code of Alabama (1975), § 20-2-52, should not be suspended or revoked in that it is alleged that you have been guilty of the following:

COUNT THREE

Violating Code of Alabama (1975), § 20-2-54(a)(4) by violating the provisions of Code of Alabama (1975), § 34-23-1 et seq., said violation being based upon the allegations contained in any or all of the preceding Counts of this Statement of Charges and Notice of Hearing.

At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

Dated this the 19th day of October, 2020.

ALABAMA STATE BOARD OF PHARMACY

By: Donna C. Yeatman
Executive Secretary

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EXHIBIT A

Filed By

BEFORE THE KANSAS BOARD OF PHARMACY

JUL 30 2020

In the Matter of)

Nicholas Kirkpatrick)

License No. 1-106207) Case No. 20-234

SUMMARY ORDER

NOW, on this 30th day of July 2020, comes before the Kansas Board of Pharmacy (the "Board"), through its Executive Secretary, the matter of Nicholas Kirkpatrick ("Respondent").

Pursuant to the authority granted to the Board by the Kansas Pharmacy Act, K.S.A. 65-1625, *et seq*. and in accordance with the Kansas Administrative Procedure Act, K.S.A. 77-501, *et seq*. the Board's Executive Secretary enters this Summary Order in the above-captioned matter. After reviewing the investigation materials and being otherwise duly advised in the premises, the Board makes the following findings, conclusions and order:

FINDINGS OF FACT

1. The Board has previously issued Respondent License No. 1-106207 which entitles Respondent to practice as a pharmacist in the State of Kansas.

2. On May 28, 2020, Respondent resigned as Pharmacist-in-Charge ("PIC") from Tailor Made Compounding (22-108376), effective immediately.

3. On June 26, 2020, the Board received a Change in PIC Form BA-50, notifying of the resignation of Respondent as PIC effective May 28, 2020.

4. On or about July 9, 2020, the Board processed the PIC change.

DocuSign Envelope ID: 1D04AAAF-ABC6-4B1E-B2A8-50EA7158ACEB

CONCLUSIONS OF LAW

1. Pursuant to K.S.A. 65-1658, the Board may assess a civil fine not to exceed $5,000, after notice and an opportunity to be heard, to any registrant for violation of the pharmacy act of the state of Kansas or any other rules or regulations of the state board of pharmacy.

2. Pursuant to K.A.R. 68-2-5, each pharmacist shall notify the board in writing within five days of ceasing to serve as the pharmacist-in-charge at a pharmacy or registrant required to have a pharmacist-in-charge. The notice shall include the pharmacist's name, the name and address of the pharmacy or registrant, and the date the pharmacist ceased to serve as the pharmacist-in-charge.

3. Respondent had five days to notify the Board of his resignation as PIC effective [illegible] 28, 2020, or until June 2, 2020.

4. Respondent failed to notify the Board of his resignation as PIC until June 26, 2020 – twenty-four (24) days past the deadline.

5. Respondent violated K.A.R. 68-2-5 by failing to notify the Board of his resignation as PIC within five days.

ORDER

Based upon the foregoing findings of fact and conclusions of law, Respondent is ordered to pay a fine to the Board. A violation of K.A.R. 68-2-5 warrants a base fine of $5.00 per day that Respondent is in violation of the regulation, not to exceed $200.00. Because Respondent provided notice to the Board twenty-four (24) days past the deadline, the total fine is $120. Respondent has 30 days from the date of this order to pay the fine.

DocuSign Envelope ID: 1D04AAAF-ABC6-4B1E-B2A8-50EA7158ACEB

NOTICES

The Respondent is hereby notified as follows:

1. The Respondent may request a hearing pursuant to the Kansas Administrative Procedure Act by filing a written request with the Kansas Board of Pharmacy, 800 SW Jackson, Suite 1414, Topeka, KS 66612-1231 within fifteen (15) days after service of this order.

2. If a hearing is not requested as described above, the Order shall become a final order of the Board, effective upon the expiration of the time to request a hearing.

3. Within fifteen (15) days after entry of a final agency order, either party may file a petition for reconsideration pursuant to K.S.A. 77-529.

4. Within the time limits established in K.S.A. 77-613, either party may seek judicial review of a final agency order, pursuant to said statute. The agency officer designated to receive service of a petition for judicial review is:

Alexandra Blasi
Executive Secretary
Kansas Board of Pharmacy
800 SW Jackson, Suite 1414
Topeka, KS 66612

IT IS SO ORDERED.

1/30/2020
Date

Alexandra Blasi, JD, MBA
Executive Secretary
Kansas Board of Pharmacy

12

12A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (08/12/2021)

Where is the facility located? ■ Nevada ☐ Out-of-State

Is your facility a reverse distributor? ☐ Yes ■ No

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler	* If making a change, provide current license number:	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change* (in-state only)	WH N/A	☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Airtec Gases, LLC

Physical Address: 2900 S.Highland Dr. Ste.19A

City: Las Vegas State: NV Zip: 89109

Mailing Address (if different from physical address): N/A

City: _____ State: _____ Zip: _____

Telephone: (702) 454-2400 Website: www.airtecgases.com

Name of Designated Representative (DR): Maury Anderson

Licensing Company Email: accounting@airtecgases.com DR Email: maury@airtecgases.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies	☐ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☐ Controlled Substances
■ Hospitals	☐ Hypodermic Devices
☐ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	✓	
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Matheson Tri-Gas Inc
Address: 5555 District Blvd. City: Vernon State: CA Zip: 90058
Name: Linde Gas & Equipment
Address: PO Box 120812 City: Dallas State: TX Zip: 75312
Name: N/A
Address: City: State: Zip:
Name: N/A
Address: City: State: Zip:

Section 4: Publicly Traded Corporation

State of Incorporation: N/A
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: Nevada
Parent Company (if any): N/A
Corporation/Organization Name: Airtec Gases, LLC
Mailing Address: 2900 S. Highland Dr. Ste. 19A
City: Las Vegas State: NV Zip: 89109
Telephone: (702) 454-2400 Email: accounting@airtecgases.com
Contact Person Name: Maury Anderson

Section 6: Partnership

Partnership Name: N/A
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name: N/A
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Maury Anderson

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

3/31/2022

Date

Board Use Only	Date Received: _____	Amount: 500 cc

Nevada State Board Of Pharmacy

(Firm mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 10/02/2020
Amount: $ 525.00
Permit #: MP00262

AIRTEC GASES L.L.C.
2900 SOUTH HIGHLAND DR #19A
2900 S. Highland Dr. Ste. 19A
LAS VEGAS NV 89109

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Permit #
MP00262
Active

Medical Devices, Equipment, Gas

Expires:10/31/2022

AIRTEC GASES L.L.C.
2900 SOUTH HIGHLAND DR #19A
2900 S. Highland Dr. Ste. 19A
LAS VEGAS NV 89109

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA

STATE BOARD OF PHARMACY

Medical Devices, Equipment, Gas

Permit Type: Medical Devices, Equipment, Gas

Permit #: MP00262

Expires: 10/31/2022

STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENCED

AIRTEC GASES L.L.C.
2900 SOUTH HIGHLAND DR #19A
2900 S. Highland Dr. Ste. 19A
LAS VEGAS NV 89109

NONTRANSFERABLE

POST THIS PERMIT PROMINENTLY IN A CONSPICUOUS PLACE

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **AIRTEC GASES, LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 10/29/2003, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 03/20/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202203202502380
You may verify this certificate online at http://www.nvsos.gov

Drug Establishments Current Registration Site

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

+

EMAIL (MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

New Search (default.cfm)

Search Results for **Airtec Gases**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Airtec Gases, LLC	3005701068	039869312	MANUFACTURE;	1320 Freeport Blvd, Sparks, Nevada (NV) 89431-5943, United States (USA)	12/31/2022
Airtec Gases, LLC	3005947308	167046148	MANUFACTURE;	2900 S. Highland Ste 19A, Las Vegas, Nevada (NV) 89109-1075, United States (USA)	12/31/2022

Showing 1 to 2 of 2 entries

Previous1Next

Data Current through: Wednesday, Mar 30, 2022

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/6/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
The Horton Group
10320 Orland Parkway
Orland Park IL 60467

CONTACT NAME:
PHONE (A/C, No, Ext): 708-845-3917 FAX (A/C, No): 866-202-5917
E-MAIL ADDRESS: Certificates@thehortongroup.com

INSURER(S) AFFORDING COVERAGE — NAIC #
INSURER A : Amerisure Insurance Company — 19488
INSURER B :
INSURER C :
INSURER D :
INSURER E :
INSURER F :

INSURED
Airtec Gases, LLC
2900 S. Highland Dr., 19 A,B
Las Vegas NV 89109

AIRTGAS-01

COVERAGES **CERTIFICATE NUMBER:** 1951545813 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY	Y	Y	CPP 21148060003	6/18/2021	6/18/2022	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY	Y	Y	CA 21148050002	6/18/2021	6/18/2022	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
							Comp/Coll Deductibles	$ 1,000/1,000
	UMBRELLA LIAB OCCUR							
	EXCESS LIAB CLAIMS-MADE						EACH OCCURRENCE	$
	DED RETENTION $						AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Commercial Property			CPP 21148060003	6/18/2021	6/18/2022	BPP/Tanks Deductible	1,186,000 1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Additional insured with respect to general liability and respect to auto liability only when required by written contract. Waivers of subrogation apply to general liability and auto liability in favor of the stated additional insureds only when required by written contract.

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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The ACORD name and logo are registered marks of ACORD



List of Officer/Directors Airtec Gases, LLC:

Carey Grohs CEO
Charles Grohs CTO
Maury Anderson COO

2900 South Highland Drive Suite 19A Las Vegas, NV 89109 Phone: (702) 454-2400 Fax: (702) 464-3060

List of Employees Airtec Gases Las Vegas NV Location

Kevin Bolton – Compliance
Gabriel Carbajal – Office
Donna Criswell – Accounting
Javaray Elmore – Driver
Richard Fletcher – Warehouse
Andrew Hardison – Driver
Elijah Jefferson – Warehouse
Wayne Knighton – Operations
Oscar Laverde – Compliance
Christopher Michael – Warehouse
Terrell Moore – Warehouse
Ralston Murden – Office
Raveon Samuel – Driver/Warehouse
Cherish Smith – Accounting
Ronald Thompson – Driver
Katherine Topolinski – Sales
Delia Wilson – Office
Chris Zampino - Sales

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. NV5809152

Application/License No. _____

Airtec Gases, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 2900 S Highland Dr. #19A Las Vegas, NV 89109 (Address of Applicant/Principal), as PRINCIPAL, and Merchants Bonding Company (Mutual) (Surety Company), a corporation organized under the laws of the state of Iowa (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 6700 Westown Parkway, West Des Moines, IA 50266 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on January 6, 2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

Posted February 20, 2020

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 6th day of January, 2022.

APPLICANT/PRINCIPAL

Airtec Gases, LLC

Authorized Representative

SURETY COMPANY

Merchants Bonding Company (Mutual)
Surety Company's Representative

Quanda Warren, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Tracie House

Witness David J. Roth

MERCHANTS BONDING COMPANY (MUTUAL) INCORPORATED -o- 1933

Countersigned by:

Nevada Resident Agent NA

LP 4229 NV (5/21)

MERCHANTS BONDING COMPANY

POWER OF ATTORNEY

Know All Persons By These Presents, that MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., both being corporations of the State of Iowa (herein collectively called the "Companies") do hereby make, constitute and appoint, individually,

Quanda Warren

their true and lawful Attorney(s)-in-Fact, to sign its name as surety(ies) and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

This Power-of-Attorney is granted and is signed and sealed by facsimile under and by authority of the following By-Laws adopted by the Board of Directors of Merchants Bonding Company (Mutual) on April 23, 2011 and amended August 14, 2015 and adopted by the Board of Directors of Merchants National Bonding, Inc., on October 16, 2015.

"The President, Secretary, Treasurer, or any Assistant Treasurer or any Assistant Secretary or any Vice President shall have power and authority to appoint Attorneys-in-Fact, and to authorize them to execute on behalf of the Company, and attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof."

"The signature of any authorized officer and the seal of the Company may be affixed by facsimile or electronic transmission to any Power of Attorney or Certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the Company, and such signature and seal when so used shall have the same force and effect as though manually fixed."

In connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and aut hority hereby given to the Attorney-in-Fact includes any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not relieve this surety company of any of its obligations under its bond.

In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner-Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

In Witness Whereof, the Companies have caused this instrument to be signed and sealed this 6th day of January , 2022 .

MERCHANTS NATIONAL BONDING, INC. INCORPORATED -o- 2003

MERCHANTS BONDING COMPANY (MUTUAL) INCORPORATED -o- 1933

MERCHANTS BONDING COMPANY (MUTUAL)
MERCHANTS NATIONAL BONDING, INC.

By Larry Taylor
President

STATE OF IOWA
COUNTY OF DALLAS ss.

On this 6th day of January , 2022 , before me appeared Larry Taylor, to me personally known, who being by me duly sworn did say that he is President of MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC.; and that the seals affixed to the foregoing instrument are the Corporate Seals of the Companies; and that the said instrument was signed and sealed in behalf of the Companies by authority of their respective Boards of Directors.

NOTARIAL SEAL IOWA

POLLY MASON
Commission Number 750576
My Commission Expires
January 07, 2023

Polly Mason
Notary Public

(Expiration of notary's commission
does not invalidate this instrument)

I, William Warner, Jr., Secretary of MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., do hereby certify that the above and foregoing is a true and correct copy of the POWER-OF-ATTORNEY executed by said Companies, which is still in full force and effect and has not been amended or revoked.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the Companies on this 6th day of January , 2022 .

MERCHANTS NATIONAL BONDING, INC. INCORPORATED -o- 2003

MERCHANTS BONDING COMPANY (MUTUAL) INCORPORATED -o- 1933

William Warner Jr.
Secretary

Attached:

Copy of documents submitted to BOP investigator Kenneth Scheuber in reference to our Wholesaler license status.

airtec gases LLC
medical products

3/24/22

C/O
Nevada State Board of Pharmacy
Statement to BOP Investigator Kenneth Scheuber

To whom it may concern,

I was notified in approximately December or January of this year by Yenh with the Nevada State Board of Pharmacy via phone conference with Charles Grohs that our current MDEG license does not cover the distribution of medical gases to the customers that we currently supply. During the phone call we discussed what types of customers Airtec Gases supplies to include dental offices, surgery centers, small medical offices, skilled nursing facilities, veterinary clinics, fire departments and homecare companies. Yenh explained we would need to apply for a wholesaler license as soon as possible. I explained that we have always supplied these types of customers going back to the start of our business in 2004. We discussed what time frame we would have to get the wholesaler application complete and mailed in. She stated that a fairly liberal time frame would be given since this was a licensing issue that has been identified with several license holders in the state of Nevada. We immediately started the application process to include contacting our insurance company to obtain the bond required. As of today we have completed the entire application and it is currently being reviewed by our corporate attorney. The review is expected to be completed and the application should be mailed out next week.

Please contact me directly if you have further questions.

Thank you.

Maury

Maury Anderson
Airtec Gases, LLC
(702) 403-7803

airtec gases LLC
medical products

3/24/2022

C/O
Nevada State Board of Pharmacy

To whom it may concern,

In 2003 Airtec Gases was incorporated in Nevada as and LLC by myself and Carey R. Grohs. Both of us previously worked in the medical gas industry and started as a small company out of a 500 SF office. Working in the medical gas industry for Air Liquide Healthcare I was familiar with Ron Shockey and asked him many questions on starting up a Medical Gas company. We were directed to the Nevada State Board of Pharmacy website and I applied for an MDEG license to supply medical gases to local Medical and Dental Offices. After the review process we were granted a temporary license and ordered our first shipment of gases from a local manufacture. In approximately 2004 we had our first inspection by Ron Shockey in the office to confirm that all compliance matters were met to start distributing medical compressed gases. We have had our annual inspections each year moving forward and have kept our license active.

On or about Dec/Jan 2022 I made a phone call to the Nevada State Board of Pharmacy Office and spoke with Yenh about Airtec Gases potentially selling Sevoflurane to some of our local surgery centers. Yenh and I discussed what type of licensing that would take and how that process works. During the conversation she asked about our current license and I told her we supply medical gases to Hospitals, Dental Offices, Veterinary Clinics and Skilled Nursing Centers. She immediately informed me that our license was incorrect and that we need to be registered as a wholesaler. I contacted our company compliance department and informed them of the new information that I received. We initiated a conference call to Yenh to confirm all of the details and find out what we needed to do to get started with the wholesaler application.

Thank you.

Chuck Grohs
Airtec Gases, LLC

2900 South Highland Drive Suite 19A Las Vegas, NV 89109 Phone: (702) 454-2400 Fax: (702) 464-3060

2009 copy

Nevada State Board of Pharmacy
MDEG Inspection Form

	Yes	No
Special Requirement for MDEG Wholesalers NAC 639.6957 (applies only if sell to other providers) N/A		
Maintenance log showing for each piece of equipment:	☐	☐
Type of equipment	☐	☐
Manufacturer	☐	☐
Model or model number	☐	☐
Serial number	☐	☐
Date of repair	☐	☐
Specific repair made	☐	☐
Name of person who performed the repair	☐	☐
Certification that equipment has been returned to manufacturer's specifications	☐	☐
If repaired equipment cannot be brought back to the manufacturers specifications, proof that the equipment has either been restricted in its use or is removed from service	☐	☐
Evidence that calibration and testing equipment is accurate	☐	☐
For scales used to weigh liquid oxygen, certification by the Bureaus of Weights and Measures	☐	☐
Record detailing sale or other disposition of equipment	☐	☐

Inspector's comments:

I understand that under NAC 639.694 that as a medical products provider and/or wholesaler that I am required to notify the staff of the Board of Pharmacy of the cessation of employment of the current administrator and of the employment of a new administrator within 3 days of the occurrence. I also understand that I may not operate for more than 10 business days without an administrator.

Remarks

primary MDEG Dental/Dr/vet

Thanks to entire team!!!

for your education and

MARY ANDERSON
Representative's Printed Name

Facility Representative's Signature — 6-16-09 Date

Inspector's Signature — 6-16-09 Date

Inspection keeps records Forever 95 years

2010 4278 copy

	Yes	No

Special Requirement for MDEG Wholesalers NAC 639.6957
(applies only if sell to other providers) N/A

Maintenance log showing for each piece of equipment:		
Type of equipment	☐	☐
Manufacturer	☐	☐
Model or model number	☐	☐
Serial number	☐	☐
Date of repair	☐	☐
Specific repair made	☐	☐
Name of person who performed the repair	☐	☐
Certification that equipment has been returned to manufacturer's specifications	☐	☐
If repaired equipment cannot be brought back to the manufacturers specifications, proof that the equipment has either been restricted in its use or is removed from service	☐	☐
Evidence that calibration and testing equipment is accurate	☐	☐
For scales used to weigh liquid oxygen, certification by the Bureaus of Weights and Measures?	☐	☐
Records detailing sale or other disposition of equipment?	☐	☐

Inspector's comments:

I understand that under NAC 639.694 that as a medical products provider and/or wholesaler that I am required to notify the staff of the Board of Pharmacy of the cessation of employment of the current administrator and of the employment of a new administrator within 3 days of the occurrence. I also understand that I may not operate for more than 10 business days without an administrator.

Remarks

Primary wst - other businesses (ASC, MDEG, clinics, hosp, etc.)

MAURY ANDERSON
Representative's Printed Name

Facility Representative's Signature — 6-16-10 Date

Ronald Shockley RPh
Inspector's Signature — 6-16-10 Date

2011 copy

Nevada State Board of Pharmacy
MDEG Inspection Form

	Yes	No
I understand that under NAC 639.694 that as a medical products provider and/or wholesaler that I am required to notify the staff of the Board of Pharmacy of the cessation of employment of the current administrator and of the employment of a new administrator within 3 days of the occurrence. I also understand that I may not operate for more than 10 business days without an administrator.		

Remarks:

Primary customer - other business is Hosp, ASC clinics, Hosp.

MAURY ANDERSON
Representative's Printed Name

Facility Representative's Signature — Date: 6-16-11

Inspector's Signature RPh — Date: 6-16-11

Nevada State Board of Pharmacy
MDEG Inspection Form

2012 copy

Yes No

I understand that under NAC 639.694 that as a medical products provider and/or wholesaler that I am required to notify the staff of the Board of Pharmacy of the cessation of employment of the current administrator and of the employment of a new administrator within 3 days of the occurrence. I also understand that I may not operate for more than 10 business days without an administrator.

Remarks:

- Only provide product to other businesses
- All licenses and permits available on display.

MAURY ANDERSON
Representative's Printed Name

Facility Representative's Signature

Date 7/11/2012

Inspector's Signature

Date

Nevada State Board of Pharmacy
431 W. Plumb Lane Reno, Nevada 89521
(775) 850-1440 (800)-364-2081 Fax (775) 850-1444

2013 copy

Proof that calibration or testing equipment is accurate and maintained according to manufacturer's directions and specifications NAC 639.6946 (attach certifications) — (Yes) No

FDA medical device tracking records kept in orderly and readily accessible manner NAC 639.6949 — (Yes) No

Inspector's comments:

Requirements for Providers of Medical Gases, Respiratory Equipment and CPAP – BIPAP and BIPAP ST. Any company providing respiratory services that require a practitioner order (prescription) needs to have an RT or Nurse on staff or on contract.

NAC 639.6954 **If not applicable skip to next section**

If a nurse is providing respiratory services, the nurse should provide a signed and dated statement that the nurse has been trained in the respiratory modality that the nurse is training a patient to use and that the nurse is qualified to train others in those modalities that the nurse has been trained to provide. If a delivery person is instructing a patient in any respiratory modality, provide a signed and dated statement that the delivery person has been trained by the Respiratory Therapist or Nurse, contracted or employed by the facility, in the modality that the delivery person is instructing the patient to use. NRS 630.047

Stocking only medical grade gases — (Yes) No
Service records regarding all equipment — Yes (No)
Verification that equipment has been checked and is defect free before the equipment is dispensed — Yes (No)
Checking that equipment has not been modified in any way that would affect the effectiveness of the equipment — Yes (No)
Checking that the equipment does not present a fire or shock hazard — Yes (No)
Checking that the equipment has all warning labels and tags — Yes (No)
Records tracking all gases dispensed, including the lot numbers — (Yes) No
Records regarding recalls of gases — (Yes) No
System to track and locate all gases and equipment dispensed <circle> (Written) (Electronic)
Records of serial numbers and model numbers of all equipment dispensed — Yes (No)
Protocol for cleaning and disinfecting equipment — Yes (No)
Material safety data sheet for solutions and products used in cleaning and disinfecting — (Yes) No
Designated areas for clean and unclean equipment with signs posted — Yes (No)
Designated area for quarantined equipment with signs posted — (Yes) No
Policy and procedure or other documentation for the providing of emergency supply of gases, supplies, and equipment — (Yes) No
Does the facility provide CPAP- BIPAP or BIPAP ST (spontaneous timed) Equipment? — (Yes) No

Provide the following information for your Respiratory Therapist(s) or Nurse(s) Providing Respiratory services that require a practitioner order (prescription). — Yes (No)

Name Exp. Date License #

Inspector's comments: Mainly ~~Only~~ supply gases to other businesses.

Nevada State Board of Pharmacy
431 W. Plumb Lane Reno, Nevada 89521
(775) 850-1440 (800)-364-2081 Fax (775) 850-1444

2013 copy

I understand that under NAC 639.694 that as a medical products provider and/or wholesaler that I am required to notify the staff of the Board of Pharmacy of the cessation of employment of the current administrator and of the employment of a new administrator within 3 days of the occurrence. I also understand that I may not operate for more than 10 business days without an administrator.

Remarks:

If you are required to provide any documentation to the inspector via fax or email attach a copy of the document(s) to this inspection form for future review.

MAURY ANDERSON
Representative's Printed Name

Facility Representative's Signature — Date 4/11/13

Inspector's Signature — Date 4/11/13

2014 copy

Nevada State Board of Pharmacy
431 W. Plumb Lane Reno, Nevada 89521
(775) 850-1440 (800)-364-2081 Fax (775) 850-1444

Proof that calibration or testing equipment is accurate and maintained according to manufacturer's directions and specifications NAC 639.6946 (attach certifications) — (Yes) No
FDA medical device tracking records kept in orderly and readily accessible manner NAC 639.6949 — (Yes) No

Inspector's comments:

Requirements for Providers of Medical Gases, Respiratory Equipment and CPAP – BIPAP and BIPAP ST. Any company providing respiratory services that require a practitioner order (prescription) needs to have an RT or Nurse on staff or on contract.

NAC 639.6954 **If not applicable skip to next section**

If a nurse is providing respiratory services, the nurse should provide a signed and dated statement that the nurse has been trained in the respiratory modality that the nurse is training a patient to use and that the nurse is qualified to train others in those modalities that the nurse has been trained to provide. If a delivery person is instructing a patient in any respiratory modality, provide a signed and dated statement that the delivery person has been trained by the Respiratory Therapist or Nurse, contracted or employed by the facility, in the modality that the delivery person is instructing the patient to use. NRS 630.047

Stocking only medical grade gases — (Yes) No
Service records regarding all equipment — Yes (No)
Verification that equipment has been checked and is defect free before the equipment is dispensed — Yes (No)
Checking that equipment has not been modified in any way that would affect the effectiveness of the equipment — Yes (No) – N/A
Checking that the equipment does not present a fire or shock hazard — Yes (No) – N/A
Checking that the equipment has all warning labels and tags — Yes (No) – N/A
Records tracking all gases dispensed, including the lot numbers — (Yes) No
Records regarding recalls of gases — (Yes) No
System to track and locate all gases and equipment dispensed <circle> (Written) (Electronic)
Records of serial numbers and model numbers of all equipment dispensed — Yes (No) – N/A
Protocol for cleaning and disinfecting equipment — Yes (No) – N/A
Material safety data sheet for solutions and products used in cleaning and disinfecting — (Yes) No
Designated areas for clean and unclean equipment with signs posted — Yes (No)
Designated area for quarantined equipment with signs posted — (Yes) No
Policy and procedure or other documentation for the providing of emergency supply of gases, supplies, and equipment — (Yes) No
Does the facility provide CPAP- BIPAP or BIPAP ST (spontaneous timed) Equipment?

Provide the following information for your Respiratory Therapist(s) or Nurse(s) Providing Respiratory services that require a practitioner order (prescription). — Yes (No)

Name | Exp. Date | License #

Inspector's comments: Primarily providing gases to businesses – 7

Nevada State Board of Pharmacy
431 W. Plumb Lane Reno, Nevada 89521
(775) 850-1440 (800)-364-2081 Fax (775) 850-1444

2014 copy

I understand that under NAC 639.694 that as a medical products provider and/or wholesaler that I am required to notify the staff of the Board of Pharmacy of the cessation of employment of the current administrator and of the employment of a new administrator within 3 days of the occurrence. I also understand that I may not operate for more than 10 business days without an administrator.

Remarks: FDA registered facility.

If you are required to provide any documentation to the inspector via fax or email attach a copy of the document(s) to this inspection form for future review.

MAURY ANDERSON
Representative's Printed Name

Facility Representative's Signature — Date 4/10/14

Inspector's Signature — Date 4/10/14

Nevada State Board of Pharmacy
431 W. Plumb Lane Reno, Nevada 89521
(775) 850-1440 (800)-364-2081 Fax (775) 850-1444

2015 copy

Proof that calibration or testing equipment is accurate and maintained according to manufacturer's directions and specifications NAC 639.6946 (attach certifications) (Yes) No

FDA medical device tracking records kept in orderly and readily accessible manner NAC 639.6949 (Yes) No

Inspector's comments:

Requirements for Providers of Medical Gases, Respiratory Equipment and CPAP – BIPAP and BIPAP ST. Any company providing respiratory services that require a practitioner order (prescription) needs to have an RT or Nurse on staff or on contract.
NAC 639.6954 **If not applicable skip to next section**

If a nurse is providing respiratory services, the nurse should provide a signed and dated statement that the nurse has been trained in the respiratory modality that the nurse is training a patient to use and that the nurse is qualified to train others in those modalities that the nurse has been trained to provide. If a delivery person is instructing a patient in any respiratory modality, provide a signed and dated statement that the delivery person has been trained by the Respiratory Therapist or Nurse, contracted or employed by the facility, in the modality that the delivery person is instructing the patient to use. NRS 630.047

Stocking only medical grade gases	(Yes) No
Service records regarding all equipment	Yes No
Verification that equipment has been checked and is defect free before the equipment is dispensed	Yes No
Checking that equipment has not been modified in any way that would affect the effectiveness of the equipment	Yes No – N/A
Checking that the equipment does not present a fire or shock hazard	Yes No – N/A
Checking that the equipment has all warning labels and tags	Yes No – N/A
Records tracking all gases dispensed, including the lot numbers	(Yes) No
Records regarding recalls of gases	(Yes) No
System to track and locate all gases and equipment dispensed **<circle>** Written Electronic	
Records of serial numbers and model numbers of all equipment dispensed	Yes No – N/A
Protocol for cleaning and disinfecting equipment	Yes No – N/A
Material safety data sheet for solutions and products used in cleaning and disinfecting	(Yes) No
Designated areas for clean and unclean equipment with signs posted	Yes No – N/A
Designated area for quarantined equipment with signs posted	(Yes) No
Policy and procedure or other documentation for the providing of emergency supply of gases, supplies, and equipment	(Yes) No
Does the facility provide CPAP- BIPAP or BIPAP ST (spontaneous timed) Equipment?	

Provide the following information for your Respiratory Therapist(s) or Nurse(s) Providing Respiratory services that require a practitioner order (prescription). Yes (No – N/A)

Name Exp. Date License #

Inspector's comments: Primarily only provide gases to businesses. Only servicing 1 or 2 pts at this time.

Nevada State Board of Pharmacy
431 W. Plumb Lane Reno, Nevada 89521
(775) 850-1440 (800)-364-2081 Fax (775) 850-1444

2015 copy

I understand that under NAC 639.694 that as a medical products provider and/or wholesaler that I am required to notify the staff of the Board of Pharmacy of the cessation of employment of the current administrator and of the employment of a new administrator within 3 days of the occurrence. I also understand that I may not operate for more than 10 business days without an administrator.

Remarks: FDA Registered facility

If you are required to provide any documentation to the inspector via fax or email attach a copy of the document(s) to this inspection form for future review.

MAURY ANDERSON
Representative's Printed Name

Facility Representative's Signature — Date 4/24/15

Inspector's Signature — Date 4/24/15

Nevada State Board of Pharmacy
431 W. Plumb Lane Reno, Nevada 89521
(775) 850-1440 (800)-364-2081 Fax (775) 850-1444

2016 COPY

Proof that calibration or testing equipment is accurate and maintained according to manufacturer's directions and specifications NAC 639.6946 (attach certifications) — (Yes) No

FDA medical device tracking records kept in orderly and readily accessible manner NAC 639.6949 — (Yes) No

Inspector's comments:

Requirements for Providers of Medical Gases, Respiratory Equipment and CPAP – BIPAP and BIPAP ST. Any company providing respiratory services that require a practitioner order (prescription) needs to have an RT or Nurse on staff or on contract.
NAC 639.6954 **If not applicable skip to next section**

If a nurse is providing respiratory services, the nurse should provide a signed and dated statement that the nurse has been trained in the respiratory modality that the nurse is training a patient to use and that the nurse is qualified to train others in those modalities that the nurse has been trained to provide. If a delivery person is instructing a patient in any respiratory modality, provide a signed and dated statement that the delivery person has been trained by the Respiratory Therapist or Nurse, contracted or employed by the facility, in the modality that the delivery person is instructing the patient to use. NRS 630.047

Stocking only medical grade gases — (Yes) No
Service records regarding all equipment — Yes No
Verification that equipment has been checked and is defect free before the equipment is dispensed — Yes No
Checking that equipment has not been modified in any way that would affect the effectiveness of the equipment — Yes No – N/A
Checking that the equipment does not present a fire or shock hazard — Yes No – N/A
Checking that the equipment has all warning labels and tags — Yes No – N/A
Records tracking all gases dispensed, including the lot numbers — (Yes) No
Records regarding recalls of gases — (Yes) No
System to track and locate all gases and equipment dispensed **<circle>** Written Electronic
Records of serial numbers and model numbers of all equipment dispensed — Yes No – N/A
Protocol for cleaning and disinfecting equipment — Yes No – N/A
Material safety data sheet for solutions and products used in cleaning and disinfecting — (Yes) No
Designated areas for clean and unclean equipment with signs posted — Yes No – N/A
Designated area for quarantined equipment with signs posted — (Yes) No
Policy and procedure or other documentation for the providing of emergency supply of gases, supplies, and equipment — (Yes) No
Does the facility provide CPAP- BIPAP or BIPAP ST (spontaneous timed) Equipment?

Provide the following information for your Respiratory Therapist(s) or Nurse(s) Providing Respiratory services that require a practitioner order (prescription). — Yes No – N/A

Name Exp. Date License #

Inspector's comments: Only providing gases for business only one pt. serviced at this time.

Nevada State Board of Pharmacy
431 W. Plumb Lane Reno, Nevada 89521
(775) 850-1440 (800)-364-2081 Fax (775) 850-1444

2016 copy

I understand that under NAC 639.694 that as a medical products provider and/or wholesaler that I am required to notify the staff of the Board of Pharmacy of the cessation of employment of the current administrator and of the employment of a new administrator within 3 days of the occurrence. I also understand that I may not operate for more than 10 business days without an administrator.

Remarks: FDA Registered facility.

If you are required to provide any documentation to the inspector via fax or email attach a copy of the document(s) to this inspection form for future review.

MAURY ANDERSON
Representative's Printed Name

Facility Representative's Signature — Date 4/22/16

Inspector's Signature — Date 4/22/16

Nevada State Board of Pharmacy
431 W. Plumb Lane Reno, Nevada 89509
(775) 850-1440 (800)-364-2081 Fax (775) 850-1444

2017 copy

I understand that under NAC 639.694 that as a medical products provider and/or wholesaler that I am required to notify the staff of the Board of Pharmacy of the cessation of employment of the current administrator and of the employment of a new administrator within 3 days of the occurrence. I also understand that I may not operate for more than 10 business days without an administrator.

Remarks:

(1) Supply tanks to Dentist, Physicians, ASC, & home care companies

(2) Reviewed lot number recall process

(3) FDA registered facility

(4) Fire Inspection good thru February 2018

(5) Reviewed training manuals for each employee. Separate binder for each employee

(6) utilizing B&R compliance for FDA consulting

(7) Reviewed B&R compliance review that was completed on 3-6-17. Mock Audit for potential FDA inspection.

If you are required to provide any documentation to the inspector via fax or email attach a copy of the document(s) to this inspection form for future review.

MAURY ANDERSON
Representative's Printed Name

Facility Representative's Signature — Date: 4.5.17

Inspector's Signature — Date: 4-5-17

2018 copy

Nevada State Board of Pharmacy
431 W. Plumb Lane Reno, Nevada 89509
(775) 850-1440 (800)-364-2081 Fax (775) 850-1444

I understand that under NAC 639.694 that as a medical products provider and/or wholesaler that I am required to notify the staff of the Board of Pharmacy of the cessation of employment of the current administrator and of the employment of a new administrator within 3 days of the occurrence. I also understand that I may not operate for more than 10 business days without an administrator.

Remarks:

(2) thermometers 12-13-18 certified to
12-13-18

1 kg O_2 scale due 7-18 recertification

pressure gauge for gas filling cert 7-26-18 through
7-26-17

- all are medical grade gases on site, ie no non ~~Common~~ medical grade

- if equipment requiring certification does not pass, equip replaced (either on site)

Sale to hospitals, nsDe.g. long term care etc -
no direct to consumer Sales

If you are required to provide any documentation to the inspector via fax or email attach a copy of the document(s) to this inspection form for future review.

MAURY ANDERSON
Representative's Printed Name

Facility Representative's Signature

4.4.18
Date

Inspector's Signature

4-4-18
Date

Nevada State Board of Pharmacy
431 W. Plumb Lane Reno, Nevada 89509
(775) 850-1440 (800)-364-2081 Fax (775) 850-1444

2019 copy

I understand that under NAC 639.694 that as a medical products provider and/or wholesaler that I am required to notify the staff of the Board of Pharmacy of the cessation of employment of the current administrator and of the employment of a new administrator within 3 days of the occurrence. I also understand that I may not operate for more than 10 business days without an administrator.

Remarks: - No direct to consumer sales.
- All gases are medical grade.
- Only sales to hospitals, MDEGs, LTC, surgery centers, Vets, and home healthcare.
- Scale and Thermometer certifications reviewed all in date and within specifications

If you are required to provide any documentation to the inspector via fax or email attach a copy of the document(s) to this inspection form for future review.

Leigh Truan
Representative's Printed Name

Facility Representative's Signature — Date 4.4.19

Inspector's Signature — Date 04/04/19

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Airtec Gases, LLC

Physical Address: 2900 S.Highland Dr. Ste.19A

City: Las Vegas State: NV Zip: 89109

Mailing Address (if different from physical address): Same

City: State: Zip:

Telephone: (702) 454-2400 Website: www.airtecgases.com

Licensing Company Email: accounting@airtecgases.com

Section 2: Personal Information

First: Maury Middle: Keith Last: Anderson

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Misty Bend Ct.

City: Las Vegas State: NV Zip: 89148

Telephone: [redacted] Email: maury@airtecgases.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✓	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: 05/87 to: 06/97

Military Occupation/Specialty: Security Specialist

Branch: ☐ Army/Reserves ☐ Navy/Reserves ■ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 630.329)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: MKA

Section 5: List your high school and college experience, beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Meridian High School		09/82 - 05/86	
Address	**City**	**State**	**Zip**
2320 32nd St.	Meridian	MS	39305
Diploma/Degree obtained, if any			
Diploma/GED			

School Name		From - To (MM/YY – MM/YY)	
Hinds Community College		01/87 - 04/87	
Address	**City**	**State**	**Zip**
501 E. Main St.	Raymond	MS	39154
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY)	
Community College of the Air Force		01/88 - 05/88	
Address	**City**	**State**	**Zip**
Nellis Air Force Base	Las Vegas	NV	89191
Diploma/Degree obtained, if any			
N/A			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years, beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/14 - Present	[redacted] Misty Bend Ct.	Las Vegas	NV	89148
01/14 - 06/14	[redacted] Park Vista Dr. Unit 3130	Las Vegas	NV	89138
01/13 - 01/14	[redacted] Boulder HWY #2188	Las Vegas	NV	89122
01/09 - 01/13	[redacted] Yellow Jasmine Dr.	Las Vegas	NV	89147
N/A				

Applicant's initials MKA

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAICS 446110) or wholesalers (NAICS 4242) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above:

Business Name			From - To (MM/YY – MM/YY)	
Airtec Gases, LLC			09/2006 - Present	
Business Address		City	State	Zip
2900 S.Highland Dr. Ste.19A		Las Vegas	NV	89109
Phone	Title		Number of Employed Hours	
(702) 454-2400	COO/Operations		33,280	
Description of Duties				
Manage Business, Employees and Day to Day Operations.				

Business Name			From - To (MM/YY – MM/YY)	
N/A				
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Continue on next page if additional space is needed.

Applicant's initials MKA

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials MKA

Section 8: Arrests, Convictions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	✓	
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1,4,5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
02/19/2016	05/04/2017	NV	Las Vegas	Clark

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
C-17-323021-1	District Court Clark County

Reason/Charge
Attempt battery with substantial bodily harm

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
State of Nevada	N/A

Name of Business/Industry/Entity
N/A

Provide explanation below:

Questions 1,4,5: Please see attached statements.

Original Signature (electronic, copies or stamps not accepted)

3/31/22
Date

Applicant's initials MKA

I, MAURY ANDERSON, **certify that as the designated representative for**

ADRTEC GASES, LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

MAURY ANDERSON

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/31/22

Date

Applicant's initials MKA

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

MAURY ANDERSON
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/31/22
Date

Please have this section completed in the presence of a Notary Public.

State of NEVADA, ss. County of CLARK

I, MAURY ANDERSON, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3/31/22
Date

Subscribed and Sworn to before me this 31 day of March, 2022
by Maury Anderson.

Seth Cose
Notary Public Signature

SETH COSE
Notary Public, State of Nevada
No. 16-2967-1
My Appt. Exp. July 5, 2024

(Seal)

Applicant's initials MKA

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Airtec Gases, LLC

Physical Address: 2900 S. Highland Dr. Ste. 19A

City: Las Vegas State: NV Zip: 89109

Mailing Address (if different from physical address): Same

City: State: Zip:

Telephone: (702) 454-2400 Website: www.airtecgases.com

Licensing Company Email: accounting@airtecgases.com

Section 2: Personal Information

First: Maury Middle: Keith Last: Anderson

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Misty Bend Ct.

City: Las Vegas State: NV Zip: 89148

Telephone: [redacted] Email: maury@airtecgases.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.320)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✓	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: 05/11/1987 to: 6/1/1997

Military Occupation/Specialty: Security Specialist

Branch: ☐ Army/Reserves ☐ Navy/Reserves ■ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.0129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: MKA

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Meridian High School		09/82 - 05/86	
Address	City	State	Zip
2320 32nd St.	Meridian	MS	39305
Diploma/Degree obtained, if any			
Diploma/GED			
School Name		From - To (MM/YY – MM/YY)	
Hinds Community College		01/87 - 04/87	
Address	City	State	Zip
501 E. Main St.	Raymond	MS	39154
Diploma/Degree obtained, if any			
N/A			
School Name		From - To (MM/YY – MM/YY)	
Community College of the Air Force		01/88 - 05/88	
Address	City	State	Zip
Nellis Air Force Base	Las Vegas, NV	NV	89191
Diploma/Degree obtained, if any			
N/A			
School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
N/A			
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/14 - Present	[redacted] Misty Bend Ct.	Las Vegas	NV	89148
01/14 - 06/14	[redacted] Park Vista Dr. Unit 3130	Las Vegas	NV	89138
01/13 - 01/14	[redacted] Boulder HWY #2188	Las Vegas	NV	89122
01/09 - 01/13	[redacted] Yellow Jasmine Dr.	Las Vegas	NV	89147
N/A				

Applicant's initials MKA

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business relationships with which you have been associated as an officer, director, shareholder, stockholder, member, owner, or related capacity within the last 10 years.

Business Name		From - To (MM/YY – MM/YY)
Airtec Gases, LLC		9/06 - Present
Business Address	**City / State / Zip**	
2900 S. Highland Dr. Ste.19A	Las Vegas / NV / 89109	
Phone	**Title**	
(702) 454-2400	Operations/COO	
Description of Duties		
Medical Gas Operations. Manage Business, Employees and Day to Day Operations.		

Business Name		From - To (MM/YY – MM/YY)
Anderson Cryogenics, LLC		5/17 - Present
Business Address	**City / State / Zip**	
2900 S.Highland Dr. Ste. 19B	Las Vegas / NV / 89109	
Phone	**Title**	
(702) 613-8002	Owner	
Description of Duties		
Industrial Compressed Gases and Cryogenic Products.		

Business Name		From - To (MM/YY – MM/YY)
N/A		
Business Address	**City / State / Zip**	
	/ /	
Phone	**Title**	
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City / State / Zip**	
	/ /	
Phone	**Title**	
Description of Duties		

Business Name		From - To (MM/YY – MM/YY)
Business Address	**City / State / Zip**	
	/ /	
Phone	**Title**	
Description of Duties		

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials MKA

Section 8: Arrests, Convictions, Litigations, Administrative	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	✓	
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1,4,5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
02/19/2016	05/04/2017	NV	Las Vegas	Clark
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
C-17-323021-1		District Court Clark County		
Reason/Charge				
Attempt battery with substantial bodily harm				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
State of Nevada			N/A	
Name of Business/Industry/Entity				
N/A				

Provide explanation below:

Questions 1,4,5: Please see attached statements.

Original Signature (electronic, copies or stamps not accepted)

3/31/22
Date

Applicant's initials MKA

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Maury Anderson

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/31/22

Date

Please have this section completed in the presence of a Notary Public.

State of NEVADA, ss. County of CLARK

I, MAURY ANDERSON, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3/31/22

Date

Subscribed and Sworn to before me this 31 day of March, 2022 by Maury Anderson.

Seth Cose

Notary Public Signature

SETH COSE
Notary Public, State of Nevada
No. 16-2967-1
My Appt. Exp. July 5, 2024

(Seal)

Applicant's initials MKA

airtec gases LLC
medical products

March 8, 2022

C/O
Nevada Board of Pharmacy
Statement for Question 1

On 2/19/2016 I had an altercation with a neighboring limousine business owner over several issues to include his large dog running off leash throughout the property as well as several vehicles/limos being parked outside of the designated parking areas blocking access for our employees and delivery vehicles. The situation quickly got out hand and multiple employees from the limousine company came onto our property and refused to leave and threatened physical violence. I pulled my firearm in an attempt to make them leave. When they refused I fired a round in the air which ended the altercation and everyone left. As a result of a firearm being discharged the police were notified and I was arrested.

The case has been closed out and is in the process of being sealed. See attached documents and original notification to the Board in reference to this incident.

Please contact me directly at (702) 613-8002 if you have any further questions or if I may be of assistance to you.

Thank you.

Maury Anderson
Airtec Gases, LLC

2900 South Highland Drive Suite 19A Las Vegas, NV 89109 Phone: (702) 454-2400 Fax: (702) 464-3060

Law Office of
Joel M. Mann

601 South Seventh Street
Las Vegas, Nevada 89101

(702) 474-MANN (6266) ¦ Fax (702) 789-1045 ¦ www.LegalMann.com

December 17, 2021

Sent Via Email Only: maury@airtecgases.com

Maury Anderson
5301 Misty Bend Court
Las Vegas, NV 89148

Dear Maury:

This letter will confirm that you have retained me to represent you on your "Record Sealing" within Las Vegas Justice Court/District Court.

This will also confirm that we agreed that the total fee to represent you in this matter is a flat sum of $2,500.00. I have received full payment, thank you. I look forward to working with you.

In the meantime, if you have any questions, please contact me.

Sincerely,

/S/ Maria Moas, Paralegal for
Joel M. Mann, Esq.

Attached:

Copy of the original notification documents to the BOP in reference to Question 1

gases LLC
medical products

9/14/2016

To Whom it May Concern,

I've had an ongoing dispute with my neighbor over parking of vehicles and problems with his large dog running off leash onto my property. On 2/19/2016 I had an altercation with him and I was arrested. I have obtained an attorney and I am currently working on getting the matter resolved. The case is still pending in Las Vegas Justice Court. If you have any further questions please contact me directly.

Sincerely,

Maury Anderson
Airtec Gases, LLC
(702) 403-7803

347520 1005 MP00262 0501R

.....DO NOT FOLD OR STAPLE ABOVE THIS LINE.....

Nevada State Board of Pharmacy - 431 W Plumb Lane • Reno, NV 89509 • bop.nv.gov

Renewal Application – MEDICAL DEVICE, EQUIPMENT & GAS (MDEG)

For the period of November 1, 2016 to October 31, 2018

Money Order ONLY (NO **BUSINESS CHECKS**, NO **PERSONAL CHECKS**, NO **CASH**)

$500.00 (postmarked on or **before** 10/31/2016) OR $750.00 (postmarked **after** 10/31/2016)

LICENSE: MP00262
AIRTEC GASES L.L.C.
2900 SOUTH HIGHLAND DR #19A,
Las Vegas, NV 89109

Please make any changes to name or address next to the old information

RENEW BY MAIL
1. Complete ALL sections on this form
2. Sign and date this form
3. Send MO with this form (do NOT staple)
4. Mail original form/payment to address above
5. NO COPIES
6. NO SIGNATURE STAMPS ACCEPTED

<OR>

RENEW ONLINE
1. Go to http://bop.nv.gov
2. Click "Applications " then, "License Renewal", FOLLOW instructions
3. Use: **USER ID:** AIRTECGASES@COX.NET
PASSWORD: ********

*New Users: once logged in, when asked for OLD password, use the above password, then change

Section 1: Since your last renewal or recent licensure has any owner, shareholder, partners with interest or the corporation:

	(Fill in completely) Yes	No
1. Been charged, arrested or convicted of a felony or misdemeanor in any state?	☒	☐
2. Been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☒
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☒

If you marked YES to any of the questions above, include the following information & a letter of explanation:

Board Administrative Action:	State	Date:	Case #:
N/A		/ /	

Criminal Action:	State	Date:	Case #:	County	Court
	NV	2/19/2016	16F02659X	CLARK	JUSTICE COURT

Section 2: **CAUTIONS:**

(A.) Nevada has **no grace period**. All applications postmarked by the US Postal Service after October 31, 2016 that are NOT accompanied by the late fee, will be returned and will be assessed the late fee, delaying processing.

(B.) Any application that is not 100% complete will be returned and will not be considered to have been received. **Only completed applications will be processed.**

(C.) REMINDER: The administrator MUST be on site at least 40 hours per week or during ALL regular business hours it is regularly open if less than 40 hours per week.

NON-DISCIPLINARY STATE-MANDATED QUESTION

(1.) Though it is **NOT** required to have, SB21 requires the Board to ask if you have a Nevada State Business license and if you do, please provide the #: NV20031116852 7 Leave blank if non-applicable

Section 3:

It is a violation of Nevada Statute to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

Original Signature: _____ Date: 9/14/2016

Common reasons renewal applications are returned!

*Renewal fee **not** enclosed.

*Renewal fee was something other than a **Cashier's Check or Money Order.**

*Renewal application postmarked **after** October 31, 2016 **without** enclosing the late fee.

*Marking *"I Have"* to **any** numbered question and **not** providing an explanation **and** supporting documentation.

*Incomplete renewal applications, i.e., signature and/or date **missing**, or other sections **not** completed.

*A **copy** of the renewal application was sent **instead of the original**. Signature must be original **(no copies or stamps accepted.)**

****NOTICE TO PHARMACEUTICAL TECHNICIANS ONLY****

Employment is **NOT** required to renew your Technician registration. Renewing technicians are required to **complete one hour of an approved Nevada Law program** prior to renewal and a copy must be maintained. If employed, a copy must be on file in the pharmacy. Trainees are required to be registered at **EACH** work location. There has been confusion expressed regarding requirements for technicians and "continuing education". Nevada law requires that you perform 12-hours of *in-service training* during the 2-year period immediately preceding the renewal of your registration. Your managing pharmacist must approve and maintain a written record of your training and those records are to be maintained in the pharmacy and will be checked during the annual pharmacy inspection. Nevada law also provides that a technician may substitute the completion of the continuing education necessary for recertification by the Pharmacy Technician Certification Board for the biennial in-service training. Should this option be chosen, documentation must be maintained in the pharmacy for inspection. The Nevada Law program may **NOT** be substituted by any other program. **DO NOT SEND YOUR RECORDS TO THE BOARD WITH YOUR RENEWAL FORM. ANY SUCH RECORDS WILL BE DISCARDED.**

****NOTICE TO ALL PRACTITIONERS****

Please be aware that SB 459 was signed into law by Governor Sandoval in 2015. It requires prescribers of narcotics to review the Prescription Monitoring Program's profile for each patient prior to prescribing the medication in most cases.

Here is the link to the law: https://www.leg.state.nv.us/App/NELIS/REL/78th2015/Bill/2161/Text

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SPRING VALLEY
3375 S RAINBOW BLVD
LAS VEGAS
NV
89146-9998
3148970019

09/15/2016 (800)275-8777 9:16 AM

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Product Description	Sale Qty	Final Price
First-Class Mail Letter (Domestic) (RENO, NV 89509) (Weight:0 Lb 0.70 Oz) (Expected Delivery Day) (Monday 09/19/2016)	1	$0.47
Certified (USPS Certified Mail #) (70141820000096376473)	1	$3.30
Return Receipt (USPS Return Receipt #) (9590940222256193248440)	1	$2.70
Total		$6.47
Credit Card Remitd (Card Name:AMEX) (Account #:XXXXXXXXXXX2044) (Approval #:503784) (Transaction #:821)		$6.47

In a hurry? Self-service kiosks offer quick and easy check-out. Any Retail Associate can show you how.

Text your tracking number to 28777 (2USPS) to get the latest status. Standard Message and Data rates may apply. You may also visit USPS.com USPS Tracking or call 1-800-222-1811.

Order stamps at usps.com/shop or call 1-800-Stamp24. Go to usps.com/clicknship to print shipping labels with postage. For other information call 1-800-ASK-USPS.

****

Get your mail when and where you want it with a secure Post Office Box. Sign up for a box online at usps.com/poboxes.

****

All sales final on stamps and postage
Refunds for guaranteed services only
Thank you for your business

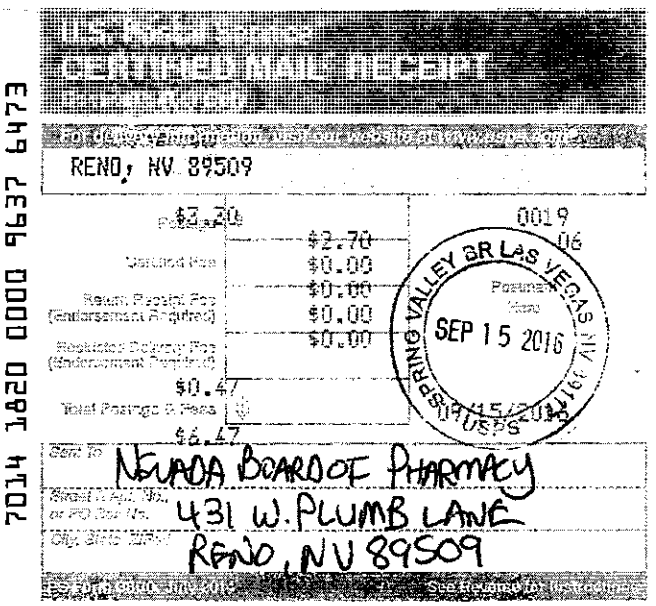
HELP US SERVE YOU BETTER

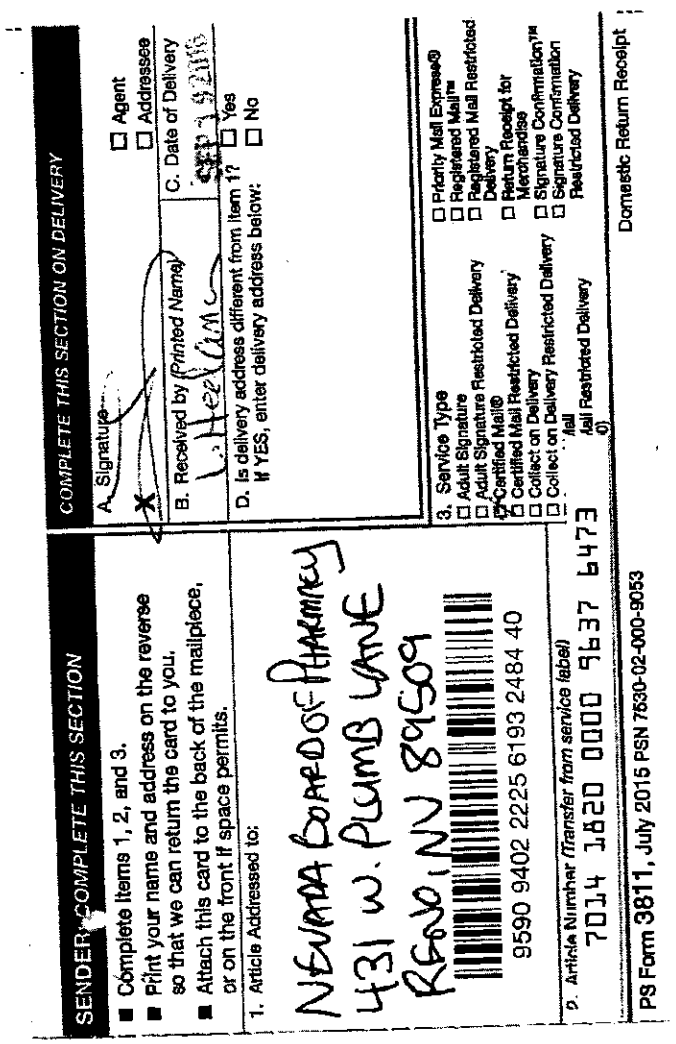
TELL US ABOUT YOUR RECENT POSTAL EXPERIENCE

Go to:
https://postalexperience.com/Pos

840-5890-0038-005-00006-80403-02

or scan this code with your mobile device:





BATCH # 2761
VOUCHER # 3308
CHECK # 6300

Valid Money Order includes 1 Word Serialized, red stars sign AND 3 Contains a True Watermark hold up to light to view.

MoneyGram.

INTERNATIONAL MONEY ORDER 88-186 1031

09/14/2016

To Validate: Touch the stop sign, then watch it fade and reappear

20586135421
MONEY ORDER - WM

MONEY ORDER NUMBER R20586135421 5
CALL 1-800-542-3580 TO VERIFY

PAY TO THE ORDER OF:/ PAGAR A LA ORDEN DE: NEVADA STATE BOARD OF PHARMACY

PAY EXACTLY ***$500.00**

FIVE HUNDRED *** DOLLARS 00 CENTS

IMPORTANT - SEE BACK BEFORE CASHING

PURCHASER, SIGNER FOR DRAWER / COMPRADOR, FIRMA DEL LIBRADOR
PURCHASER, BY SIGNING YOU AGREE TO THE SERVICE CHARGE AND OTHER TERMS ON THE REVERSE SIDE

ADDRESS:/ DIRECCIÓN: 2300 S. HUALAPAI DR. #98 LV, NV 89109

Payable Through BOKF, NA Enid, OK

ISSUER/DRAWER: MONEYGRAM PAYMENT SYSTEMS, INC.

60528307095070
28142002580844 21

#MP002662

⑆103101864⑆2058 6135421 5⑈ 90

See back of receipt for your chance to win $1000

ID #: 7JZL1D1RX336

Walmart
Save money. Live better.

(702) 367 - 4001
MANAGER AARON BELOBRAIDIC
6200 S FORT APACHE RD
LAS VEGAS NV 89148
ST# 05070 OP# 004773 TE# 64 TR# 07264
MONEY ORDER 0606388896309 600.00 O
ORDER FEE 0681131633651 0.70 N
SUBTOTAL 600.70
TOTAL 600.70
DEBIT TEND 600.70
CHANGE DUE 0.00

EFT DEBIT PAY FROM PRIMARY
600.70 TOTAL PURCHASE
ACCOUNT # **** **** **** 9077 S
REF # 626800157871
NETWORK ID. 0090 APPR CODE 842910
TERMINAL # SC011244

09/14/16 08:26:20

MONEY ORDER SERIAL NUMBERS
20586135421 - 600.00

ITEMS SOLD 2

TC# 8036 5469 9243 4323 8633

Low Prices You Can Trust. Every Day.
09/14/16 08:26:64

Savings Catcher! Scan with Walmart app

MONEYGRAM PAYMENT SYSTEMS, INC. DRAWER
P.O. BOX 9475
MINNEAPOLIS, MN 55480

PLEASE READ REVERSE SIDE www.moneygram.com/moneyorder DATE/AMOUNT

MoneyGram.

20586135421 09/14/2016
084 NV $500.00
60528307095070

KEEP A COPY OF THIS STUB FOR YOUR RECORDS/ MANTENGA UNA COPIA DE ESTE RECIBO PARA SUS ARCHIVOS

R20586135421 5

EMPLOYEE

698 (12/12) 500/5000
M 72871-V

▼DETACH HERE▼

airtec gases LLC
medical products

March 8, 2022

C/O
Nevada State Board of Pharmacy
Statement for Questions 4 and 5

On September 22nd 2008 we hired Tamarah Zermeno (aka Tamarah Prachar) at Airtec Gases to work in our office. Her main duties included answering the phone and taking customer orders. Over time she was entrusted with processing all customer payments received in our office. On 6/22/2013 it was noticed that money was missing from our cash box. Upon reviewing the camera footage on 6/18/2013 it showed that Tamarah placed the missing money inside her purse along with a customer check that was received earlier in the day.

On the next business day 6/24/2013 Tamarah was confronted and she confessed to the theft. A police report was filed the next day and charges were filed. During the investigation we discovered that she had been taking customer checks made out to our company and depositing them into her personal bank account via a teller machine. Felony charges were filed.

Shortly after that we learned that the bank could be liable for business checks being deposited into a personal account. We then filed a civil case against Tamarah and the bank she used. The bank settled with us through mediation. We were also awarded restitution from both the civil and criminal cases.

Please contact me directly at (702) 613-8002 if you have any further questions or if I may be of assistance to you.

Thank you.

Maury Anderson
Airtec Gases, LLC

2900 South Highland Drive Suite 19A Las Vegas, NV 89109 Phone: (702) 454-2400 Fax: (702) 464-3060

Attached:

Documents in reference to Questions 4 and 5

Suspect:
☐ Cited ☐ Arrested ☐ Unknown
☐ City ☐ County
☐ Misdemeanor ☐ Gross Misdemeanor
☐ Felony

LAS VEGAS METROPOLITAN POLICE DEPARTMENT

VICTIM'S INFORMATION GUIDE

Offense	Area Command	Event Number
Embezzlement	CCAC	130625-0875

This report is important for you to keep since it is the only way you will have to refer to your particular case and event number. If you need a copy of your report, it can be obtained during the hours of 8 a.m. to 5 p.m., Monday through Friday, 8 a.m. to 3 p.m. on weekends from the LVMPD Police Records Section, 400 S. Martin L. King Blvd., Bldg. C, 828-3476, **FIVE WORKING DAYS** after filing of the report, for a nominal fee.

ATTENTION: IT IS YOUR RESPONSIBILITY TO IMMEDIATELY NOTIFY THE LVMPD IF YOU SHOULD RECOVER YOUR STOLEN VEHICLE YOURSELF

The department relies on a number of factors available in any report to assign a follow-up investigator. Experience has proven that certain information must normally be determined at the time of the initial investigation before a case has the potential for being solved. Without suspects, witnesses, evidence, or other investigative leads, a case cannot be solved except under special circumstances. For example, a suspect caught committing another crime is found with evidence linking him to this one, or he may confess to other crimes including this one. **If you have any questions or additional information, please contact the detective handling your case at the appropriate telephone number listed below or complete an Additional Crime Information report. (Refer to the Event Number listed above.)**

OBLIGATIONS OF CITIZENS FILING MISDEMEANOR CRIME REPORTS WITH LVMPD

1. **If an arrest was not made, or if a citation was not issued, and you wish to pursue this matter, you must contact the detective assigned to handle your case at the appropriate number listed below, AT LEAST TEN (10) BUSINESS DAYS AFTER THE REPORT HAS BEEN FILED, Monday through Friday, 6:00 a.m. - 4:00 p.m. You may be required to testify against the defendant (suspect) if the case is prosecuted in the courts. All felonies will be investigated.**
2. **You must give the Event Number at the top of this page if you call about your case.**
3. **If the suspect in your case is arrested or cited for a misdemeanor, DO NOT CONTACT THE DETECTIVE ASSIGNED TO YOUR CASE. You may get information about the status of your case by contacting either the County or City Victim Advocates (listed below). The police department does not have any court information.**
4. **If this is a misdemeanor crime report and is for INSURANCE PURPOSES ONLY or YOU DO NOT WISH TO PROSECUTE, and no one has been arrested, please DO NOT contact the detective.**
5. **If no arrest has been made and you need victim assistance, you may contact a Victim Advocate from the Police Department at 828-2955.**

CONTACT TELEPHONE NUMBERS

Auto Theft.....828-3586	Property Crimes (Burg/Larceny PL)	Domestic Violence.....828-4451/828-3581
Firearms.....828-2953	Bolden Area Command.....828-3874	Homicide.....828-3521
Identity Crimes.....828-3483	Downtown Area Command.....828-3683	High Risk Runaway Detail.....828-3561
Fraud.....828-3285	Enterprise Area Command.....828-4809	Missing Persons.....828-2907
Construction Theft.....828-3574	Northeast Area Command.....828-7355	Robbery.....828-3591
Tourist Crimes.....828-3204	Northwest Area Command.....828-4431	Sexual Assault.....828-3421
Abuse-Neglect.....828-3364	Southeast Area Command.....828-8242	Violent Crimes (Assault/Battery).....828-5634
	South Central Area Command.....828-3267	

LVMPD VICTIM ADVOCATE: Provides crisis intervention, an assessment of the immediate needs of the victims and their families, initiates crime victim assistance paperwork, provides referrals to other agencies, and functions as a liaison with LVMPD personnel and other law enforcement agencies. For assistance, please call the LVMPD Victim Advocate at 828-2955 Monday through Friday 7:00 a.m. - 4:00 p.m.

LAS VEGAS CITY ATTORNEY VICTIM/WITNESS ASSISTANCE: Provides specialized advocacy for victims of domestic violence or battery occurring within the City of Las Vegas. If you are a victim of domestic violence or battery and an arrest has been made or a citation has been issued, please contact the Las Vegas City Attorney's Victim Witness Advocate at 229-2525.

CLARK COUNTY DISTRICT ATTORNEY VICTIM/WITNESS ASSISTANCE CENTER: Provides Justice Court and District Court case information and addresses any concerns you may have regarding your appearance as a witness. When you receive a subpoena to appear in a Justice Court or District Court case, please contact the Victim Witness Assistance Center at 671-2525. If you move or have another address where you wish to receive a subpoena, please contact the advocates at the court.

ASSISTANCE TO VICTIMS OF VIOLENT CRIME: Victims of violent crime who are physically injured or victims of sexual assault may qualify for medical and counseling assistance from the State of Nevada under NRS 217. For information, contact the LVMPD Victim/Witness Advocate or the Nevada State Victims of Violent Crime Program at 486-2740. Note: Applications for this service must be received within one year of the commission of the crime.

ASSISTANCE TO VICTIMS OF SEXUAL ASSAULT: Victims of sexual assault may be eligible for medical treatment and counseling under NRS 217. For information, call the Clark County District Attorney Victim Witness Assistance Center 671-2525, or Rape Crisis Center at 366-1640. Note: Applications for this service must be received within 60 days of the commission of the crime.

THREATS AND DISSUASION TO TESTIFY: Victims and witnesses threatened and/or asked not to testify or prosecute, should contact the detective assigned to the original case. You may also notify the prosecutor if you have already been assigned one.

VOLUNTARY STATEMENT

130625-0875

4318

THIS PORTION TO BE COMPLETED BY OFFICER

Specific Crime	Date Occurred	Time Occurred
Embezzlement		
Location of Occurrence	**Sector/Beat**	**City / County**
2900 Highland Dr.	M	☐ City ☒ County

Your Name (Last / First / Middle)	Date of Birth	Social Security #
Gross Charles Edward	[redacted]	[redacted]

Race	Sex	Height	Weight	Hair	Eyes	Work Schdl. (Hours)	Days Off	Business / School
W	M	5'10"	185	Brown	Blue	8-4	Sat Sun	Airtec Gases

Residence Address (Number & Street)	Bldg/Apt. #	City	State	Zip Code	Res. Phone	Bus. Phone
[redacted] Bottle Sage		LV	NV	89130	[redacted] / C 601-4592	415-2400

Business (Local) Address (Number & Street)	Bldg/Apt. #	City	State	Zip Code	Occupation	Departure Date (If Visitor)
2900 Highland Dr.	#19A	LV	NV	89109	Owner	

Best *place* to contact you during the day:	Best *time* to contact you during the day:	Can you identify the Suspect?
Work/Business	9-3 M-F Call 702 601-4592	☒ Yes ☐ No

DETAILS:

Embezzlement by employee owr $20,000

Employee posted payments to customer accounts then took customer check and cashed with her personal bank.

For Official Use Only
The Use and Dissemination of this Record is Regulated by Law. Secondary Dissemination of any kind is Prohibited and could subject the offender to Criminal and Civil Liability.
This Information Released To:
Gross Charles
By: KMissy Date: 6/25/13
Las Vegas Metro Police Dept.

I HAVE READ THIS STATEMENT AND I AFFIRM TO THE TRUTH AND ACCURACY OF THE FACTS CONTAINED HEREIN. THIS STATEMENT WAS COMPLETED AT (LOCATION) 4100 S MVC

ON THE 25th DAY OF June, 2013 AT 0821 ☐ A.M. ☐ P.M.

Witness/Officer: X _____ (SIGNATURE)

Witness/Officer: K. MCINERNEY (PRINTED) 13484 P#

X _____ SIGNATURE OF PERSON GIVING STATEMENT

LVMPD 85 (Rev. 8/11) WORD 2007

Case Report No.:
LLV130625000875

Las Vegas Metropolitan Police Department
400 S. Martin Luther King Dr.
Las Vegas, NV 89106

Administrative

Crime Type			
Location	**2900 HIGHLAND DR**	**LVN, 89109**	Sector /Beat **M1**
Occurred On (Date / Time)	**Tuesday 6/18/2013 12:00:00 AM**	Or Between (Date / Time)	
Reporting Officer	**13484 - McInerney, K.**	Reported On	**6/25/2013**
Entered By	**13484 - McInerney, K.**	Entered On	**6/25/2013 8:35:16 AM**
Related Cases			
Assisted By:			

Offenses

EMBEZZLEMENT - OVER $650 Code Section

Completed **Yes** **Hate/Bias** **None (No Bias)** Domestic Violence **No**
Entry Premises Entered Type Tools
Security
Weapons Location Type **Other/Unknown**
Criminal Activities

Victims

Name: **AIRTEC GASES**
Victim Type **Business** Written Statement Can ID Suspect
Victim of **205.300A - EMBEZZLEMENT - OVER $650**

SSN DOB Age Sex Race
Height Weight Hair Color Eye Color

Addresses
B - Business **2900 Highland Dr #19a** **LVN, 89109** **CLARK** **US - USA**

Phones
B - Business/Work **702 454-2400**
Resident POB
DLN DL State DL Country
Employer/School Employer Address
Occupation/Grade Work Schedule

Tourist Departure Date Testify
Injury **Injury Weapons**

Offender Relationships
Offender **Relationship**

The Use and Dissemination of this Record is Regulated by Law. Secondary Dissemination of any kind is Prohibited and could subject the offender to Criminal and Civil Liability.
This Information Released To:
Gross, Charles
By: KM13454 Date: 6/25/13
Las Vegas Metro Police Dept.

Suspects

Name: **PRACHER, TAMARAH**

Scope ID SSN DOB **7/26/1971** Age **41**
Sex **F - Female** Race **W - White** Height **5' 4"** Weight **200** Hair Color **BRO - Brown** Eye Color
DLN DL State DL Country

Addresses
R - Residence **7777 S Jones Blvd #1293** **LVN, 89139** **CLARK**

Phones
H - Home/Residence **702 405-6155**
C - Cellular **702 203-5575**
Employer/School Employer Address
Occupation/Grade

Arrestees

Witnesses

Other Entities

Name: GROHS, CHARLES
Entity Type Person Reporting/Complainant

Addresses

B - Business	2900 Highland Dr #19a	LVN, 89109	CLARK	US - USA

Phones

B - Business/Work	702 454-2400
C - Cellular	702 604-4592

Properties

Narrative

ON TODAY'S DATE CHARLES GROHS CAME INTO THE LVMPD HQ TO REPORT EMBEZZLEMENT AND RELAYED THE FOLLOWING:

GROHS IS THE OWNER OF AIRTEC GASES. ON 06/18/13 GROHS DISCOVERED THAT A $90 CASH INVOICE NEVER MADE IT INTO HIS CASH BOX. GROHS REVIEWED VIDEO SURVEILLANCE AND DISCOVERED THAT HIS OFFICE MANAGER, TAMARAH PRACHAR, HAD RECEIVED THE MONEY FROM THE CUSTOMER. THE MONEY IS UNABLE TO BE LOCATED AFTER THAT POINT.

UPON DISCOVERING THIS GROHS REVIEWED OTHER RECORDS AND DISCOVERED THAT HIS COMPANY HAD RECEIVED THREE CHECKS FROM A CUSTOMER WHICH WERE CASHED HOWEVER THE FUNDS WERE NEVER RECEIVED BY THE COMPANY. GROHS REVIEWED THE CHECKS AND DISCOVERED THE ENDORSEMENTS HAD BEEN ALTERED. GROHS CONFIRMED WITH THE CUSTOMER, TLC HOLDINGS, THAT THE CHECKS HAD BEEN WRITTEN AND CASHED. TLC IS BILLED MONTHLY AND THE CHECKS FOR JANUARY, FEBRUARY AND APRIL OF 2013 FOR A TOTAL AMOUNT OF $10,685.51. AIRTEC GASES REFLECTS THE CHECKS BEING RECEIVED.

GROHS CONFRONTED PRACHAR WHO ADMITTED TO THE EMBEZZLEMENT AND ESTIMATED THE TOTAL AMOUNT OF THE THEFTS TO BE GREATER THAN $20,000. THE ADMISSION IS RECORDED ON VIDEO SURVEILLANCE. PRACHAR'S ONLY EXPLANATION WAS THAT SHE WANTED MATERIAL THINGS. PRACHAR HAS SINCE BEEN FIRED. THE COMPLETE SCOPE OF THE EMBEZZLEMENT HAS YET TO BE DISCOVERED.

PAGE 1 OF 43
CASE INFO
CIVIL CASE

REQT

Kent F. Larsen, Esq.
Nevada Bar No. 3463
SMITH LARSEN & WIXOM
1935 Village Center Circle
Las Vegas, NV 89134
Tel: (702) 252-5002
Fax: (702) 252-5006
Email: kfl@slwlaw.com
Attorneys for Defendant
Wells Fargo Bank, N.A.
incorrectly named herein
as "Wells Fargo Bank Corp."

SMITH LARSEN & WIXOM
ATTORNEYS
HILLS CENTER BUSINESS PARK
1935 VILLAGE CENTER CIRCLE
LAS VEGAS, NEVADA 89134
TEL (702) 252-5002 • FAX (702) 252-5006

DISTRICT COURT

CLARK COUNTY, NEVADA

AIRTEC GASES, LLC, a limited liability corporation, Plaintiff, v. TAMARAH ZERMENO; WELLS FARGO BANK, CORP; DOES I through X; ROE CORPORATIONS XI through XX, Defendants.	Case No. A-13-692378-B Dept. 11 **DEFENDANT WELLS FARGO BANK, N.A.'s FIRST REQUEST FOR PRODUCTION OF DOCUMENTS TO PLAINTIFF** (Business Court)

To: Airtec Gasses, LLC, LLC; and,

To: Mark H. Hutchings, Esq., of the law firm of Truitt and Associates, and Michael C. Kane, Esq., of the 702FIRM, its attorneys.

Pursuant to Rules 26 and 34 of the Nevada Rules of Civil Procedure, Defendant Wells Fargo Bank, N.A., ("Defendant" or "Wells Fargo Bank"), requests that Plaintiff Airtec Gasses, LLC, a Nevada limited liability company ("Plaintiff" or "Airtec"), produce and make available the

Received
4/7/14

CRIMINAL CASE # C-16-318400-1

Case Information

C-16-318400-1 | State of Nevada vs TAMARAH PRACHAR

Case Number	Court	Judicial Officer
C-16-318400-1	**Department 3**	**Trujillo, Monica**
File Date	Case Type	Case Status
09/28/2016	**Felony/Gross Misdemeanor**	**Closed**

Party

Plaintiff
State of Nevada

Active Attorneys ▾
Attorney
Raman, Jay

Lead Attorney
Wolfson, Steven B

Defendant
PRACHAR, TAMARAH

DOB
XX/XX/XXXX

Active Attorneys ▾
Lead Attorney
JAY L SIEGEL
Retained

HIRE DATE 9-22-08

PERSONAL INFO

OMB No. 1615-0047 Expires 06/30/09

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Zermeno	Tamara	A	Zermeno

Address (Street Number and Name)	Apt. #	Date of Birth (month/day/year)
[redacted] S Jones Blvd		[redacted]

City	State	Zip Code	Social Security #
Las Vegas	NV	89139	[redacted]

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):
- [X] A citizen or national of the United States
- [ ] A lawful permanent resident (Alien #) A _____
- [ ] An alien authorized to work until (expiration, if applicable, month/day/year) _____
  (Alien # or Admission #) _____

Employee's Signature: Tamara Zermeno — Date (month/day/year): 9/22/08

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature — Print Name

Address (Street Number and Name, City, State, Zip Code) — Date (month/day/year)

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

	List A	OR	List B	AND	List C
Document Title:			ID		SS Card
Issuing Authority:			Nevada - DMV		GOV - SSA dm
Document Number:			[redacted]		[redacted]
Expiration Date (if any):			07-06-2012		
Document Title:					
Expiration Date (if any):					

CERTIFICATION. I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 09-22-08 and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative — Print Name: Lorena Cano — Title: HR Assistant

Business or Organization Name and Address (Street Number and Name, City, State, Zip Code): Airtec Gases LLC 2900 Highland Dr LV NV 89109 — Date (month/day/year): 09-22-08

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: _____ Document #: _____ Expiration Date (if any): _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative — Date (month/day/year)

Form I-9 (Rev. 06/05/07) N

TERM 6/24/13

payroll solutions

professional employer organization

Payroll Solutions 3575 W. Cheyenne Ave. Ste. 101, North Las Vegas, NV 89032 - P:702.256.3748 F:702.938.3206

Separation Notice

Client	AIRTEC GASES, LLC

Employee's Name	TAMARAH ZERMENO	
Position	OFFICE MANAGER	
Dates of Employment	Start Date: 9-22-08	End Date: 6-24-13

☐ Voluntary Quit ☒ Discharge

What was the final incident that led to the discharge?
Please mark appropriately and attach any supporting documentation (previous warnings).

☐ Layoff due to lack of work	☐ Unsatisfactory Work Performance
☐ Position Elimination	☐ Violation of Company Policy
☐ Excessive Absence/ Tardiness	☒ Other: THEFT/Embezzlement over 10k

Employee Comments

Payroll Information:

☐ Certified Mail ☐ At Payroll Solutions ☐ Delivery to client location ☐ *Other information* ☐ Direct Deposit ☐ Live Check	Final Hours Due	8.0
	PTO hours to pay out: (If applicable)	
	Check Date	

Employee's Signature & Date	
Supervisor's Signature & Date	6/24/13
Witness' Signature & Date	6/24/13

If you have any questions on how to fill this form out please contact your Human Resource Consultant at Payroll Solutions at (702) 256-3748. Fax to your payroll administrator for processing at (702) 309-3459.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Airtec Gases, LLC

Physical Address 2900 S. Highland Dr. Ste. 19A

City Las Vegas State NV Zip 89109

Mailing Address (if different from physical address) Same

City _____ State _____ Zip _____

Telephone (702) 454-2400 Website www.airtecgases.com

Licensing Company Email accounting@airtecgases.com

Section 2: Personal Information

First Carey Middle Renee Last Grohs

Alias(es, nicknames, name changes, etc.) Carey Renee Newton

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Address [redacted] North Eula St.

City Las Vegas State NV Zip 89149

Telephone [redacted] Email carey @airtecgases.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials CRG

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Las Vegas Academy of Performing and Visual Arts		08/1993 - 06/1997	
Address	City	State	Zip
315 S. 7th St	Las Vegas	NV	89101
Diploma/Degree obtained, if any			
High School Diploma			
School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			
School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional spaces needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/2017 - Current	[redacted] North Eula St.	Las Vegas	NV	89149
From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/2007 - 08/2017	[redacted] Bottle Sage Ave.	Las Vegas	NV	89130
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials CRG

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name		From - To (MM/YY – MM/YY)	
Airtec Gases, LLC		10/2003 - Current	
Business Address	**City**	**State**	**Zip**
2900 S. Highland Dr. Ste. 19A	Las Vegas	NV	89109
Phone	**Title**		
(702) 454-2400	CEO		
Description of Duties			
Manage Business, Employees and Day to Day Operations			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials CRG

Section B: Arrests, Detentions, Convictions, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
06/24/2013	02/08/2017	NV	Las Vegas	Clark

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-13-692378-B, C-16-318400-1	District Court of Clark County

Reason/Charge
Employee Embezzlement

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Airtec Gases, LLC vs Tamarah Prachar and Wells Fargo Bank	Airtec Gases, LLC/Wells Fargo Bank

Name of Business/Industry/Entity

Provide explanation below:

Please see attached statement

Original Signature (electronic, copies or stamps not accepted)

Date 3/30/22

Applicant's initials CRG

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Carey Grohs
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/30/22
Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Carey Grohs, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

3/30/22
Date

Subscribed and Sworn to before me this 30 day of March, 2022
by Carey Grohs.

Seth Cose
Notary Public Signature

SETH COSE
Notary Public, State of Nevada
No. 16-2967-1
My Appt. Exp. July 5, 2024

(Seal)

Applicant's initials CRG

airtec gases LLC
medical products

March 8, 2022

C/O
Nevada State Board of Pharmacy

On September 22nd 2008 we hired Tamarah Zermeno (aka Tamarah Pracher) at Airtec Gases to work in our office. Her main duties including answering the phone and taking customer orders then she began processing all the customer payments. On 6/22/2013 it was noticed that money was missing from our cash box. Upon reviewing the camera footage on 6/18/2013. It showed that Tamarah had placed the missing money inside of her purse along with a customer check that was received earlier in the day.

On the next business day (6/24/2013) Tamarah was confronted, and she confessed to the theft. A police report was filed the next day and charges were filed. During the investigation, we had discovered that she had been taking the customer checks that were made out to the company. Then depositing it into her own personal bank account via a teller machine. Felony charges were filed the next day.

Shortly after we had learned that the bank could be liable for business checks being able to be deposited into a personal account. We then filed a civil case to include Tamarah Zermeno and the bank she used. The bank settled with us through mediation and we were awarded restitution from Tamarah's criminal case upon completion of her sentence.

Please contact me directly at 702.604.6596 if you have any questions or if I may be of any assistance to you.

Thank you.
Carey R. Grohs
Airtec Gases, LLC

2900 So. Highland Suite 19A: Las Vegas, NV 89109 Phone: 702.454.2400 Fax: 702.464.3060

Suspect:
☐ Cited ☐ Arrested ☐ Unknown
☐ City ☐ County
☐ Misdemeanor ☐ Gross Misdemeanor
☐ Felony

LAS VEGAS METROPOLITAN POLICE DEPARTMENT

VICTIM'S INFORMATION GUIDE

4333

Offense	Area Command	Event Number
Embezzlement	CCAC	130625-0875

This report is important for you to keep since it is the only way you will have to refer to your particular case and event number. If you need a copy of your report, it can be obtained during the hours of 8 a.m. to 5 p.m., Monday through Friday, 8 a.m. to 3 p.m. on weekends from the LVMPD Police Records Section, 400 S. Martin L. King Blvd., Bldg. C, 828-3476, **FIVE WORKING DAYS** after filing of the report, for a nominal fee.

ATTENTION: IT IS YOUR RESPONSIBILITY TO IMMEDIATELY NOTIFY THE LVMPD IF YOU SHOULD RECOVER YOUR STOLEN VEHICLE YOURSELF.

The department relies on a number of factors available in any report to assign a follow-up investigator. Experience has proven that certain information must normally be determined at the time of the initial investigation before a case has the potential for being solved. Without suspects, witnesses, evidence, or other investigative leads, a case cannot be solved except under special circumstances. For example, a suspect caught committing another crime is found with evidence linking him to this one, or he may confess to other crimes including this one. **If you have any questions or additional information, please contact the detective handling your case at the appropriate telephone number listed below or complete an Additional Crime Information report. (Refer to the Event Number listed above.)**

OBLIGATIONS OF CITIZENS FILING MISDEMEANOR CRIME REPORTS WITH LVMPD

1. **If an arrest was not made, or if a citation was not issued, and you wish to pursue this matter, you must contact the detective assigned to handle your case at the appropriate number listed below, AT LEAST TEN (10) BUSINESS DAYS AFTER THE REPORT HAS BEEN FILED, Monday through Friday, 8:00 a.m. - 4:00 p.m. You may be required to testify against the defendant (suspect) if the case is prosecuted in the courts. All felonies will be investigated.**
2. **You must give the Event Number at the top of this page if you call about your case.**
3. **If the suspect in your case is arrested or cited for a misdemeanor, DO NOT CONTACT THE DETECTIVE ASSIGNED TO YOUR CASE. You may get information about the status of your case by contacting either the County or City Victim Advocates (listed below). The police department does not have any court information.**
4. **If this is a misdemeanor crime report and is for INSURANCE PURPOSES ONLY or YOU DO NOT WISH TO PROSECUTE, and no one has been arrested, please DO NOT contact the detective.**
5. **If no arrest has been made and you need victim assistance, you may contact a Victim Advocate from the Police Department at 828-2955.**

CONTACT TELEPHONE NUMBERS

Auto Theft 828-3586	Property Crimes (Burg/Larceny PL)	Domestic Violence 828-4451/828-3581
Firearms 828-2953	Bolden Area Command 828-3874	Homicide 828-3521
Identity Crimes 828-3483	Downtown Area Command 828-3683	High Risk Runaway Detail 828-3561
Fraud 828-3285	Enterprise Area Command 828-4809	Missing Persons 828-2907
Construction Theft 828-3574	Northeast Area Command 828-7355	Robbery 828-3591
Tourist Crimes 828-3204	Northwest Area Command 828-4431	Sexual Assault 828-3421
Abuse-Neglect 828-3364	Southeast Area Command 828-8242	Violent Crimes (Assault/Battery) 828-5634
	South Central Area Command 828-3267	

LVMPD VICTIM ADVOCATE: Provides crisis intervention, an assessment of the immediate needs of the victims and their families, initiates crime victim assistance paperwork, provides referrals to other agencies, and functions as a liaison with LVMPD personnel and other law enforcement agencies. For assistance, please call the LVMPD Victim Advocate at 828-2955 Monday through Friday 7:00 a.m. - 4:00 p.m.

LAS VEGAS CITY ATTORNEY VICTIM/WITNESS ASSISTANCE: Provides specialized advocacy for victims of domestic violence or battery occurring within the City of Las Vegas. If you are a victim of domestic violence or battery and an arrest has been made or a citation has been issued, please contact the Las Vegas City Attorney's Victim Witness Advocate at 229-2525.

CLARK COUNTY DISTRICT ATTORNEY VICTIM/WITNESS ASSISTANCE CENTER: Provides Justice Court and District Court case information and addresses any concerns you may have regarding your appearance as a witness. When you receive a subpoena to appear in a Justice Court or District Court case, please contact the Victim Witness Assistance Center at 671-2525. If you move or have another address where you wish to receive a subpoena, please contact the advocates at the court.

ASSISTANCE TO VICTIMS OF VIOLENT CRIME: Victims of violent crime who are physically injured or victims of sexual assault may qualify for medical and counseling assistance from the State of Nevada under NRS 217. For information, contact the LVMPD Victim/Witness Advocate or the Nevada State Victims of Violent Crime Program at 486-2740. Note: Applications for this service must be received within one year of the commission of the crime.

ASSISTANCE TO VICTIMS OF SEXUAL ASSAULT: Victims of sexual assault may be eligible for medical treatment and counseling under NRS 217. For information, call the Clark County District Attorney Victim Witness Assistance Center 671-2525, or Rape Crisis Center at 366-1640. Note: Applications for this service must be received within 60 days of the commission of the crime.

THREATS AND DISSUASION TO TESTIFY: Victims and witnesses threatened and/or asked not to testify or prosecute, should contact the detective assigned to the original case. You may also notify the prosecutor if you have already been assigned one.

VOLUNTARY STATEMENT

130625-0875

THIS PORTION TO BE COMPLETED BY OFFICER

Specific Crime	Date Occurred	Time Occurred
Embezzlement		
Location of Occurrence	**Sector/Beat**	**City / County**
2900 Highland Dr.	M	☐ City ☒ County

Your Name (Last / First / Middle): Groms Charles Edward

Date of Birth: [redacted] Social Security #: [redacted]

Race	Sex	Height	Weight	Hair	Eyes	Work Schdl. (Hours)	Days Off	Business / School
W	M	5'10"	185	Brown	Blue	8-4	Sat Sun	Airtec Gases

Residence Address (Number & Street)	Bldg/Apt. #	City	State	Zip Code	Res. Phone	Bus. Phone
[redacted] Bottle Sage		LV	NV	89130	[redacted]	454-2400 / c 601-4592

Business (Local) Address (Number & Street)	Bldg/Apt. #	City	State	Zip Code	Occupation	Departure Date (If Visitor)
2900 Highland Dr.	#19A	LV	NV	89109	Owner	

Best place to contact you during the day:	Best time to contact you during the day:	Can you identify the Suspect?
Work/Business	9-3 M-F Call 702 601-4592	☒ Yes ☐ No

DETAILS:

Embezzlement by employee owr $20,000

Employee posted payments to customer accounts then took customer check and cashed with her personal bank.

For Official Use Only
The Use and Dissemination of this Record is Regulated by Law. Secondary Dissemination of any kind is Prohibited and could subject the offender to Criminal and Civil Liability.
This Information Released To: Groms Charles
By: KMcInerney Date: 6/25/13
Las Vegas Metro Police Dept.

I HAVE READ THIS STATEMENT AND I AFFIRM TO THE TRUTH AND ACCURACY OF THE FACTS CONTAINED HEREIN. THIS STATEMENT WAS COMPLETED AT (LOCATION) 4000 S MLK

ON THE 25th DAY OF June, 2013 AT 0831 ☐ A.M. ☐ P.M.

Witness/Officer: [signature] (SIGNATURE)

Witness/Officer: K. McInerney (PRINTED) 13484 P#

X [signature] SIGNATURE OF PERSON GIVING STATEMENT

LVMPD 85 (Rev. 8/11) WORD 2007

Case Report No.:
LLV130625000875

Las Vegas Metropolitan Police Department
400 S. Martin Luther King Dr.
Las Vegas, NV 89106

Administrative

Crime Type			
Location	**2900 HIGHLAND DR**	**LVN, 89109**	Sector /Beat **M1**
Occurred On (Date / Time)	**Tuesday 6/18/2013 12:00:00 AM**	Or Between (Date / Time)	
Reporting Officer	**13484 - McInerney, K.**	Reported On	**6/25/2013**
Entered By	**13484 - McInerney, K.**	Entered On	**6/25/2013 8:35:16 AM**
Related Cases			
Assisted By:			

Offenses

EMBEZZLEMENT - OVER $650 Code Section

Completed **Yes** **Hate/Bias** None (No Bias) Domestic Violence **No**

Entry Premises Entered Type Security Tools

Weapons Location Type **Other/Unknown**

Criminal Activities

Victims

Name: **AIRTEC GASES**

Victim Type **Business** Written Statement Can ID Suspect

Victim of **205.300A - EMBEZZLEMENT - OVER $650**

SSN DOB Age Sex Race

Height Weight Hair Color Eye Color

Addresses

B - Business **2900 Highland Dr #19a** **LVN, 89109** **CLARK** **US - USA**

Phones

B - Business/Work **702 454-2400**

Resident POB

DLN DL State DL Country

Employer/School Employer Address

Occupation/Grade Work Schedule

Tourist Departure Date Testify

Injury **Injury Weapons**

Offender Relationships

Offender **Relationship**

The Use and Dissemination of this Record is Regulated by Law. Secondary Dissemination of any kind is Prohibited and could subject the offender to Criminal and Civil Liability.
This Information Released To:
Gross, Charles
By: KM3454 Date: 6/25/13
Las Vegas Metro Police Dept.

Suspects

Name: **PRACHER, TAMARAH**

Scope ID SSN DOB **7/26/1971** Age **41**

Sex **F - Female** Race **W - White** Height **5' 4"** Weight **200** Hair Color **BRO - Brown** Eye Color

DLN DL State DL Country

Addresses

R - Residence **7777 S Jones Blvd #1293** **LVN, 89139** **CLARK**

Phones

H - Home/Residence **702 405-6155**

C - Cellular **702 203-5575**

Employer/School Employer Address

Occupation/Grade

Arrestees

Witnesses

Other Entities

Name: GROHS, CHARLES
Entity Type Person Reporting/Complainant

Addresses

B - Business	2900 Highland Dr #19a	LVN, 89109	CLARK	US - USA

Phones

B - Business/Work	702 454-2400
C - Cellular	702 604-4592

Properties

Narrative

ON TODAY'S DATE CHARLES GROHS CAME INTO THE LVMPD HQ TO REPORT EMBEZZLEMENT AND RELAYED THE FOLLOWING:

GROHS IS THE OWNER OF AIRTEC GASES. ON 06/18/13 GROHS DISCOVERED THAT A $90 CASH INVOICE NEVER MADE IT INTO HIS CASH BOX. GROHS REVIEWED VIDEO SURVEILLANCE AND DISCOVERED THAT HIS OFFICE MANAGER, TAMARAH PRACHAR, HAD RECEIVED THE MONEY FROM THE CUSTOMER. THE MONEY IS UNABLE TO BE LOCATED AFTER THAT POINT.

UPON DISCOVERING THIS GROHS REVIEWED OTHER RECORDS AND DISCOVERED THAT HIS COMPANY HAD RECEIVED THREE CHECKS FROM A CUSTOMER WHICH WERE CASHED HOWEVER THE FUNDS WERE NEVER RECEIVED BY THE COMPANY. GROHS REVIEWED THE CHECKS AND DISCOVERED THE ENDORSEMENTS HAD BEEN ALTERED. GROHS CONFIRMED WITH THE CUSTOMER, TLC HOLDINGS, THAT THE CHECKS HAD BEEN WRITTEN AND CASHED. TLC IS BILLED MONTHLY AND THE CHECKS FOR JANUARY, FEBRUARY AND APRIL OF 2013 FOR A TOTAL AMOUNT OF $10,685.51. AIRTEC GASES REFLECTS THE CHECKS BEING RECEIVED.

GROHS CONFRONTED PRACHAR WHO ADMITTED TO THE EMBEZZLEMENT AND ESTIMATED THE TOTAL AMOUNT OF THE THEFTS TO BE GREATER THAN $20,000. THE ADMISSION IS RECORDED ON VIDEO SURVEILLANCE. PRACHAR'S ONLY EXPLANATION WAS THAT SHE WANTEO MATERIAL THINGS. PRACHAR HAS SINCE BEEN FIRED. THE COMPLETE SCOPE OF THE EMBEZZLEMENT HAS YET TO BE DISCOVERED.

PAGE 1 OF 43
CASE INFO
CIVIL CASE

REQT

Kent F. Larsen, Esq.
Nevada Bar No. 3463
SMITH LARSEN & WIXOM
1935 Village Center Circle
Las Vegas, NV 89134
Tel: (702) 252-5002
Fax: (702) 252-5006
Email: kfl@slwlaw.com
Attorneys for Defendant
Wells Fargo Bank, N.A.
incorrectly named herein
as "Wells Fargo Bank Corp."

SMITH LARSEN & WIXOM
ATTORNEYS
HILLS CENTER BUSINESS PARK
1935 VILLAGE CENTER CIRCLE
LAS VEGAS, NEVADA 89134
TEL. (702) 252-5002 - FAX (702) 252-5006

DISTRICT COURT

CLARK COUNTY, NEVADA

AIRTEC GASES, LLC, a limited liability corporation, Plaintiff, v. TAMARAH ZERMENO; WELLS FARGO BANK, CORP; DOES I through X; ROE CORPORATIONS XI through XX, Defendants.	Case No. A-13-692378-B Dept. 11 **DEFENDANT WELLS FARGO BANK, N.A.'s FIRST REQUEST FOR PRODUCTION OF DOCUMENTS TO PLAINTIFF** (Business Court)

To: Airtec Gasses, LLC, LLC; and,

To: Mark H. Hutchings, Esq., of the law firm of Truitt and Associates, and Michael C. Kane, Esq., of the 702FIRM, its attorneys.

Pursuant to Rules 26 and 34 of the Nevada Rules of Civil Procedure, Defendant Wells Fargo Bank, N.A., ("Defendant" or "Wells Fargo Bank"), requests that Plaintiff Airtec Gasses, LLC, a Nevada limited liability company ("Plaintiff" or "Airtec"), produce and make available the

Received
4/7/14

CRIMINAL CASE # C-16-318400-1

Case Information

C-16-318400-1 | State of Nevada vs TAMARAH PRACHAR

Case Number	Court	Judicial Officer
C-16-318400-1	**Department 3**	**Trujillo, Monica**
File Date	Case Type	Case Status
09/28/2016	**Felony/Gross Misdemeanor**	**Closed**

Party

Plaintiff
State of Nevada

Active Attorneys ▾
Attorney
Raman, Jay

Lead Attorney
Wolfson, Steven B

Defendant
PRACHAR, TAMARAH

DOB
XX/XX/XXXX

Active Attorneys ▾
Lead Attorney
JAY L SIEGEL
Retained

HIRE DATE 9-22-08

PERSONAL INFO

OMB No. 1615-0047 Expires 06/30/09

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Zermeno	Tamara	A	Zermeno

Address (Street Number and Name)	Apt. #	Date of Birth (mm/dd/yyyy)
[redacted] S Jones Blvd [redacted]		[redacted]

City	State	Zip Code	Social Security #
Las Vegas	NV	89139	[redacted]

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):
- [X] A citizen or national of the United States
- [ ] A lawful permanent resident (Alien #) A _____
- [ ] An alien authorized to work until _____
(Alien # or Admission #) _____

Employee's Signature: Tamara Zermeno — Date (mm/dd/yyyy): 9/22/08

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature — Print Name

Address (Street Number and Name, City, State, Zip Code) — Date (mm/dd/yyyy)

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

	List A	OR	List B	AND	List C
Document Title:			ID		SS Card
Issuing Authority:			Nevada - DMV		GOV - SSA dm
Document Number:			[redacted]		[redacted]
Expiration Date (if any):			07-06-2012		
Document Title:					
Expiration Date (if any):					

CERTIFICATION. I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (mm/dd/yyyy) 09-22-08 and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Lorena C	Lorena Cano	HR Assistant

Business or Organization Name and Address (Street Number and Name, City, State, Zip Code)	Date (mm/dd/yyyy)
Airtec Gases LLC 2900 Highland Dr LV NV 89109	09-22-08

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of Rehire (mm/dd/yyyy) (if applicable)

C. If employee was previously employed, complete the following when applicable: the document that establishes current employment eligibility.

Document Title	Document Number	Expiration Date (if any)

I attest, under penalty of perjury, to the best of my knowledge, that this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (mm/dd/yyyy)

Form I-9 (Rev. 05/05/07) N

TERM 6/24/13

payroll solutions

professional employer organization

Payroll Solutions 3575 W. Cheyenne Ave. Ste. 101, North Las Vegas, NV 89032 - P:702.256.3748 F:702.938.3206

Separation Notice

Client	AIRTEC GASES, LLC

Employee's Name	TAMARAH ZERMENO	
Position	OFFICE MANAGER	
Dates of Employment	Start Date: 9-22-08	End Date: 6-24-13

☐ Voluntary Quit	☒ Discharge

What was the final incident that led to the discharge?
Please mark appropriately and attach any supporting documentation (previous warnings).

☐ Layoff due to lack of work	☐ Unsatisfactory Work Performance
☐ Position Elimination	☐ Violation of Company Policy
☐ Excessive Absence/ Tardiness	☒ Other: THEFT/Embezzlement over 10k

Employee Comments

Payroll Information:		
☐ Certified Mail ☐ At Payroll Solutions ☐ Delivery to client location ☐ *Other Information* ☐ Direct Deposit ☐ Live Check	Final Hours Due	8.0
	PTO hours to pay out: (If applicable)	
	Check Date	

Employee's Signature & Date	
Supervisor's Signature & Date	6/24/13
Witness' Signature & Date	6/24/13

If you have any questions on how to fill this form out please contact your Human Resource Consultant at Payroll Solutions at (702) 256-3748. Fax to your payroll administrator for processing at (702) 309-3459.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Airtec Gases, LLC

Physical Address: 2900 S. Highland Dr. Ste. 19A

City: Las Vegas State: NV Zip: 89109

Mailing Address (if different from physical address): Same

City: State: Zip:

Telephone: (702) 454-2400 Website: www.airtecgases.com

Licensing Company Email: accounting@airtecgases.com

Section 2: Personal Information

First: Charles Middle: Edward Last: Grohs

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] North Eula St.

City: Las Vegas State: NV Zip: 89149

Telephone: [redacted] Email: chuck@airtecgases.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.120)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: CEG

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Clackamas High School		08/1985 - 08/1989	
Address	City	State	Zip
13801 SE. Webster	Milwakie	OR	97222
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/2017 - Current	[redacted] North Eula St.	Las Vegas	NV	89149
06/2007 - 08/2017	[redacted] Bottle Sage Ave.	Las Vegas	NV	89130
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials CEG

Section 7: Beginning with this most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been involved as an owner, director, shareholder, stockholder, partner, member, or related capacity within the last 10 years.

Business Name		From - To (MM/YY – MM/YY)	
Airtec Gases, LLC		10/2003 - Current	
Business Address	**City**	**State**	**Zip**
2900 S. Highland Dr. Ste. 19A	Las Vegas	NV	89109
Phone	**Title**		
(702) 454-2400	CTO		
Description of Duties			
Manage Business, Employees and Day to Day Operations			

Business Name		From - To (MM/YY – MM/YY)	
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials CEG

Section 8: Arrests, Deportations, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
06/24/2013	02/08/2017	NV	Las Vegas	Clark

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-13-692378-B, C-16-318400-1	District Court of Clark County

Reason/Charge
Employee Embezzlement

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Airtec Gases, LLC vs Tamarah Prachar and Wells Fargo Bank	Airtec Gases, LLC/Wells Fargo Bank

Name of Business/Industry/Entity

Provide explanation below:

Please see attached statement

Original Signature (electronic, copies or stamps not accepted)

Date 3/30/22

Applicant's initials CEG

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Charles E. Grubbs
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted) — Date: 3/30/22

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Charles E. Grubbs, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature — **Date:** 3/30/22

Subscribed and Sworn to before me this 30 day of March, 2022
by Charles E. Grubbs.

Notary Public Signature

SETH COSE
Notary Public, State of Nevada
No. 16-2967-1
My Appt. Exp. July 5, 2024

(Seal)

Applicant's initials CEG

airtec gases LLC
medical products

March 8, 2022

C/O
Nevada State Board of Pharmacy

On September 22nd 2008 we hired Tamarah Zermeno (aka Tamarah Pracher) at Airtec Gases to work in our office. Her main duties including answering the phone and taking customer orders then she began processing all the customer payments. On 6/22/2013 it was noticed that money was missing from our cash box. Upon reviewing the camera footage on 6/18/2013. It showed that Tamarah had placed the missing money inside of her purse along with a customer check that was received earlier in the day.

On the next business day (6/24/2013) Tamarah was confronted, and she confessed to the theft. A police report was filed the next day and charges were filed. During the investigation, we had discovered that she had been taking the customer checks that were made out to the company. Then depositing it into her own personal bank account via a teller machine. Felony charges were filed the next day.

Shortly after we had learned that the bank could be liable for business checks being able to be deposited into a personal account. We then filed a civil case to include Tamarah Zermeno and the bank she used. The bank settled with us through mediation and we were awarded restitution from Tamarah's criminal case upon completion of her sentence.

Please contact me directly at 702.604.4592 if you have any questions or if I may be of any assistance to you.

Thank you.
Charles E. Grohs
Airtec Gases, LLC

2900 So. Highland Suite 19A: Las Vegas, NV 89109 Phone: 702.454.2400 Fax: 702.464.3060

Suspect:
☐ Cited ☐ Arrested ☐ Unknown
☐ City ☐ County
☐ Misdemeanor ☐ Gross Misdemeanor
☐ Felony

LAS VEGAS METROPOLITAN POLICE DEPARTMENT

VICTIM'S INFORMATION GUIDE

4349

Offense	Area Command	Event Number
Embezzlement	CCAC	130625-0875

This report is important for you to keep since it is the only way you will have to refer to your particular case and event number. If you need a copy of your report, it can be obtained during the hours of 8 a.m. to 5 p.m., Monday through Friday, 8 a.m. to 3 p.m. on weekends from the LVMPD Police Records Section, 400 S. Martin L. King Blvd., Bldg. C, 828-3476, **FIVE WORKING DAYS** after filing of the report, for a nominal fee.

ATTENTION: IT IS YOUR RESPONSIBILITY TO IMMEDIATELY NOTIFY THE LVMPD IF YOU SHOULD RECOVER YOUR STOLEN VEHICLE YOURSELF

The department relies on a number of factors available in any report to assign a follow-up investigator. Experience has proven that certain information must normally be determined at the time of the initial investigation before a case has the potential for being solved. Without suspects, witnesses, evidence, or other investigative leads, a case cannot be solved except under special circumstances. For example, a suspect caught committing another crime is found with evidence linking him to this one, or he may confess to other crimes including this one. **If you have any questions or additional information, please contact the detective handling your case at the appropriate telephone number listed below or complete an Additional Crime Information report. (Refer to the Event Number listed above.)**

OBLIGATIONS OF CITIZENS FILING MISDEMEANOR CRIME REPORTS WITH LVMPD

1. **If an arrest was not made, or if a citation was not issued, and you wish to pursue this matter, you must contact the detective assigned to handle your case at the appropriate number listed below, AT LEAST TEN (10) BUSINESS DAYS AFTER THE REPORT HAS BEEN FILED, Monday through Friday, 8:00 a.m. - 4:00 p.m. You may be required to testify against the defendant (suspect) if the case is prosecuted in the courts. All felonies will be investigated.**
2. **You must give the Event Number at the top of this page if you call about your case.**
3. **If the suspect in your case is arrested or cited for a misdemeanor, DO NOT CONTACT THE DETECTIVE ASSIGNED TO YOUR CASE. You may get information about the status of your case by contacting either the County or City Victim Advocates (listed below). The police department does not have any court information.**
4. **If this is a misdemeanor crime report and is for INSURANCE PURPOSES ONLY or YOU DO NOT WISH TO PROSECUTE, and no one has been arrested, please DO NOT contact the detective.**
5. **If no arrest has been made and you need victim assistance, you may contact a Victim Advocate from the Police Department at 828-2955.**

CONTACT TELEPHONE NUMBERS

Auto Theft 828-3586	Property Crimes (Burg/Larceny PL)	Domestic Violence 828-4451/828-3581
Firearms 828-2953	Bolden Area Command 828-3874	Homicide 828-3521
Identity Crimes 828-3483	Downtown Area Command 828-3683	High Risk Runaway Detail 828-3561
Fraud 828-3285	Enterprise Area Command 828-4809	Missing Persons 828-2907
Construction Theft 828-3574	Northeast Area Command 828-7355	Robbery 828-3591
Tourist Crimes 828-3204	Northwest Area Command 828-4431	Sexual Assault 828-3421
Abuse-Neglect 828-3364	Southeast Area Command 828-8242	Violent Crimes (Assault/Battery) 828-5634
	South Central Area Command 828-3267	

LVMPD VICTIM ADVOCATE: Provides crisis intervention, an assessment of the immediate needs of the victims and their families, initiates crime victim assistance paperwork, provides referrels to other agencies, and functions as a liaison with LVMPD personnel and other law enforcement agencies. For assistance, please call the LVMPD Victim Advocate at 828-2955 Monday through Friday 7:00 a.m. - 4:00 p.m.

LAS VEGAS CITY ATTORNEY VICTIM/WITNESS ASSISTANCE: Provides specialized advocacy for victims of domestic violence or battery occurring within the City of Las Vegas. If you are a victim of domestic violence or battery and an arrest has been made or a citation has been issued, please contact the Las Vegas City Attorney's Victim Witness Advocate at 229-2525.

CLARK COUNTY DISTRICT ATTORNEY VICTIM/WITNESS ASSISTANCE CENTER: Provides Justice Court and District Court case information and addresses any concerns you may have regarding your appearance as a witness. When you receive a subpoena to appear in a Justice Court or District Court case, please contact the Victim Witness Assistance Center at 671-2525. If you move or heve another address where you wish to receive a subpoena, please contact the advocates at the court.

ASSISTANCE TO VICTIMS OF VIOLENT CRIME: Victims of violent crime who are physically injured or victims of sexual assault may qualify for medical and counseling assistance from the State of Nevada under NRS 217. For information, contact the LVMPD Victim/Witness Advocate or the Nevada State Victims of Violent Crime Program at 486-2740. Note: Applications for this service must be received within one year of the commission of the crime.

ASSISTANCE TO VICTIMS OF SEXUAL ASSAULT: Victims of sexual assault may be eligible for medical treatment and counseling under NRS 217. For information, call the Clark County District Attorney Victim Witness Assistance Center 671-2525, or Rape Crisis Center at 366-1640. Note: Applications for this service must be received within 60 days of the commission of the crime.

THREATS AND DISSUASION TO TESTIFY: Victims and witnesses threatened and/or asked not to testify or prosecute, should contact the detective assigned to the original case. You may also notify the prosecutor if you have already been assigned one.

VOLUNTARY STATEMENT

130625-0875

4350

THIS PORTION TO BE COMPLETED BY OFFICER

Specific Crime	Date Occurred	Time Occurred
Embezzlement		
Location of Occurrence	**Sector/Beat**	**City / County**
2900 Highland Dr.	M	☐ City ☒ County

Your Name (Last / First / Middle)	Date of Birth	Social Security #
Gross Charles Edward	[redacted]	

Race	Sex	Height	Weight	Hair	Eyes	Work Schdl. (Hours)	Days Off	Business / School
W	M	5'10"	185	Brown	Blue	8-4	Sat Sun	Airtec Gases

Residence Address (Number & Street)	Bldg/Apt. #	City	State	Zip Code	Res. Phone	Bus. Phone
[redacted] Bottle Sage		LV	NV	89130	[redacted] / C 602-4592	415-2400

Business (Local) Address (Number & Street)	Bldg/Apt. #	City	State	Zip Code	Occupation	Departure Date (If Visitor)
2900 Highland Dr.	#A	LV	NV	89109	owner	

Best *place* to contact you during the day:	Best *time* to contact you during the day:	Can you identify the Suspect?
Work/Business	9-3 M-F Call 702 602-4592	☒ Yes ☐ No

DETAILS:

Embezzlement by employee over $20,000

Employee posted payments to customer accounts then took customer check and cashed with her personal bank.

For Official Use Only

The Use and Dissemination of this Record is Regulated by Law. Secondary Dissemination of any kind is Prohibited and could subject the offender to Criminal and Civil Liability.

This Information Released To:
Gross, Charles
By: KM13454 Date: 6/25/13
Las Vegas Metro Police Dept.

I HAVE READ THIS STATEMENT AND I AFFIRM TO THE TRUTH AND ACCURACY OF THE FACTS CONTAINED HEREIN. THIS STATEMENT WAS COMPLETED AT (LOCATION) 4100 S MLK

ON THE 25th DAY OF June, 2013 AT 0821 ☐ A.M. ☐ P.M.

Witness/Officer: X _____ (SIGNATURE)

Witness/Officer: K. MCINERNEY (PRINTED) 13454 P# X _____ SIGNATURE OF PERSON GIVING STATEMENT

LVMPD 85 (Rev. 8/11) WORD 2007

Las Vegas Metropolitan Police Department
400 S. Martin Luther King Dr.
Las Vegas, NV 89106

Administrative

Crime Type			
Location	**2900 HIGHLAND DR**	**LVN, 89109**	Sector /Beat **M1**
Occurred On (Date / Time)	**Tuesday 6/18/2013 12:00:00 AM**	Or Between (Date / Time)	
Reporting Officer	**13484 - McInerney, K.**	Reported On	**6/25/2013**
Entered By	**13484 - McInerney, K.**	Entered On	**6/25/2013 8:35:16 AM**
Related Cases			
Assisted By:			

Offenses

EMBEZZLEMENT - OVER $650

Completed **Yes** **Hate/Bias** None (No Bias) Code Section

Entry Premises Entered Domestic Violence **No**

Type Tools

Security

Location Type **Other/Unknown**

Weapons

Criminal Activities

Victims

Name: **AIRTEC GASES**

Victim Type **Business** Written Statement Can ID Suspect

Victim of **205.300A - EMBEZZLEMENT - OVER $650**

SSN	DOB	Age	Sex	Race
Height	Weight	Hair Color		Eye Color

Addresses

B - Business **2900 Highland Dr #19a** **LVN, 89109** **CLARK** **US - USA**

Phones

B - Business/Work **702 454-2400**

Resident POB

DLN DL State DL Country

Employer/School Employer Address

Occupation/Grade Work Schedule

Tourist Departure Date Testify

Injury **Injury Weapons**

Offender Relationships

Offender **Relationship**

The Use and Dissemination of this Record is Regulated by Law. Secondary Dissemination of any kind is Prohibited and could subject the offender to Criminal and Civil Liability.
This Information Released To:
Cronis, Charles
By: KM13484 Date: 6/25/13
Las Vegas Metro Police Dept.

Suspects

Name: **PRACHER, TAMARAH**

Scope ID		SSN		DOB	**7/26/1971**			Age	**41**
Sex	**F - Female**	Race	**W - White**	Height	**5' 4"**	Weight	**200**	Hair Color	**BRO - Brown**	Eye Color	

DLN DL State DL Country

Addresses

R - Residence **7777 S Jones Blvd #1293** **LVN, 89139** **CLARK**

Phones

H - Home/Residence **702 405-6155**

C - Cellular **702 203-5575**

Employer/School Employer Address

Occupation/Grade

Arrestees

Witnesses

Other Entities

Name: GROHS, CHARLES
Entity Type Person Reporting/Complainant

Addresses

B - Business	2900 Highland Dr #19a	LVN, 89109	CLARK	US - USA

Phones

B - Business/Work	702 454-2400
C - Cellular	702 604-4592

Properties

Narrative

DN TODAY'S DATE CHARLES GROHS CAME INTO THE LVMPD HQ TO REPORT EMBEZZLEMENT AND RELAYED THE FOLLOWING:

GROHS IS THE OWNER OF AIRTEC GASES. ON 06/18/13 GROHS DISCOVERED THAT A $90 CASH INVOICE NEVER MADE IT INTO HIS CASH BOX. GROHS REVIEWED VIDEO SURVEILLANCE AND DISCOVERED THAT HIS OFFICE MANAGER, TAMARAH PRACHAR, HAD RECEIVED THE MONEY FROM THE CUSTOMER. THE MONEY IS UNABLE TO BE LOCATED AFTER THAT POINT.

UPON DISCOVERING THIS GROHS REVIEWED OTHER RECORDS AND DISCOVERED THAT HIS COMPANY HAD RECEIVED THREE CHECKS FROM A CUSTOMER WHICH WERE CASHED HOWEVER THE FUNDS WERE NEVER RECEIVED BY THE COMPANY. GROHS REVIEWED THE CHECKS AND DISCOVERED THE ENDORSEMENTS HAD BEEN ALTERED. GROHS CONFIRMED WITH THE CUSTOMER, TLC HOLDINGS, THAT THE CHECKS HAD BEEN WRITTEN AND CASHED. TLC IS BILLED MONTHLY AND THE CHECKS FOR JANUARY, FEBRUARY AND APRIL OF 2013 FOR A TOTAL AMOUNT OF $10,685.51. AIRTEC GASES REFLECTS THE CHECKS BEING RECEIVED.

GROHS CONFRONTED PRACHAR WHO ADMITTED TO THE EMBEZZLEMENT AND ESTIMATED THE TOTAL AMOUNT OF THE THEFTS TO BE GREATER THAN $20,000. THE ADMISSION IS RECORDED ON VIDEO SURVEILLANCE. PRACHAR'S ONLY EXPLANATION WAS THAT SHE WANTED MATERIAL THINGS. PRACHAR HAS SINCE BEEN FIRED. THE COMPLETE SCOPE OF THE EMBEZZLEMENT HAS YET TO BE DISCDVERED.

PAGE 1 OF 43
CASE INFO
CIVIL CASE

REQT
Kent F. Larsen, Esq.
Nevada Bar No. 3463
SMITH LARSEN & WIXOM
1935 Village Center Circle
Las Vegas, NV 89134
Tel: (702) 252-5002
Fax: (702) 252-5006
Email: kfl@slwlaw.com
Attorneys for Defendant
Wells Fargo Bank, N.A.
incorrectly named herein
as "Wells Fargo Bank Corp."

SMITH LARSEN & WIXOM
ATTORNEYS
HILLS CENTER BUSINESS PARK
1935 VILLAGE CENTER CIRCLE
LAS VEGAS, NEVADA 89134
TEL. (702) 252-5002 • FAX (702) 252-5006

DISTRICT COURT

CLARK COUNTY, NEVADA

AIRTEC GASES, LLC, a limited liability corporation, Plaintiff, v. TAMARAH ZERMENO; WELLS FARGO BANK, CORP; DOES I through X; ROE CORPORATIONS XI through XX, Defendants.	Case No. A-13-692378-B Dept. 11 **DEFENDANT WELLS FARGO BANK, N.A.'s FIRST REQUEST FOR PRODUCTION OF DOCUMENTS TO PLAINTIFF** (Business Court)

To: Airtec Gasses, LLC, LLC; and,

To: Mark H. Hutchings, Esq., of the law firm of Truitt and Associates, and Michael C. Kane, Esq., of the 702FIRM, its attorneys.

Pursuant to Rules 26 and 34 of the Nevada Rules of Civil Procedure, Defendant Wells Fargo Bank, N.A., ("Defendant" or "Wells Fargo Bank"), requests that Plaintiff Airtec Gasses, LLC, a Nevada limited liability company ("Plaintiff" or "Airtec"), produce and make available the

Received
4/7/14

CRIMINAL CASE # C-16-318400-1

Case Information

C-16-318400-1 | State of Nevada vs TAMARAH PRACHAR

Case Number	Court	Judicial Officer
C-16-318400-1	**Department 3**	**Trujillo, Monica**
File Date	Case Type	Case Status
09/28/2016	**Felony/Gross Misdemeanor**	**Closed**

Party

Plaintiff
State of Nevada

Active Attorneys ▾
Attorney
Raman, Jay

Lead Attorney
Wolfson, Steven B

Defendant
PRACHAR, TAMARAH

DOB
XX/XX/XXXX

Active Attorneys ▾
Lead Attorney
JAY L SIEGEL
Retained

HIRE DATE
9-22-08

PERSONAL INFO

OMB No. 1615-0047 Expires 06/30/09

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Zermeno	Tamara	A	Zermeno

Address (Street Number and Name)	Apt. #	Date of Birth (month/day/year)
[redacted] S Jones Blvd [redacted]		7/26/71

City	State	Zip Code	Social Security #
Las Vegas	NV	89139	[redacted]

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):
- [X] A citizen or national of the United States
- [ ] A lawful permanent resident (Alien #) A _____
- [ ] An alien authorized to work until _____
(Alien # or Admission #) _____

Employee's Signature: Tamara Zermeno — Date (month/day/year): 9/22/08

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature — Print Name

Address (Street Number and Name, City, State, Zip Code) — Date (month/day/year)

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

	List A	OR	List B	AND	List C
Document Title:			ID		SS Card
Issuing Authority:			Nevada - DMV		SSA
Document #:			[redacted]		[redacted]
Expiration Date (if any):			07-06-2012		
Document #:					
Expiration Date (if any):					

CERTIFICATION. I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 09-22-08 and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Lorena C	Lorena Cervo	HR Assistant

Business or Organization Name and Address (Street Number and Name, City, State, Zip Code)	Date (month/day/year)
Airtec Gases LLC 2900 Highland Dr. LV, NV 89109	09-22-08

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title:	Document #:	Expiration Date (if any):

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)

Form I-9 (Rev. 06/05/07) N

TERM 6/24/13

professional employer organization

payroll solutions

Payroll Solutions 3575 W. Cheyenne Ave. Ste. 101, North Las Vegas, NV 89032 - P:702.256.3748 F:702.938.3206

Separation Notice

Client	AIRTEC GASES, LLC

Employee's Name	TAMARAH ZERMENO	
Position	OFFICE MANAGER	
Dates of Employment	Start Date: 9-22-08	End Date: 6-24-13

☐ Voluntary Quit	☒ Discharge

What was the final incident that led to the discharge?
Please mark appropriately and attach any supporting documentation (previous warnings).

☐ Layoff due to lack of work	☐ Unsatisfactory Work Performance
☐ Position Elimination	☐ Violation of Company Policy
☐ Excessive Absence/ Tardiness	☒ Other: THEFT/Embezzlement over 10k

Employee Comments

Payroll Information:

☐ Certified Mail ☐ At Payroll Solutions ☐ Delivery to client location ☐ *Other Information* ☐ Direct Deposit ☐ Live Check	Final Hours Due	8.0
	PTO hours to pay out: (If applicable)	
	Check Date	

Employee's Signature & Date	
Supervisor's Signature & Date	6/24/13
Witness' Signature & Date	6/24/13

If you have any questions on how to fill this form out please contact your Human Resource Consultant at Payroll Solutions at (702) 256-3748. Fax to your payroll administrator for processing at (702) 309-3459.

12B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (08/12/2021)

Where is the facility located? ■ Nevada ☐ Out-of-State

Is your facility a reverse distributor? ☐ Yes ■ No

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
■ New Wholesaler	* If making a change, provide current license number: WH N/A	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)
☐ Ownership Change*		■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)
☐ Name Change*		☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)
☐ Location Change* (in-state only)		☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Section 1: General Information

Facility Name: Airtec Gases, LLC

Physical Address: 1320 Freeport Blvd. Ste. 114/115

City: Sparks State: NV Zip: 89431

Mailing Address (if different from physical address): N/A

City: _____ State: _____ Zip: _____

Telephone: (702) 454-2400 Website: www.airtecgases.com

Name of Designated Representative (DR): William Grohs

Licensing Company Email: accounting@airtecgases.com DR Email: tim@airtecgases.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies	☐ Legend Pharmaceuticals, Supplies or Devices
☐ Practitioners	☐ Controlled Substances
■ Hospitals	☐ Hypodermic Devices
☐ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?	✓	
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been registered with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Matheson Tri-Gas Inc
Address: 5555 District Blvd. City: Vernon State: CA Zip: 90058
Name: Linde Gas & Equipment
Address: PO Box 120812 City: Dallas State: TX Zip: 75312
Name: N/A
Address: City: State: Zip:
Name: N/A
Address: City: State: Zip:

Section 4: Publicly Traded Corporations

State of Incorporation: N/A
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporations or Companies

State of Incorporation/Organization: Nevada
Parent Company (if any): N/A
Corporation/Organization Name: Airtec Gases, LLC
Mailing Address: 2900 S. Highland Dr. Ste. 19A
City: Las Vegas State: NV Zip: 89109
Telephone: (702) 454-2400 Email: accounting@airtecgases.com
Contact Person Name: Maury Anderson

Section 6: Partnership

Partnership Name: N/A
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

Section 7: Sole Owner

Owner's Name: N/A
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

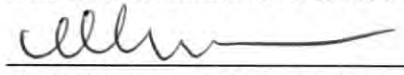
Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:	✓	
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months.**	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
• **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Maury Anderson

Print Name of Authorized Person Submitting Application



Original signature of Authorized Person (copies or stamps not accepted)

4/13/2022

Date

Board Use Only	Date Received: _____	Amount: 500 cc ✓ Processed 4/14/22

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **AIRTEC GASES, LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 10/29/2003, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 03/20/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202203202502380
You may verify this certificate online at http://www.nvsos.gov

Drug Establishments Current Registration Site

SHARE (HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

TWEET (HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

+

EMAIL (MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

New Search (default.cfm)

Search Results for **Airtec Gases**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Airtec Gases, LLC	3005701068	039869312	MANUFACTURE;	1320 Freeport Blvd, Sparks, Nevada (NV) 89431-5943, United States (USA)	12/31/2022
Airtec Gases, LLC	3005947308	167046148	MANUFACTURE;	2900 S. Highland Ste 19A, Las Vegas, Nevada (NV) 89109-1075, United States (USA)	12/31/2022

Showing 1 to 2 of 2 entries
Previous1Next
Data Current through: Wednesday, Mar 30, 2022

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/6/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
The Horton Group
10320 Orland Parkway
Orland Park IL 60467

CONTACT NAME:
PHONE (A/C, No, Ext): 708-845-3917 FAX (A/C, No): 866-202-5917
E-MAIL ADDRESS: Certificates@thehortongroup.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Amerisure Insurance Company	19488
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED AIRTG4S-01
Airtec Gases, LLC
2900 S. Highland Dr., 19 A,B
Las Vegas NV 89109

COVERAGES **CERTIFICATE NUMBER:** 1951545813 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY	Y	Y	CPP 21148060003	6/18/2021	6/18/2022	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER							$
A	AUTOMOBILE LIABILITY	Y	Y	CA 21148050002	6/18/2021	6/18/2022	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
							Comp/Coll Deductibles	$ 1,000/1,000
	UMBRELLA LIAB OCCUR							
	EXCESS LIAB CLAIMS-MADE						EACH OCCURRENCE	$
	DED RETENTION $						AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N / A						E.L. EACH ACCIDENT	$
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	$
A	Commercial Property			CPP 21148060003	6/18/2021	6/18/2022	BPP/Tanks Deductible	1,186,000 1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Additional insured with respect to general liability and respect to auto liability only when required by written contract. Waivers of subrogation apply to general liability and auto liability in favor of the stated additional insureds only when required by written contract.

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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The ACORD name and logo are registered marks of ACORD

List of Employees Airtec Gases Sparks, NV

James Donohue – Sales
Renato Garcia – Warehouse
Brenda Grohs – Office
William Grohs – General Manager
Dylan McMullen Layton – Warehouse
Jeffrey Paxton - Driver

List of Officer/Directors Airtec Gases, LLC

Carey Grohs CEO
Charles Grohs CTO
Maury Anderson COO

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. NV5874701

Application/License No. _____

Airtec Gases, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1320 Freeport Blvd. Ste. 114/115 Sparks, NV 89431 (Address of Applicant/Principal), as PRINCIPAL, and Merchants Bonding Company (Mutual) (Surety Company), a corporation organized under the laws of the state of Iowa (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 6700 Westown Parkway, West Des Moines, IA 50266 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on April 7, 2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

Posted February 20, 2020

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 7th day of April, 20 22.

APPLICANT/PRINCIPAL

COMPANY

Airtec Gases, LLC

Authorized Representative

SURETY

Merchants Bonding Company (Mutual)

Surety Company's Representative

Quanda Warren, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Tracie House

Witness David J. Roth

Countersigned by:

Nevada Resident Agent

LP 2079 NV (5/21)

MERCHANTS BONDING COMPANY™

POWER OF ATTORNEY

Know All Persons By These Presents, that MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., both being corporations of the State of Iowa (herein collectively called the "Companies") do hereby make, constitute and appoint, individually,

Quanda Warren

their true and lawful Attorney(s)-in-Fact, to sign its name as surety(ies) and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

This Power-of-Attorney is granted and is signed and sealed by facsimile under and by authority of the following By-Laws adopted by the Board of Directors of Merchants Bonding Company (Mutual) on April 23, 2011 and amended August 14, 2015 and adopted by the Board of Directors of MerchantsNational Bonding, Inc., on October 16, 2015.

"The President, Secretary, Treasurer, or any Assistant Treasurer or any Assistant Secretary or any Vice President shall have power and authority to appoint Attorneys-in-Fact, and to authorize them to execute on behalf of the Company, and attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof."

"The signature of any authorized officer and the seal of the Company may be affixed by facsimile or electronic transmission to any Power of Attorney or Certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the Company, and such signature and seal when so used shall have the same force and effect as though manually fixed."

In connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and aut hority hereby given to the Attorney-in-Fact includes any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not relieve this surety company of any of its obligations under its bond.

In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner-Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

In Witness Whereof, the Companies have caused this instrument to be signed and sealed this 7th day of April , 2022 .

MERCHANTS NATIONAL BONDING, INC. INCORPORATED -o- 2003

MERCHANTS BONDING COMPANY (MUTUAL) INCORPORATED -o- 1933

MERCHANTS BONDING COMPANY (MUTUAL)
MERCHANTS NATIONAL BONDING, INC.

By Larry Taylor
President

STATE OF IOWA
COUNTY OF DALLAS ss.
On this 7th day of April , 2022 , before me appeared Larry Taylor, to me personally known, who being by me duly sworn did say that he is President of MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC.; and that the seals affixed to the foregoing instrument are the Corporate Seals of the Companies; and that the said instrument was signed and sealed in behalf of the Companies by authority of their respective Boards of Directors.

NOTARIAL SEAL IOWA

POLLY MASON
Commission Number 750576
My Commission Expires
January 07, 2023

Polly Mason
Notary Public

(Expiration of notary's commission
does not invalidate this instrument)

I, William Warner, Jr., Secretary of MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., do hereby certify that the above and foregoing is a true and correct copy of the POWER-OF-ATTORNEY executed by said Companies, which is still in full force and effect and has not been amended or revoked.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the Companies on this 7th day of April , 2022 .

MERCHANTS NATIONAL BONDING, INC. INCORPORATED -o- 2003

MERCHANTS BONDING COMPANY (MUTUAL) INCORPORATED -o- 1933

William Warner Jr.
Secretary

 For bond verification contact verify@merchantsbonding.com

Copy of documents submitted to BOP Investigator Kenneth Scheuber

airtec gases LLC
medical products

3/24/2022

C/O
Nevada State Board of Pharmacy

To whom it may concern,

In 2003 Airtec Gases was incorporated in Nevada as and LLC by myself and Carey R. Grohs. Both of us previously worked in the medical gas industry and started as a small company out of a 500 SF office. Working in the medical gas industry for Air Liquide Healthcare I was familiar with Ron Shockey and asked him many questions on starting up a Medical Gas company. We were directed to the Nevada State Board of Pharmacy website and I applied for an MDEG license to supply medical gases to local Medical and Dental Offices. After the review process we were granted a temporary license and ordered our first shipment of gases from a local manufacture. In approximately 2004 we had our first inspection by Ron Shockey in the office to confirm that all compliance matters were met to start distributing medical compressed gases. We have had our annual inspections each year moving forward and have kept our license active.

On or about Dec/Jan 2022 I made a phone call to the Nevada State Board of Pharmacy Office and spoke with Yenh about Airtec Gases potentially selling Sevoflurane to some of our local surgery centers. Yenh and I discussed what type of licensing that would take and how that process works. During the conversation she asked about our current license and I told her we supply medical gases to Hospitals, Dental Offices, Veterinary Clinics and Skilled Nursing Centers. She immediately informed me that our license was incorrect and that we need to be registered as a wholesaler. I contacted our company compliance department and informed them of the new information that I received. We initiated a conference call to Yenh to confirm all of the details and find out what we needed to do to get started with the wholesaler application.

Thank you.

Chuck Grohs
Airtec Gases, LLC

2900 South Highland Drive Suite 19A Las Vegas, NV 89109 Phone: (702) 454-2400 Fax: (702) 464-3060

airtec gases LLC
medical products

3/24/22

C/O
Nevada State Board of Pharmacy
Statement to BOP Investigator Kenneth Scheuber

To whom it may concern,

I was notified in approximately December or January of this year by Yenh with the Nevada State Board of Pharmacy via phone conference with Charles Grohs that our current MDEG license does not cover the distribution of medical gases to the customers that we currently supply. During the phone call we discussed what types of customers Airtec Gases supplies to include dental offices, surgery centers, small medical offices, skilled nursing facilities, veterinary clinics, fire departments and homecare companies. Yenh explained we would need to apply for a wholesaler license as soon as possible. I explained that we have always supplied these types of customers going back to the start of our business in 2004. We discussed what time frame we would have to get the wholesaler application complete and mailed in. She stated that a fairly liberal time frame would be given since this was a licensing issue that has been identified with several license holders in the state of Nevada. We immediately started the application process to include contacting our insurance company to obtain the bond required. As of today we have completed the entire application and it is currently being reviewed by our corporate attorney. The review is expected to be completed and the application should be mailed out next week.

Please contact me directly if you have further questions.

Thank you.

Maury

Maury Anderson
Airtec Gases, LLC
(702) 403-7803

2009 copy

Nevada State Board of Pharmacy
MDEG Inspection Form

	Yes	No
Special Requirement for MDEG Wholesalers NAC 639.6957 (applies only if sold to other providers) N/A		
Maintenance log showing for each piece of equipment:	☐	☐
Type of equipment	☐	☐
Manufacturer	☐	☐
Model or model number	☐	☐
Serial number	☐	☐
Date of repair	☐	☐
Specific repair made	☐	☐
Name of person who performed the repair	☐	☐
Certification that equipment has been returned to manufacturer's specifications	☐	☐
If repaired equipment cannot be brought back to the manufacturers specifications, proof that the equipment has either been restricted in its use or is removed from service	☐	☐
Evidence that calibration and testing equipment is accurate	☐	☐
For scales used to weigh liquid oxygen, certification by the Bureaus of Weights and Measures	☐	☐
Record detailing sale or other disposition of equipment	☐	☐

Inspector's comments:

I understand that under NAC 639.694 that as a medical products provider and/or wholesaler that I am required to notify the staff of the Board of Pharmacy of the cessation of employment of the current administrator and of the employment of a new administrator within 3 days of the occurrence. I also understand that I may not operate for more than 10 business days without an administrator.

Remarks

primary MDEG Dental/Dr/vet

Thanks to entire team!!!

for your education

MARY ANDERSON
Representative's Printed Name

Facility Representative's Signature — 6-16-09 Date

Inspector's Signature — 6-16-09 Date

[illegible] receipt for Lambs 95 years

2010 COPY

	Yes	No

Special Requirement for MDEG Wholesalers NAC 639.6957
(applies only if sell to other providers) N/A

Maintenance log showing for each piece of equipment:		
Type of equipment	☐	☐
Manufacturer	☐	☐
Model or model number	☐	☐
Serial number	☐	☐
Date of repair	☐	☐
Specific repair made	☐	☐
Name of person who performed the repair	☐	☐
Certification that equipment has been returned to manufacturer's specifications	☐	☐
If repaired equipment cannot be brought back to the manufacturers specifications, proof that the equipment has either been restricted in its use or is removed from service	☐	☐
Evidence that calibration and testing equipment is accurate	☐	☐
For scales used to weigh liquid oxygen, certification by the Bureaus of Weights and Measures?	☐	☐
Records detailing sale or other disposition of equipment?	☐	☐

Inspector's comments:

I understand that under NAC 639.694 that as a medical products provider and/or wholesaler that I am required to notify the staff of the Board of Pharmacy of the cessation of employment of the current administrator and of the employment of a new administrator within 3 days of the occurrence. I also understand that I may not operate for more than 10 business days without an administrator.

Remarks

Primary vast - other businesses (ASC, MDEG, clinics, hosp, etc.)

MAURY ANDERSON
Representative's Printed Name

Facility Representative's Signature — Date: 6-16-10

Inspector's Signature — Date: 6-16-10

2011 COPY

Nevada State Board of Pharmacy
MDEG Inspection Form

	Yes	No
I understand that under NAC 639.694 that as a medical products provider and/or wholesaler that I am required to notify the staff of the Board of Pharmacy of the cessation of employment of the current administrator and of the employment of a new administrator within 3 days of the occurrence. I also understand that I may not operate for more than 10 business days without an administrator.		

Remarks:

Primary Customer – other businesses Hosp, ASC clinics, Hosp.

MAURY ANDERSON
Representative's Printed Name

Facility Representative's Signature — Date: 6-16-11

Inspector's Signature RBL — Date: 6-16-11

Nevada State Board of Pharmacy
MDEG Inspection Form

2012 copy

Yes No

I understand that under NAC 639.694 that as a medical products provider and/or wholesaler that I am required to notify the staff of the Board of Pharmacy of the cessation of employment of the current administrator and of the employment of a new administrator within 3 days of the occurrence. I also understand that I may not operate for more than 10 business days without an administrator.

Remarks:

- Only provide product to other licensed
- All licenses and permits available on display.

MAURY ANDERSON
Representative's Printed Name

Facility Representative's Signature

Date 7/11/2012

Inspector's Signature

Date

Nevada State Board of Pharmacy
431 W. Plumb Lane Reno, Nevada 89521
(775) 850-1440 (800)-364-2081 Fax (775) 850-1444

2013 copy

Proof that calibration or testing equipment is accurate and maintained according to manufacturer's directions and specifications NAC 639.6946 (attach certifications) — (Yes) No

FDA medical device tracking records kept in orderly and readily accessible manner NAC 639.6949 — (Yes) No

Inspector's comments:

Requirements for Providers of Medical Gases, Respiratory Equipment and CPAP – BIPAP and BIPAP ST. Any company providing respiratory services that require a practitioner order (prescription) needs to have an RT or Nurse on staff or on contract.
NAC 639.6954 If not applicable skip to next section

If a nurse is providing respiratory services, the nurse should provide a signed and dated statement that the nurse has been trained in the respiratory modality that the nurse is training a patient to use and that the nurse is qualified to train others in those modalities that the nurse has been trained to provide. If a delivery person is instructing a patient in any respiratory modality, provide a signed and dated statement that the delivery person has been trained by the Respiratory Therapist or Nurse, contracted or employed by the facility, in the modality that the delivery person is instructing the patient to use. NRS 630.047

Stocking only medical grade gases — (Yes) No
Service records regarding all equipment — Yes (No)
Verification that equipment has been checked and is defect free before the equipment is dispensed — Yes (No)
Checking that equipment has not been modified in any way that would affect the effectiveness of the equipment — Yes (No)
Checking that the equipment does not present a fire or shock hazard — Yes (No)
Checking that the equipment has all warning labels and tags — Yes (No)
Records tracking all gases dispensed, including the lot numbers — (Yes) No
Records regarding recalls of gases — (Yes) No
System to track and locate all gases and equipment dispensed <circle> (Written) (Electronic)
Records of serial numbers and model numbers of all equipment dispensed — Yes (No)
Protocol for cleaning and disinfecting equipment — Yes (No)
Material safety data sheet for solutions and products used in cleaning and disinfecting — (Yes) No
Designated areas for clean and unclean equipment with signs posted — Yes (No)
Designated area for quarantined equipment with signs posted — (Yes) No
Policy and procedure or other documentation for the providing of emergency supply of gases, supplies, and equipment — (Yes) No
Does the facility provide CPAP- BIPAP or BIPAP ST (spontaneous timed) Equipment? — Yes (No)

Provide the following information for your Respiratory Therapist(s) or Nurse(s) Providing Respiratory services that require a practitioner order (prescription).

Name | Exp. Date | License #

Inspector's comments: Mainly ~~Duties~~ supply gases to other businesses.

Nevada State Board of Pharmacy
431 W. Plumb Lane Reno, Nevada 89521
(775) 850-1440 (800)-364-2081 Fax (775) 850-1444

2013 copy

I understand that under NAC 639.694 that as a medical products provider and/or wholesaler that I am required to notify the staff of the Board of Pharmacy of the cessation of employment of the current administrator and of the employment of a new administrator within 3 days of the occurrence. I also understand that I may not operate for more than 10 business days without an administrator.

Remarks:

If you are required to provide any documentation to the inspector via fax or email attach a copy of the document(s) to this inspection form for future review.

MAURY ANDERSON
Representative's Printed Name

Facility Representative's Signature — Date 4/11/13

Inspector's Signature — Date 4/11/13

2014 (copy)

Nevada State Board of Pharmacy
431 W. Plumb Lane Reno, Nevada 89521
(775) 850-1440 (800)-364-2081 Fax (775) 850-1444

Proof that calibration or testing equipment is accurate and maintained according to manufacturer's directions and specifications NAC 639.6946 (attach certifications) — (Yes) No
FDA medical device tracking records kept in orderly and readily accessible manner NAC 639.6949 — (Yes) No

Inspector's comments:

Requirements for Providers of Medical Gases, Respiratory Equipment and CPAP – BIPAP and BIPAP ST. Any company providing respiratory services that require a practitioner order (prescription) needs to have an RT or Nurse on staff or on contract.
NAC 639.6954 If not applicable skip to next section
If a nurse is providing respiratory services, the nurse should provide a signed and dated statement that the nurse has been trained in the respiratory modality that the nurse is training a patient to use and that the nurse is qualified to train others in those modalities that the nurse has been trained to provide. If a delivery person is instructing a patient in any respiratory modality, provide a signed and dated statement that the delivery person has been trained by the Respiratory Therapist or Nurse, contracted or employed by the facility, in the modality that the delivery person is instructing the patient to use. NRS 630.047

Stocking only medical grade gases — (Yes) No
Service records regarding all equipment — Yes (No)
Verification that equipment has been checked and is defect free before the equipment is dispensed — Yes (No)
Checking that equipment has not been modified in any way that would affect the effectiveness of the equipment — Yes (No) – N/A
Checking that the equipment does not present a fire or shock hazard — Yes (No) – N/A
Checking that the equipment has all warning labels and tags — Yes (No) – N/A
Records tracking all gases dispensed, including the lot numbers — (Yes) No
Records regarding recalls of gases — (Yes) No
System to track and locate all gases and equipment dispensed <circle> (Written) (Electronic)
Records of serial numbers and model numbers of all equipment dispensed — Yes (No) – N/A
Protocol for cleaning and disinfecting equipment — Yes (No) – N/A
Material safety data sheet for solutions and products used in cleaning and disinfecting — (Yes) No
Designated areas for clean and unclean equipment with signs posted — Yes (No)
Designated area for quarantined equipment with signs posted — (Yes) No
Policy and procedure or other documentation for the providing of emergency supply of gases, supplies, and equipment — (Yes) No
Does the facility provide CPAP- BIPAP or BIPAP ST (spontaneous timed) Equipment? — Yes (No)

Provide the following information for your Respiratory Therapist(s) or Nurse(s) Providing Respiratory services that require a practitioner order (prescription).

Name	Exp. Date	License #

Inspector's comments: Primarily providing gases to businesses - ?

Nevada State Board of Pharmacy
431 W. Plumb Lane Reno, Nevada 89521
(775) 850-1440 (800)-364-2081 Fax (775) 850-1444

2014 copy

I understand that under NAC 639.694 that as a medical products provider and/or wholesaler that I am required to notify the staff of the Board of Pharmacy of the cessation of employment of the current administrator and of the employment of a new administrator within 3 days of the occurrence. I also understand that I may not operate for more than 10 business days without an administrator.

Remarks: FDA registered facility.

If you are required to provide any documentation to the inspector via fax or email attach a copy of the document(s) to this inspection form for future review.

MAURY ANDERSON
Representative's Printed Name

Facility Representative's Signature — Date 4/10/14

Inspector's Signature — Date 4/10/14

Nevada State Board of Pharmacy
431 W. Plumb Lane Reno, Nevada 89521
(775) 850-1440 (800)-364-2081 Fax (775) 850-1444

2015 copy

Proof that calibration or testing equipment is accurate and maintained according to manufacturer's directions and specifications NAC 639.6946 (attach certifications) — (Yes) No
FDA medical device tracking records kept in orderly and readily accessible manner NAC 639.6949 — (Yes) No

Inspector's comments:

Requirements for Providers of Medical Gases, Respiratory Equipment and CPAP – BIPAP and BIPAP ST. Any company providing respiratory services that require a practitioner order (prescription) needs to have an RT or Nurse on staff or on contract.
NAC 639.6954 If not applicable skip to next section

If a nurse is providing respiratory services, the nurse should provide a signed and dated statement that the nurse has been trained in the respiratory modality that the nurse is training a patient to use and that the nurse is qualified to train others in those modalities that the nurse has been trained to provide. If a delivery person is instructing a patient in any respiratory modality, provide a signed and dated statement that the delivery person has been trained by the Respiratory Therapist or Nurse, contracted or employed by the facility, in the modality that the delivery person is instructing the patient to use. NRS 630.047

Stocking only medical grade gases — (Yes) No
Service records regarding all equipment — Yes No
Verification that equipment has been checked and is defect free before the equipment is dispensed — Yes No
Checking that equipment has not been modified in any way that would affect the effectiveness of the equipment — Yes No – N/A
Checking that the equipment does not present a fire or shock hazard — Yes No – N/A
Checking that the equipment has all warning labels and tags — Yes No – N/A
Records tracking all gases dispensed, including the lot numbers — (Yes) No
Records regarding recalls of gases — (Yes) No
System to track and locate all gases and equipment dispensed <circle> Written Electronic
Records of serial numbers and model numbers of all equipment dispensed — Yes No – N/A
Protocol for cleaning and disinfecting equipment — Yes No – N/A
Material safety data sheet for solutions and products used in cleaning and disinfecting — (Yes) No
Designated areas for clean and unclean equipment with signs posted — Yes No – N/A
Designated area for quarantined equipment with signs posted — (Yes) No
Policy and procedure or other documentation for the providing of emergency supply of gases, supplies, and equipment — (Yes) No
Does the facility provide CPAP- BIPAP or BIPAP ST (spontaneous timed) Equipment?

Provide the following information for your Respiratory Therapist(s) or Nurse(s) Providing Respiratory services that require a practitioner order (prescription). — Yes (No – N/A)

Name Exp. Date License #

Inspector's comments: Primarily only provide gases to businesses. Only servicing 1 or 2 pts at this time.

Nevada State Board of Pharmacy
431 W. Plumb Lane Reno, Nevada 89521
(775) 850-1440 (800)-364-2081 Fax (775) 850-1444

2015 copy

I understand that under NAC 639.694 that as a medical products provider and/or wholesaler that I am required to notify the staff of the Board of Pharmacy of the cessation of employment of the current administrator and of the employment of a new administrator within 3 days of the occurrence. I also understand that I may not operate for more than 10 business days without an administrator.

Remarks: FDA Registered facility

If you are required to provide any documentation to the inspector via fax or email attach a copy of the document(s) to this inspection form for future review.

MAURY ANDERSON
Representative's Printed Name

Facility Representative's Signature — Date 4/24/15

Inspector's Signature — Date 4/24/15

Nevada State Board of Pharmacy
431 W. Plumb Lane Reno, Nevada 89521
(775) 850-1440 (800)-364-2081 Fax (775) 850-1444

2016 copy

Proof that calibration or testing equipment is accurate and maintained according to manufacturer's directions and specifications NAC 639.6946 (attach certifications) (Yes) No
FDA medical device tracking records kept in orderly and readily accessible manner NAC 639.6949 (Yes) No

Inspector's comments:

Requirements for Providers of Medical Gases, Respiratory Equipment and CPAP – BIPAP and BIPAP ST. Any company providing respiratory services that require a practitioner order (prescription) needs to have an RT or Nurse on staff or on contract.
NAC 639.6954 If not applicable skip to next section

If a nurse is providing respiratory services, the nurse should provide a signed and dated statement that the nurse has been trained in the respiratory modality that the nurse is training a patient to use and that the nurse is qualified to train others in those modalities that the nurse has been trained to provide. If a delivery person is instructing a patient in any respiratory modality, provide a signed and dated statement that the delivery person has been trained by the Respiratory Therapist or Nurse, contracted or employed by the facility, in the modality that the delivery person is instructing the patient to use. NRS 630.047

Stocking only medical grade gases (Yes) No
Service records regarding all equipment Yes No
Verification that equipment has been checked and is defect free before the equipment is dispensed Yes No
Checking that equipment has not been modified in any way that would affect the effectiveness of the equipment Yes No – N/A
Checking that the equipment does not present a fire or shock hazard Yes No – N/A
Checking that the equipment has all warning labels and tags Yes No – N/A
Records tracking all gases dispensed, including the lot numbers (Yes) No
Records regarding recalls of gases (Yes) No
System to track and locate all gases and equipment dispensed <circle> Written Electronic
Records of serial numbers and model numbers of all equipment dispensed Yes No – N/A
Protocol for cleaning and disinfecting equipment Yes No – N/A
Material safety data sheet for solutions and products used in cleaning and disinfecting (Yes) No
Designated areas for clean and unclean equipment with signs posted Yes No – N/A
Designated area for quarantined equipment with signs posted (Yes) No
Policy and procedure or other documentation for the providing of emergency supply of gases, supplies, and equipment (Yes) No
Does the facility provide CPAP- BIPAP or BIPAP ST (spontaneous timed) Equipment?

Provide the following information for your Respiratory Therapist(s) or Nurse(s) Providing Respiratory services that require a practitioner order (prescription). Yes No – N/A

Name	Exp. Date	License #

Inspector's comments: Only providing gases for home use, only one pt. has prescription of APAP type.

Nevada State Board of Pharmacy
431 W. Plumb Lane Reno, Nevada 89521
(775) 850-1440 (800)-364-2081 Fax (775) 850-1444

2016 copy

I understand that under NAC 639.694 that as a medical products provider and/or wholesaler that I am required to notify the staff of the Board of Pharmacy of the cessation of employment of the current administrator and of the employment of a new administrator within 3 days of the occurrence. I also understand that I may not operate for more than 10 business days without an administrator.

Remarks: FDA Registered facility

If you are required to provide any documentation to the inspector via fax or email attach a copy of the document(s) to this inspection form for future review.

MAURY ANDERSON
Representative's Printed Name

Facility Representative's Signature — Date 4/22/16

Inspector's Signature — Date 4/22/16

Nevada State Board of Pharmacy
431 W. Plumb Lane Reno, Nevada 89509
(775) 850-1440 (800)-364-2081 Fax (775) 850-1444

2017 copy

I understand that under NAC 639.694 that as a medical products provider and/or wholesaler that I am required to notify the staff of the Board of Pharmacy of the cessation of employment of the current administrator and of the employment of a new administrator within 3 days of the occurrence. I also understand that I may not operate for more than 10 business days without an administrator.

Remarks:

(1) Supply tanks to Dentist, Physicians, ASC, & home care companies

(2) Reviewed lot number recall process

(3) FDA registered facility

(4) Fire Inspection good thru February 2018

(5) Reviewed training manuals for each employee. Separate binder for each employee

(6) utilizing B&R compliance for FDA consulting

(7) Reviewed B&R compliance review that was completed on 3-6-17, Mock Audit for potential FDA inspection.

If you are required to provide any documentation to the inspector via fax or email attach a copy of the document(s) to this inspection form for future review.

MARY ANDERSON
Representative's Printed Name

Facility Representative's Signature — Date: 4.5.17

Inspector's Signature — Date: 4-5-17

2018 copy

Nevada State Board of Pharmacy
431 W. Plumb Lane Reno, Nevada 89509
(775) 850-1440 (800)-364-2081 Fax (775) 850-1444

I understand that under NAC 639.694 that as a medical products provider and/or wholesaler that I am required to notify the staff of the Board of Pharmacy of the cessation of employment of the current administrator and of the employment of a new administrator within 3 days of the occurrence. I also understand that I may not operate for more than 10 business days without an administrator.

Remarks:

(2) thermometers 12-13-18 certified to 12-13-18

1kg O2 scale due 7-18 recertification

pressure gauge for gas filling cert 7-26-18 through 7-26-17

- all our medical grade gases on site, ie no non ~~Common~~ medical grade

- if equipment requiring certification does not pass, equip replaced (either on site)

Sale to hospitals, MDEG, long term care etc -
no direct to consumer sales

If you are required to provide any documentation to the inspector via fax or email attach a copy of the document(s) to this inspection form for future review.

MAURY ANDERSON
Representative's Printed Name

Facility Representative's Signature

4.4.18
Date

Inspector's Signature

4-4-18
Date

Nevada State Board of Pharmacy
431 W. Plumb Lane Reno, Nevada 89509
(775) 850-1440 (800)-364-2086 Fax (775) 850-1444

2019 COPY

I understand that under NAC 639.694 that as a medical products provider and/or wholesaler that I am required to notify the staff of the Board of Pharmacy of the cessation of employment of the current administrator and of the employment of a new administrator within 3 days of the occurrence. I also understand that I may not operate for more than 10 business days without an administrator.

Remarks: - No direct to consumer sales.
- All gases are medical grade.
- Only sells to hospitals, MD offices, LTC, nursing agency, Vets, and home healthcare.
- Scale and Thermometer certifications reviewed all in date and within specifications

If you are required to provide any documentation to the inspector via fax or email attach a copy of the document(s) to this inspection form for future review.

Leigh Truan
Representative's Printed Name

L Truan
Facility Representative's Signature

4.4.19
Date

Inspector's Signature

04/04/19
Date

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Airtec Gases LLC

Physical Address: 1320 Freeport Blvd suite 114-115

City: Sparks State: NV Zip: 89431

Mailing Address (if different from physical address): NA

City: State: Zip:

Telephone: 775-354-8182 Website: Airtecgases.com

Licensing Company Email: Tim@airtecgases.com

Section 2: Personal Information

First: William Middle: Timothy Last: Grohs

Alias(es, nicknames, name changes, etc.): Tim

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Double R Blvd. Apt [redacted]

City: Reno State: NV Zip: 89521

Telephone: [redacted] Email: Tim@airtecgases.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: N/A to: N/A

Military Occupation/Specialty: N/A

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials: WTG

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Clackmas Community College, Skill Center		01/78-01/81	
Address	**City**	**State**	**Zip**
7738 SE Harmony Rd	Milwaukie/Clackmas	ORE	972222
Diploma/Degree obtained, if any			
26 college credits earned, The location I went to moved.			
School Name		**From - To (MM/YY – MM/YY)**	
La Salle Catholic HS College Preparatory		01/76- 01/78	
Address	**City**	**State**	**Zip**
11999 SE Fuller Rd	Milwaukie	ORE	97222
Diploma/Degree obtained, if any			
Graduation, move to early prep. Skill Center			
School Name		**From - To (MM/YY – MM/YY)**	
Clackmas High school		01/75-01/76	
Address	**City**	**State**	**Zip**
14486 SE 122nd	Clackmas	ORE	97015
Diploma/Degree obtained, if any			
School moved for old location.			
School Name		**From - To (MM/YY – MM/YY)**	
Harmony Middle School		01/73- 01/75	
Address	**City**	**State**	**Zip**
7738 SE Harmoney Rd	Clackmas	ORE	97222
Diploma/Degree obtained, if any			
Building changed to CCC. Grade school closed.			
School Name		**From - To (MM/YY – MM/YY**	
Lot Whitcomb Elem. Grade school		01/70- 01/73	
Address	**City**	**State**	**Zip**
7400 SE Thompson Rd	Milwaukie	ORE	97222
Diploma/Degree obtained, if any			
NA			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
01/18-Present	[redacted] Double R Blvd APT [redacted]	Reno	NV	89521
01/15-01/18	[redacted] SE 96th	Happy Valley	ORE	97086
01/09-01/14	[redacted] Saint Thomas	Eugene	ORE	97408
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials WTG

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name		From - To (MM/YY – MM/YY)	
Airtec Gases, LLC		01/18 - 04/22	
Business Address	**City**	**State**	**Zip**
2900 Highland Dr. suite19A	Las Vegas	NV	89109
Phone	**Title**	**Number of Employed Hours**	
775-354-8182	General Manager	8,440	

Description of Duties

Manage day to day operations for Reno and Las Vegas. Hiring, training, new business, new locations, Client problems, Drivers, front office management, business Acumen, on call. Report to Owners and senior management.

Business Name		From - To (MM/YY – MM/YY)	
Maurice Sporting Goods, Closed		09/13-01/15	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Sales, one year. Salem Oregon to Crescent city CA. Fishing gear

Business Name		From - To (MM/YY – MM/YY)	
Shopko Stores, Closed, Filed BR 2019		09/04-01/12	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Store Director/Manager, 6 stores from Bend Oregon, Salem Ore. Eugene Ore. to Green Bay WI. Managed the Pharmacy and all store operations.

Business Name		From - To (MM/YY – MM/YY)	
Fred Meyer Stores		01/78-09/04	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Business Name		From - To (MM/YY – MM/YY)	
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

04/07/2022

Date

Applicant's initials WTG

I, William Timothy Grohs, **certify that as the designated representative for** Airtec Gases LLC,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

William Tim Grohs

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/07/2022

Date

Applicant's initials WTG

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

William Tim Grohs

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/07/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Washoe

I, ~~Deanna L. Callahan~~ William J. Grohs, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/7/2022

Date

State of Nevada
County of Washoe
Subscribed and Sworn to before me this 7 day of April 2022

Notary Public Signature

DEANNA L. CALLAHAN
Notary Public - State of Nevada
County of Washoe
APPT. NO. 19-2405-2
My App. Expires May 22, 2023

Applicant's initials WTG

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Airtec Gases, LLC

Physical Address: 1320 Freeport Blvd. Ste. 114/115

City: Sparks State: NV Zip: 89431

Mailing Address (if different from physical address): Same

City: State: Zip:

Telephone: (702) 454-2400 Website: www.airtecgases.com

Licensing Company Email: accounting@airtecgases.com

Section 2: Personal Information

First: Maury Middle: Keith Last: Anderson

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Misty Bend Ct.

City: Las Vegas State: NV Zip: 89148

Telephone: [redacted] Email: maury@airtecgases.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)	✓	
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: 05/11/1987 to: 6/1/1997

Military Occupation/Specialty: Security Specialist

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ■ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.179)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: MKA

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed)

School Name	From - To (MM/YY – MM/YY)		
Meridian High School	09/82 - 05/86		
Address	City	State	Zip
2320 32nd St.	Meridian	MS	39305
Diploma/Degree obtained, if any			
Diploma/GED			

School Name	From - To (MM/YY – MM/YY)		
Hinds Community College	01/87 - 04/87		
Address	City	State	Zip
501 E. Main St.	Raymond	MS	39154
Diploma/Degree obtained, if any			
N/A			

School Name	From - To (MM/YY – MM/YY)		
Community College of the Air Force	01/88 - 05/88		
Address	City	State	Zip
Nellis Air Force Base	Las Vegas, NV	NV	89191
Diploma/Degree obtained, if any			
N/A			

School Name	From - To (MM/YY – MM/YY)		
N/A			
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name	From - To (MM/YY – MM/YY		
N/A			
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/14 - Present	[redacted] Misty Bend Ct.	Las Vegas	NV	89148
01/14 - 06/14	[redacted] Park Vista Dr. Unit 3130	Las Vegas	NV	89138
01/13 - 01/14	[redacted] Boulder HWY #2188	Las Vegas	NV	89122
01/09 - 01/13	[redacted] Yellow Jasmine Dr.	Las Vegas	NV	89147
N/A				

MKA
Applicant's initials _____

Section 2: Beginning with the most current employment, list your work history and corporations, partnerships or any other business entities with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name	From - To (MM/YY – MM/YY)
Airtec Gases, LLC	9/06 - Present

Business Address	City	State	Zip
2900 S. Highland Dr. Ste.19A	Las Vegas	NV	89109

Phone	Title
(702) 454-2400	Operations/COO

Description of Duties

Medical Gas Operations. Manage Business, Employees and Day to Day Operations.

Business Name	From - To (MM/YY – MM/YY)
Anderson Cryogenics, LLC	5/17 - Present

Business Address	City	State	Zip
2900 S.Highland Dr. Ste. 19B	Las Vegas	NV	89109

Phone	Title
(702) 613-8002	Owner

Description of Duties

Industrial Compressed Gases and Cryogenic Products.

Business Name	From - To (MM/YY – MM/YY)
N/A	

Business Address	City	State	Zip

Phone	Title

Description of Duties

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Business Name	From - To (MM/YY – MM/YY)

Business Address	City	State	Zip

Phone	Title

Description of Duties

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials MKA

Section 8: Arrests, Convictions, Litigations, Arbitrations	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)	✓	
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✓
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 1,4,5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
02/19/2016	05/04/2017	NV	Las Vegas	Clark
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
C-17-323021-1		District Court Clark County		
Reason/Charge				
Attempt battery with substantial bodily harm				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
State of Nevada			N/A	
Name of Business/Industry/Entity				
N/A				

Provide explanation below:

Questions 1,4,5: Please see attached statements.

Original Signature (electronic, copies or stamps not accepted)

4/12/22
Date

Applicant's initials MKA

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Maury Anderson

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/12/22

Date

Please have this section completed in the presence of a Notary Public.

State of NEVADA, ss. County of CLARK

I, MAURY ANDERSON, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/12/22

Date

Subscribed and Sworn to before me this 12 day of April, 2022

Seth Cose

Notary Public Signature

SETH COSE
Notary Public, State of Nevada
No. 16-2967-1
My Appt. Exp. July 5, 2024

(Seal)

Applicant's initials MKA

Statement in reference to Question 1

airtec gases LLC
medical products

March 8, 2022

C/O
Nevada Board of Pharmacy
Statement for Question 1

On 2/19/2016 I had an altercation with a neighboring limousine business owner over several issues to include his large dog running off leash throughout the property as well as several vehicles/limos being parked outside of the designated parking areas blocking access for our employees and delivery vehicles. The situation quickly got out hand and multiple employees from the limousine company came onto our property and refused to leave and threatened physical violence. I pulled my firearm in an attempt to make them leave. When they refused I fired a round in the air which ended the altercation and everyone left. As a result of a firearm being discharged the police were notified and I was arrested.

The case has been closed out and is in the process of being sealed. See attached documents and original notification to the Board in reference to this incident.

Please contact me directly at (702) 613-8002 if you have any further questions or if I may be of assistance to you.

Thank you.

Maury Anderson
Airtec Gases, LLC

2900 South Highland Drive Suite 19A Las Vegas, NV 89109 Phone: (702) 454-2400 Fax: (702) 464-3060

Law Office of
Joel M. Mann

601 South Seventh Street
Las Vegas, Nevada 89101

(702) 474-MANN (6266) ! Fax (702) 789-1045 ! www.LegalMann.com

December 17, 2021

Sent Via Email Only: maury@airtecgases.com

Maury Anderson
5301 Misty Bend Court
Las Vegas, NV 89148

Dear Maury:

This letter will confirm that you have retained me to represent you on your "Record Sealing" within Las Vegas Justice Court/District Court.

This will also confirm that we agreed that the total fee to represent you in this matter is a flat sum of $2,500.00. I have received full payment, thank you. I look forward to working with you.

In the meantime, if you have any questions, please contact me.

Sincerely,

/S/ Maria Moas, Paralegal for
Joel M. Mann, Esq.

Copy of original notification to the NV BOP in reference to Question #1



9/14/2016

To Whom it May Concern,

I've had an ongoing dispute with my neighbor over parking of vehicles and problems with his large dog running off leash onto my property. On 2/19/2016 I had an altercation with him and I was arrested. I have obtained an attorney and I am currently working on getting the matter resolved. The case is still pending in Las Vegas Justice Court. If you have any further questions please contact me directly.

Sincerely,

Maury Anderson
Airtec Gases, LLC
(702) 403-7803

347520 1005 MP00262 0501R

.....DO NOT FOLD OR STAPLE ABOVE THIS LINE.....

Nevada State Board of Pharmacy - 431 W Plumb Lane • Reno, NV 89509 • bop.nv.gov

Renewal Application – MEDICAL DEVICE, EQUIPMENT & GAS (MDEG)

For the period of November 1, 2016 to October 31, 2018

Money Order ONLY (NO **BUSINESS CHECKS, NO PERSONAL CHECKS, NO CASH**)

$500.00 (postmarked on or **before** 10/31/2016) OR $750.00 (postmarked **after** 10/31/2016)

LICENSE: MP00262
AIRTEC GASES L.L.C.
2900 SOUTH HIGHLAND DR #19A,
Las Vegas, NV 89109

Please make any changes to name or address next to the old information

RENEW BY MAIL
1. Complete ALL sections on this form
2. Sign and date this form
3. Send MO with this form (do NOT staple)
4. Mail original form/payment to address above
5. NO COPIES
6. NO SIGNATURE STAMPS ACCEPTED

<OR>

RENEW ONLINE
1. Go to http://bop.nv.gov
2. Click "Applications " then, "License Renewal", FOLLOW instructions
3. Use: **USER ID:** AIRTECGASES@COX.NET
PASSWORD: ********

*New Users: once logged in, when asked for OLD password, use the above password, then change

Section 1: Since your last renewal or recent licensure has any owner, shareholder, partners with interest or the corporation:

	(Fill in completely) Yes	No
1. Been charged, arrested or convicted of a felony or misdemeanor in any state?	☒	☐
2. Been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☒
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☒

If you marked YES to any of the questions above, include the following information & a letter of explanation:

Board Administrative Action:	State	Date:	Case #:
N/A		/ /	

Criminal Action:	State	Date:	Case #:	County	Court
	NV	2/19/2016	16F02659X	CLARK	JUSTICE COURT

Section 2: **CAUTIONS:**

(A.) Nevada has **no grace period.** All applications postmarked by the US Postal Service after October 31, 2016 that are NOT accompanied by the late fee, will be returned and will be assessed the late fee, delaying processing.

(B.) Any application that is not 100% complete will be returned and will not be considered to have been received. **Only completed applications will be processed.**

(C.) REMINDER: The administrator MUST be on site at least 40 hours per week or during ALL regular business hours it is regularly open if less than 40 hours per week.

NON-DISCIPLINARY STATE-MANDATED QUESTION

(1.) Though it is NOT required to have, SB21 requires the Board to ask if you have a Nevada State Business license and if you do, please provide the #: NV20031168527 Leave blank if non-applicable

Section 3:

It is a violation of Nevada Statute to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

Original Signature: [signature] Date: 9/14/2016

Common reasons renewal applications are returned!

*Renewal fee **not** enclosed.

*Renewal fee was something other than a **Cashier's Check or Money Order.**

*Renewal application postmarked **after** October 31, 2016 **without** enclosing the late fee.

*Marking *"I Have"* to **any** numbered question and **not** providing an explanation **and** supporting documentation.

*Incomplete renewal applications, i.e., signature and/or date **missing**, or other sections **not** completed.

*A **copy** of the renewal application was sent **instead of the original**. Signature must be original **(no copies or stamps accepted.)**

****NOTICE TO PHARMACEUTICAL TECHNICIANS ONLY****

Employment is **NOT** required to renew your Technician registration. Renewing technicians are required to **complete one hour of an approved Nevada Law program** prior to renewal and a copy must be maintained. If employed, a copy must be on file in the pharmacy. Trainees are required to be registered at **EACH** work location. There has been confusion expressed regarding requirements for technicians and "continuing education". Nevada law requires that you perform 12-hours of *in-service training* during the 2-year period immediately preceding the renewal of your registration. Your managing pharmacist must approve and maintain a written record of your training and those records are to be maintained in the pharmacy and will be checked during the annual pharmacy inspection. Nevada law also provides that a technician may substitute the completion of the continuing education necessary for recertification by the Pharmacy Technician Certification Board for the biennial in-service training. Should this option be chosen, documentation must be maintained in the pharmacy for inspection. The Nevada Law program may **NOT** be substituted by any other program. **DO NOT SEND YOUR RECORDS TO THE BOARD WITH YOUR RENEWAL FORM. ANY SUCH RECORDS WILL BE DISCARDED.**

****NOTICE TO ALL PRACTITIONERS****

Please be aware that SB 459 was signed into law by Governor Sandoval in 2015. It requires prescribers of narcotics to review the Prescription Monitoring Program's profile for each patient prior to prescribing the medication in most cases.

Here is the link to the law: https://www.leg.state.nv.us/App/NELIS/REL/78th2015/Bill/2161/Text

==========

SPRING VALLEY
3375 S RAINBOW BLVD
LAS VEGAS
NV
89146-9998
3148970019

09/15/2016 (800)275-8777 9:16 AM

==========

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Product Description	Sale Qty	Final Price
First-Class Mail Letter (Domestic) (RENO, NV 89509) (Weight:0 Lb 0.70 Oz) (Expected Delivery Day) (Monday 09/19/2016)	1	$0.47
Certified (USPS Certified Mail #) (70141820000096376473)	1	$3.30
Return Receipt (USPS Return Receipt #) (9590940222256193248440)	1	$2.70
Total		$6.47
Credit Card Remitd (Card Name:AMEX) (Account #:XXXXXXXXXXX2044) (Approval #:503784) (Transaction #:821)		$6.47

In a hurry? Self-service kiosks offer quick and easy check-out. Any Retail Associate can show you how.

Text your tracking number to 28777 (2USPS) to get the latest status. Standard Message and Data rates may apply. You may also visit USPS.com USPS Tracking or call 1-800-222-1811.

Order stamps at usps.com/shop or call 1-800-Stamp24. Go to usps.com/clicknship to print shipping labels with postage. For other information call 1-800-ASK-USPS.

****

Get your mail when and where you want it with a secure Post Office Box. Sign up for a box online at usps.com/poboxes.

****

All sales final on stamps and postage
Refunds for guaranteed services only
Thank you for your business

HELP US SERVE YOU BETTER

TELL US ABOUT YOUR RECENT POSTAL EXPERIENCE

Go to:
https://postalexperience.com/Pos

840-5890-0038-005-00006-80403-02

or scan this code with your mobile device:

7014 1820 0000 9637 6473

U.S. Postal Service
CERTIFIED MAIL® RECEIPT

RENO, NV 89509

Postage	$2.70
Certified Fee	$0.00
Return Receipt Fee (Endorsement Required)	$0.00
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$6.47

0019 06
SPRING VALLEY BR LAS VEGAS NV
SEP 15 2016
USPS

Sent To: NEVADA BOARD OF PHARMACY
Street, Apt. No., or PO Box No.: 431 W. PLUMB LANE
City, State, ZIP+4: RENO, NV 89509

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
NEVADA BOARD OF PHARMACY
431 W. PLUMB LANE
RENO, NV 89509

9590 9402 2225 6193 2484 40

2. Article Number (Transfer from service label)
7014 1820 0000 9637 6473

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
☐ Agent
☐ Addressee

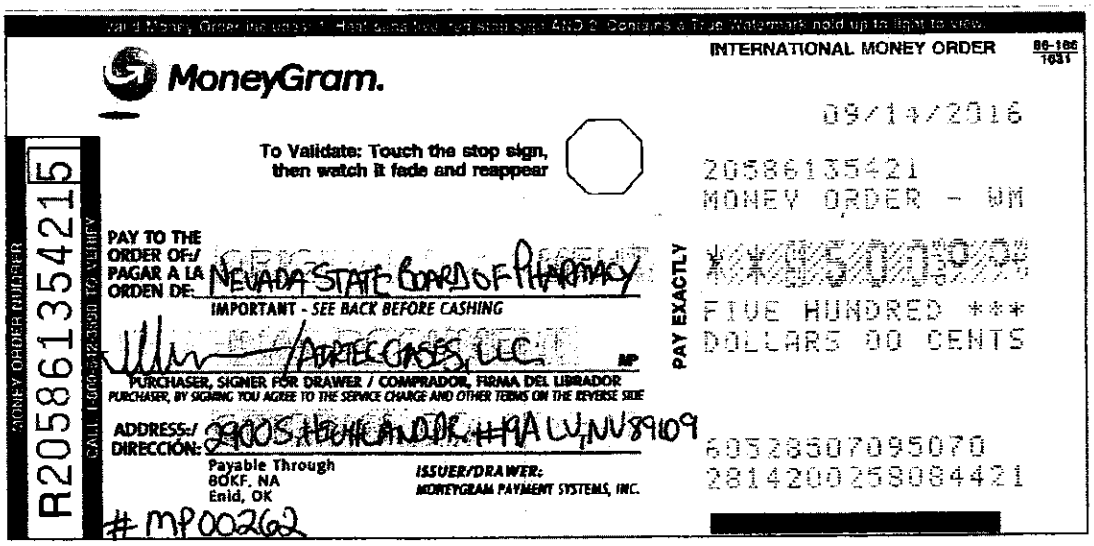
B. Received by (Printed Name)
L. Herrera
C. Date of Delivery
SEP 19 2016

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

3. Service Type
☐ Priority Mail Express®
☐ Adult Signature
☐ Registered Mail™
☐ Adult Signature Restricted Delivery
☐ Registered Mail Restricted Delivery
☐ Certified Mail®
☐ Return Receipt for Merchandise
☐ Certified Mail Restricted Delivery
☐ Signature Confirmation™
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Signature Confirmation Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over $500)

Domestic Return Receipt

BATCH # 2761
VOUCHER # 3308
CHECK # 6300



Valid Money Order for up to $1000. Hold Case Not Applicable and Contains a True Watermark when held up to light to view.

INTERNATIONAL MONEY ORDER 86-186/1031

MoneyGram.

09/14/2016

To Validate: Touch the stop sign, then watch it fade and reappear

20586135421
MONEY ORDER - WM

MONEY ORDER NUMBER R205861354215

CALL 1-800-926-9400 TO VERIFY

PAY TO THE ORDER OF:/ PAGAR A LA ORDEN DE: NEVADA STATE BOARD OF PHARMACY

IMPORTANT - SEE BACK BEFORE CASHING

PURCHASER, SIGNER FOR DRAWER / COMPRADOR, FIRMA DEL LIBRADOR

PURCHASER, BY SIGNING YOU AGREE TO THE SERVICE CHARGE AND OTHER TERMS ON THE REVERSE SIDE

ADDRESS:/ DIRECCIÓN: 2900 S HIGHLAND DR. #A LV, NV 89109

PAY EXACTLY

FIVE HUNDRED *** DOLLARS 00 CENTS

Payable Through
BOKF, NA
Enid, OK

ISSUER/DRAWER:
MONEYGRAM PAYMENT SYSTEMS, INC.

605288507095070
28142002580844421

#MP00262

⑆103101864⑆2058 61354215⑈ 90

See back of receipt for your chance to win $1000

ID #: 7JZL1D1RX336

Walmart

Save money. Live better.

(702) 367 - 4001
MANAGER AARON BELOBRAIDIC
5200 S FORT APACHE RD
LAS VEGAS NV 89148
ST# 05070 OP# 004773 TE# 64 TR# 07264
MONEY ORDER 0605388896309 600.00 O
ORDER FEE 0681131633361 0.70 N
SUBTOTAL 600.70
TOTAL 600.70
DEBIT TEND 600.70
CHANGE DUE 0.00

EFT DEBIT PAY FROM PRIMARY
600.70 TOTAL PURCHASE
ACCOUNT # **** **** **** 9077 S
REF # 626800157871
NETWORK ID. 0090 APPR CODE 842910
TERMINAL # SC011244

09/14/16 08:26:20

MONEY ORDER SERIAL NUMBERS
20586135421 - 600.00

ITEMS SOLD 2

TC# 8036 6469 9243 4323 8633

Low Prices You Can Trust. Every Day.
09/14/16 08:26:54

Savings Catcher! Scan with Walmart app

MONEYGRAM PAYMENT SYSTEMS, INC. DRAWER
P.O. BOX 9476
MINNEAPOLIS, MN 55480
PLEASE READ REVERSE SIDE www.moneygram.com/moneyorder DATE/AMOUNT

20586135421 09/14/2016
004 MN $600.00

605288507095070 00

MoneyGram.

KEEP A COPY OF THIS STUB FOR YOUR RECORDS/ MANTENGA UNA COPIA DE ESTE RECIBO PARA SUS ARCHIVOS

EMPLOYEE

R205861354215

698 (12/12) 500/5000
M 72871-V

▼DETACH HERE▼

Statement in reference to Questions 4 and 5

airtec gases LLC
medical products

March 8, 2022

C/O
Nevada State Board of Pharmacy
Statement for Questions 4 and 5

On September 22nd 2008 we hired Tamarah Zermeno (aka Tamarah Prachar) at Airtec Gases to work in our office. Her main duties included answering the phone and taking customer orders. Over time she was entrusted with processing all customer payments received in our office. On 6/22/2013 it was noticed that money was missing from our cash box. Upon reviewing the camera footage on 6/18/2013 it showed that Tamarah placed the missing money inside her purse along with a customer check that was received earlier in the day.

On the next business day 6/24/2013 Tamarah was confronted and she confessed to the theft. A police report was filed the next day and charges were filed. During the investigation we discovered that she had been taking customer checks made out to our company and depositing them into her personal bank account via a teller machine. Felony charges were filed.

Shortly after that we learned that the bank could be liable for business checks being deposited into a personal account. We then filed a civil case against Tamarah and the bank she used. The bank settled with us through mediation. We were also awarded restitution from both the civil and criminal cases.

Please contact me directly at (702) 613-8002 if you have any further questions or if I may be of assistance to you.

Thank you.

Maury Anderson
Airtec Gases, LLC

2900 South Highland Drive Suite 19A Las Vegas, NV 89109 Phone: (702) 454-2400 Fax: (702) 464-3060

Suspect:
☐ Cited ☐ Arrested ☐ Unknown
☐ City ☐ County
☐ Misdemeanor ☐ Gross Misdemeanor
☐ Felony

LAS VEGAS METROPOLITAN POLICE DEPARTMENT

VICTIM'S INFORMATION GUIDE

Offense	Area Command	Event Number
Embezzlement	CCAC	130625 0875

This report is important for you to keep since it is the only way you will have to refer to your particular case and event number. If you need a copy of your report, it can be obtained during the hours of 8 a.m. to 5 p.m., Monday through Friday, 8 a.m. to 3 p.m. on weekends from the LVMPD Police Records Section, 400 S. Martin L. King Blvd., Bldg. C, 828-3476, **FIVE WORKING DAYS** after filing of the report, for a nominal fee.

ATTENTION: IT IS YOUR RESPONSIBILITY TO IMMEDIATELY NOTIFY THE LVMPD IF YOU SHOULD RECOVER YOUR STOLEN VEHICLE YOURSELF

The department relies on a number of factors available in any report to assign a follow-up investigator. Experience has proven that certain information must normally be determined at the time of the initial investigation before a case has the potential for being solved. Without suspects, witnesses, evidence, or other investigative leads, a case cannot be solved except under special circumstances. For example, a suspect caught committing another crime is found with evidence linking him to this one, or he may confess to other crimes including this one. **If you have any questions or additional information, please contact the detective handling your case at the appropriate telephone number listed below or complete an Additional Crime Information report. (Refer to the Event Number listed above.)**

OBLIGATIONS OF CITIZENS FILING MISDEMEANOR CRIME REPORTS WITH LVMPD

1. **If an arrest was not made, or if a citation was not issued, and you wish to pursue this matter, you must contact the detective assigned to handle your case at the appropriate number listed below, AT LEAST TEN (10) BUSINESS DAYS AFTER THE REPORT HAS BEEN FILED, Monday through Friday, 8:00 a.m. - 4:00 p.m. You may be required to testify against the defendant (suspect) if the case is prosecuted in the courts. All felonies will be investigated.**
2. **You must give the Event Number at the top of this page if you call about your case.**
3. **If the suspect in your case is arrested or cited for a misdemeanor, DO NOT CONTACT THE DETECTIVE ASSIGNED TO YOUR CASE. You may get information about the status of your case by contacting either the County or City Victim Advocates (listed below). The police department does not have any court information.**
4. **If this is a misdemeanor crime report and is for INSURANCE PURPOSES ONLY or YOU DO NOT WISH TO PROSECUTE, and no one has been arrested, please DO NOT contact the detective.**
5. **If no arrest has been made and you need victim assistance, you may contact a Victim Advocate from the Police Department at 828-2955.**

CONTACT TELEPHONE NUMBERS

Auto Theft 828-3586	Property Crimes (Burg/Larceny PL)	Domestic Violence 828-4451/828-3581
Firearms 828-2953	Bolden Area Command 828-3874	Homicide 828-3521
Identity Crimes 828-3483	Downtown Area Command 828-3683	High Risk Runaway Detail 828-3561
Fraud 828-3285	Enterprise Area Command 828-4809	Missing Persons 828-2907
Construction Theft 828-3574	Northeast Area Command 828-7355	Robbery 828-3591
Tourist Crimes 828-3204	Northwest Area Command 828-4431	Sexual Assault 828-3421
Abuse-Neglect 828-3364	Southeast Area Command 828-8242	Violent Crimes (Assault/Battery) 828-5634
	South Central Area Command 828-3267	

LVMPD VICTIM ADVOCATE: Provides crisis intervention, an assessment of the immediate needs of the victims and their families, initiates crime victim assistance paperwork, provides referrals to other agencies, and functions as a liaison with LVMPD personnel and other law enforcement agencies. For assistance, please call the LVMPD Victim Advocate at 828-2955 Monday through Friday 7:00 a.m. - 4:00 p.m.

LAS VEGAS CITY ATTORNEY VICTIM/WITNESS ASSISTANCE: Provides specialized advocacy for victims of domestic violence or battery occurring within the City of Las Vegas. If you are a victim of domestic violence or battery and an arrest has been made or a citation has been issued, please contact the Las Vegas City Attorney's Victim Witness Advocate at 229-2525.

CLARK COUNTY DISTRICT ATTORNEY VICTIM/WITNESS ASSISTANCE CENTER: Provides Justice Court and District Court case information and addresses any concerns you may have regarding your appearance as a witness. When you receive a subpoena to appear in a Justice Court or District Court case, please contact the Victim Witness Assistance Center at 671-2525. If you move or have another address where you wish to receive a subpoena, please contact the advocates at the court.

ASSISTANCE TO VICTIMS OF VIOLENT CRIME: Victims of violent crime who are physically injured or victims of sexual assault may qualify for medical and counseling assistance from the State of Nevada under NRS 217. For information, contact the LVMPD Victim/Witness Advocate or the Nevada State Victims of Violent Crime Program at 486-2740. Note: Applications for this service must be received within one year of the commission of the crime.

ASSISTANCE TO VICTIMS OF SEXUAL ASSAULT: Victims of sexual assault may be eligible for medical treatment and counseling under NRS 217. For information, call the Clark County District Attorney Victim Witness Assistance Center 671-2525, or Rape Crisis Center at 366-1640. Note: Applications for this service must be received within 60 days of the commission of the crime.

THREATS AND DISSUASION TO TESTIFY: Victims and witnesses threatened and/or asked not to testify or prosecute, should contact the detective assigned to the original case. You may also notify the prosecutor if you have already been assigned one.

VOLUNTARY STATEMENT

130625-0875

THIS PORTION TO BE COMPLETED BY OFFICER

Specific Crime	Date Occurred	Time Occurred
Embezzlement		
Location of Occurrence	**Sector/Beat**	**City / County**
2900 Highland Dr.	M	☐ City ☒ County

Your Name (Last / First / Middle): Gross Charles Edward

Date of Birth: [redacted] Social Security #:

Race	Sex	Height	Weight	Hair	Eyes	Work Schdl. (Hours)	Days Off	Business / School
W	M	5'10"	185	Brown	Blue	8-4	Sat Sun	Airtec Gases

Residence Address (Number & Street) | Bldg/Apt. # | City | State | Zip Code | Res. Phone
[redacted] Bottle Sage | | LV | NV | 89130 | [redacted] / c 602-4592

Business (Local) Address (Number & Street) | Bldg/Apt. # | City | State | Zip Code | Occupation | Bus. Phone | Departure Date (If Visitor)
2900 Highland Dr. | #19A | LV | NV | 89109 | Owner | 454-2400 |

Best place to contact you during the day: Work/Business

Best time to contact you during the day: 9-3 M-F Call 702 602-4592

Can you identify the Suspect? ☒ Yes ☐ No

DETAILS:

Embezzlement by employee owr $20,000

Employee posted payments to customer accounts then took customer check and cashed with her personal bank.

For Official Use Only
The Use and Dissemination of this Record is Regulated by Law. Secondary Dissemination of any kind is Prohibited and could subject the offender to Criminal and Civil Liability.
This Information Released To: Gross Charles
By: KMcInerny Date: 6/25/13
Las Vegas Metro Police Dept.

I HAVE READ THIS STATEMENT AND I AFFIRM TO THE TRUTH AND ACCURACY OF THE FACTS CONTAINED HEREIN. THIS STATEMENT WAS COMPLETED AT (LOCATION) 4000 S MVC

ON THE 25th DAY OF June, 2013 AT 0821 ☐ A.M. ☐ P.M.

Witness/Officer: X [signature] (SIGNATURE)

Witness/Officer: K. McInerny (PRINTED) 13464 (P#)

X [signature] SIGNATURE OF PERSON GIVING STATEMENT

LVMPD 85 (Rev. 8/11) WORD 2007

Case Report No.:
LLV130625000875

Las Vegas Metropolitan Police Department
400 S. Martin Luther King Dr.
Las Vegas, NV 89106

Administrative

Crime Type					
Location	**2900 HIGHLAND DR**		**LVN, 89109**	Sector /Beat	**M1**
Occurred On (Date / Time)	**Tuesday 6/18/2013 12:00:00 AM**		Or Between (Date / Time)		
Reporting Officer	**13484 - McInerney, K.**		Reported On	**6/25/2013**	
Entered By	**13484 - McInerney, K.**		Entered On	**6/25/2013 8:35:16 AM**	
Related Cases					
Assisted By:					

Offenses

EMBEZZLEMENT - OVER $650

Completed	**Yes**	**Hate/Bias**	**None (No Bias)**	Code Section	
Entry		Premises Entered		Type Security	Domestic Violence **No** Tools
Weapons				Location Type	**Other/Unknown**
Criminal Activities					

Victims

Name: AIRTEC GASES

Victim Type	**Business**	Written Statement	Can ID Suspect
Victim of	**205.300A - EMBEZZLEMENT - OVER $650**		

SSN	DOB	Age	Sex	Race
Height	Weight	Hair Color		Eye Color

Addresses

B - Business	**2900 Highland Dr #19a**	**LVN, 89109**	**CLARK**	**US - USA**

Phones

B - Business/Work	**702 454-2400**

Resident		POB	
DLN	DL State		DL Country
Employer/School		Employer Address	
Occupation/Grade		Work Schedule	
Tourist Departure Date			Testify
Injury		**Injury Weapons**	
Offender Relationships			
Offender		**Relationship**	

The Use and Dissemination of this Record is Regulated by Law. Secondary Dissemination of any kind is Prohibited and could subject the offender to Criminal and Civil Liability.
This Information Released To:
Gross, Charles
By: KM1545M Date: 6/25/13
Las Vegas Metro Police Dept.

Suspects

Name: **PRACHER, TAMARAH**

Scope ID		SSN		DOB	**7/26/1971**			Age	**41**
Sex	**F - Female**	Race	**W - White**	Height	**5' 4"**	Weight	**200**	Hair Color	**BRO - Brown**	Eye Color	
DLN		DL State		DL Country					

Addresses

R - Residence	**7777 S Jones Blvd #1293**	**LVN, 89139**	**CLARK**

Phones

H - Home/Residence	**702 405-6155**
C - Cellular	**702 203-5575**

Employer/School	Employer Address
Occupation/Grade	

Arrestees

Witnesses

Other Entities

Name: GROHS, CHARLES
Entity Type Person Reporting/Complainant

Addresses

B - Business	2900 Highland Dr #19a	LVN, 89109	CLARK	US - USA

Phones

B - Business/Work	702 454-2400
C - Cellular	702 604-4592

Properties

Narrative

ON TODAY'S DATE CHARLES GROHS CAME INTO THE LVMPD HQ TO REPORT EMBEZZLEMENT AND RELAYED THE FOLLOWING:

GROHS IS THE OWNER OF AIRTEC GASES. ON 06/18/13 GROHS DISCOVERED THAT A $90 CASH INVOICE NEVER MADE IT INTO HIS CASH BOX. GROHS REVIEWED VIDEO SURVEILLANCE AND DISCOVERED THAT HIS OFFICE MANAGER, TAMARAH PRACHAR, HAD RECEIVED THE MONEY FROM THE CUSTOMER. THE MONEY IS UNABLE TO BE LOCATED AFTER THAT POINT.

UPON DISCOVERING THIS GROHS REVIEWED OTHER RECORDS AND DISCOVERED THAT HIS COMPANY HAD RECEIVED THREE CHECKS FROM A CUSTOMER WHICH WERE CASHED HOWEVER THE FUNDS WERE NEVER RECEIVED BY THE COMPANY. GROHS REVIEWED THE CHECKS AND DISCOVERED THE ENDORSEMENTS HAD BEEN ALTERED. GROHS CONFIRMED WITH THE CUSTOMER, TLC HOLDINGS, THAT THE CHECKS HAD BEEN WRITTEN AND CASHED. TLC IS BILLED MONTHLY AND THE CHECKS FOR JANUARY, FEBRUARY AND APRIL OF 2013 FOR A TOTAL AMOUNT OF $10,685.51. AIRTEC GASES REFLECTS THE CHECKS BEING RECEIVED.

GROHS CONFRONTED PRACHAR WHO ADMITTED TO THE EMBEZZLEMENT AND ESTIMATED THE TOTAL AMOUNT OF THE THEFTS TO BE GREATER THAN $20,000. THE ADMISSION IS RECORDED ON VIDEO SURVEILLANCE. PRACHAR'S ONLY EXPLANATION WAS THAT SHE WANTED MATERIAL THINGS. PRACHAR HAS SINCE BEEN FIRED. THE COMPLETE SCOPE OF THE EMBEZZLEMENT HAS YET TO BE DISCOVERED.

PAGE 1 OF 43
CASE INFO
CIVIL CASE

REQT
Kent F. Larsen, Esq.
Nevada Bar No. 3463
SMITH LARSEN & WIXOM
1935 Village Center Circle
Las Vegas, NV 89134
Tel: (702) 252-5002
Fax: (702) 252-5006
Email: kfl@slwlaw.com
Attorneys for Defendant
Wells Fargo Bank, N.A.
incorrectly named herein
as "Wells Fargo Bank Corp."

SMITH LARSEN & WIXOM
ATTORNEYS
HILLS CENTER BUSINESS PARK
1935 VILLAGE CENTER CIRCLE
LAS VEGAS, NEVADA 89134
TEL. (702) 252-5002 • FAX (702) 252-5006

DISTRICT COURT

CLARK COUNTY, NEVADA

AIRTEC GASES, LLC, a limited liability corporation, Plaintiff, v. TAMARAH ZERMENO; WELLS FARGO BANK, CORP; DOES I through X; ROE CORPORATIONS XI through XX, Defendants.	Case No. A-13-692378-B Dept. 11 **DEFENDANT WELLS FARGO BANK, N.A.'s FIRST REQUEST FOR PRODUCTION OF DOCUMENTS TO PLAINTIFF** (Business Court)

To: Airtec Gasses, LLC, LLC; and,

To: Mark H. Hutchings, Esq., of the law firm of Truitt and Associates, and Michael C. Kane, Esq., of the 702FIRM, its attorneys.

Pursuant to Rules 26 and 34 of the Nevada Rules of Civil Procedure, Defendant Wells Fargo Bank, N.A., ("Defendant" or "Wells Fargo Bank"), requests that Plaintiff Airtec Gasses, LLC, a Nevada limited liability company ("Plaintiff" or "Airtec"), produce and make available the

Received
4/7/14

CRIMINAL CASE # C-16-318400-1

Case Information

C-16-318400-1 | State of Nevada vs TAMARAH PRACHAR

Case Number	Court	Judicial Officer
C-16-318400-1	**Department 3**	**Trujillo, Monica**
File Date	Case Type	Case Status
09/28/2016	**Felony/Gross Misdemeanor**	**Closed**

Party

Plaintiff
State of Nevada

Active Attorneys ▾
Attorney
Raman, Jay

Lead Attorney
Wolfson, Steven B

Defendant
PRACHAR, TAMARAH

DOB
XX/XX/XXXX

Active Attorneys ▾
Lead Attorney
JAY L SIEGEL
Retained

HIRE DATE
9-22-08

PERSONAL INFO

OMB No. 1615-0047 Expires 06/30/09

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Zermeno	Tamara	A	Zermeno

Address (Street Number and Name): [redacted] S Jones Blvd — Apt. #:
City: Las Vegas — State: NV — Zip Code: 89139
Date of Birth (mm/dd/yyyy): [redacted] — Social Security #: [redacted]

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following box):
- [X] A citizen or national of the United States
- [ ] A lawful permanent resident (Alien #) A _____
- [ ] An alien authorized to work until _____
(Alien # or Admission #) _____

Employee's Signature: Tamara Zermeno — Date (mm/dd/yyyy): 9/22/08

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature — Print Name

Address (Street Number and Name, City, State, Zip Code) — Date (mm/dd/yyyy)

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

	List A	OR	List B	AND	List C
Document Title:			ID		SS Card
Issuing Authority:			Nevada - DMV		GOV - SSAdm
Document #:			[redacted]		[redacted]
Expiration Date (if any):			07-26-2012		
Document #:					
Expiration Date (if any):					

CERTIFICATION. I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (mm/dd/yyyy) 09-22-08 and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative: Lorena C — Print Name: Lorena Cano — Title: HR Assistant
Business or Organization Name and Address (Street Number and Name, City, State, Zip Code): Airtec Gases LLC 2900 Highland Dr LV NV 89109 — Date (mm/dd/yyyy): 09-22-08

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of Rehire (mm/dd/yyyy) (if applicable)

C. If employment authorization has expired, provide the information for the document that establishes current employment eligibility.
Document Title: _____ Document #: _____ Expiration Date (if any): _____

I attest, under penalty of perjury, to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative — Date (mm/dd/yyyy)

Form I-9 (Rev. 05/05/07) N

TERM 6/24/13

payroll solutions

professional employer organization

Payroll Solutions 3575 W. Cheyenne Ave. Ste. 101, North Las Vegas, NV 89032 - P:702.258.3748 F:702.938.3206

Separation Notice

Client	AIRTEC GASES, LLC

Employee's Name	TAMARAH ZERMENO	
Position	OFFICE MANAGER	
Dates of Employment	Start Date: 9-22-08	End Date: 6-24-13

☐ Voluntary Quit	☒ Discharge

What was the final incident that led to the discharge?
Please mark appropriately and attach any supporting documentation (previous warnings).

☐ Layoff due to lack of work	☐ Unsatisfactory Work Performance
☐ Position Elimination	☐ Violation of Company Policy
☐ Excessive Absence/ Tardiness	☒ Other: THEFT/Embezzlement over 10k

Employee Comments

Payroll Information:		
☐ Certified Mail ☐ At Payroll Solutions ☐ Delivery to client location ☐ *Other information* ☐ Direct Deposit ☐ Live Check	Final Hours Due	8.0
	PTO hours to pay out: (If applicable)	
	Check Date	

Employee's Signature & Date	
Supervisor's Signature & Date	6/24/13
Witness' Signature & Date	6/24/13

If you have any questions on how to fill this form out please contact your Human Resource Consultant at Payroll Solutions at (702) 258-3748. Fax to your payroll administrator for processing at (702) 309-3459.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Airtec Gases, LLC

Physical Address: 1320 Freeport Blvd. Ste. 114/115

City: Sparks State: NV Zip: 89431

Mailing Address (if different from physical address): Same

City: State: Zip:

Telephone: (702) 454-2400 Website: www.airtecgases.com

Licensing Company Email: accounting@airtecgases.com

Section 2: Personal Information

First: Carey Middle: Renee Last: Grohs

Alias(es, nicknames, name changes, etc.): Carey Renee Newton

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: [redacted] North Eula St.

City: Las Vegas State: NV Zip: 89149

Telephone: [redacted] Email: carey @airtecgases.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials: CRG

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Las Vegas Academy of Performing and Visual Arts		08/1993 - 06/1997	
Address	**City**	**State**	**Zip**
315 S. 7th St	Las Vegas	NV	89101
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/2017 - Current	[redacted] North Eula St.	Las Vegas	NV	89149
06/2007 - 08/2017	[redacted] Bottle Sage Ave.	Las Vegas	NV	89130
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials CRG

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Airtec Gases, LLC			10/2003 - Current
Business Address	**City**	**State**	**Zip**
2900 S. Highland Dr. Ste. 19A	Las Vegas	NV	89109
Phone	**Title**		
(702) 454-2400	CEO		
Description of Duties			
Manage Business, Employees and Day to Day Operations			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials CRG

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✔	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✔	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
06/24/2013	02/08/2017	NV	Las Vegas	Clark

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-13-692378-B, C-16-318400-1	District Court of Clark County

Reason/Charge
Employee Embezzlement

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Airtec Gases, LLC vs Tamarah Prachar and Wells Fargo Bank	Airtec Gases, LLC/Wells Fargo Bank

Name of Business/Industry/Entity

Provide explanation below:

Please see attached statement

Original Signature (electronic, copies or stamps not accepted)

4/12/22
Date

Applicant's initials CRG

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Carey Grohs
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/12/22
Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Carey Grohs, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/12/22
Date

Subscribed and Sworn to before me this 12 day of April, 2022.

Seth Cose
Notary Public Signature

SETH COSE
Notary Public, State of Nevada
No. 16-2967-1
My Appt. Exp. July 5, 2024

(Seal)

Applicant's initials CRG

airtec gases LLC
medical products

March 8, 2022

C/O
Nevada State Board of Pharmacy

On September 22nd 2008 we hired Tamarah Zermeno (aka Tamarah Pracher) at Airtec Gases to work in our office. Her main duties including answering the phone and taking customer orders then she began processing all the customer payments. On 6/22/2013 it was noticed that money was missing from our cash box. Upon reviewing the camera footage on 6/18/2013. It showed that Tamarah had placed the missing money inside of her purse along with a customer check that was received earlier in the day.

On the next business day (6/24/2013) Tamarah was confronted, and she confessed to the theft. A police report was filed the next day and charges were filed. During the investigation, we had discovered that she had been taking the customer checks that were made out to the company. Then depositing it into her own personal bank account via a teller machine. Felony charges were filed the next day.

Shortly after we had learned that the bank could be liable for business checks being able to be deposited into a personal account. We then filed a civil case to include Tamarah Zermeno and the bank she used. The bank settled with us through mediation and we were awarded restitution from Tamarah's criminal case upon completion of her sentence.

Please contact me directly at 702.604.6596 if you have any questions or if I may be of any assistance to you.

Thank you.
Carey R. Grohs
Airtec Gases, LLC

2900 So. Highland Suite 19A: Las Vegas, NV 89109 Phone: 702.454.2400 Fax: 702.464.3060

Suspect:
☐ Cited ☐ Arrested ☐ Unknown
☐ City ☐ County
☐ Misdemeanor ☐ Gross Misdemeanor
☐ Felony

LAS VEGAS METROPOLITAN POLICE DEPARTMENT

VICTIM'S INFORMATION GUIDE

Offense	Area Command	Event Number
Embezzlement	CCAC	130625 0875

This report is important for you to keep since it is the only way you will have to refer to your particular case and event number. If you need a copy of your report, it can be obtained during the hours of 8 a.m. to 5 p.m., Monday through Friday, 8 a.m. to 3 p.m. on weekends from the LVMPD Police Records Section, 400 S. Martin L. King Blvd., Bldg. C, 828-3476, **FIVE WORKING DAYS** after filing of the report, for a nominal fee.

ATTENTION: IT IS YOUR RESPONSIBILITY TO IMMEDIATELY NOTIFY THE LVMPD IF YOU SHOULD RECOVER YOUR STOLEN VEHICLE YOURSELF.

The department relies on a number of factors available in any report to assign a follow-up investigator. Experience has proven that certain information must normally be determined at the time of the initial investigation before a case has the potential for being solved. Without suspects, witnesses, evidence, or other investigative leads, a case cannot be solved except under special circumstances. For example, a suspect caught committing another crime is found with evidence linking him to this one, or he may confess to other crimes including this one. **If you have any questions or additional information, please contact the detective handling your case at the appropriate telephone number listed below or complete an Additional Crime Information report. (Refer to the Event Number listed above.)**

OBLIGATIONS OF CITIZENS FILING MISDEMEANOR CRIME REPORTS WITH LVMPD

1. **If an arrest was not made, or if a citation was not issued, and you wish to pursue this matter, you must contact the detective assigned to handle your case at the appropriate number listed below, AT LEAST TEN (10) BUSINESS DAYS AFTER THE REPORT HAS BEEN FILED, Monday through Friday, 8:00 a.m. - 4:00 p.m. You may be required to testify against the defendant (suspect) if the case is prosecuted in the courts. All felonies will be investigated.**
2. **You must give the Event Number at the top of this page if you call about your case.**
3. **If the suspect in your case is arrested or cited for a misdemeanor, DO NOT CONTACT THE DETECTIVE ASSIGNED TO YOUR CASE. You may get information about the status of your case by contacting either the County or City Victim Advocates (listed below). The police department does not have any court information.**
4. **If this is a misdemeanor crime report and is for INSURANCE PURPOSES ONLY or YOU DO NOT WISH TO PROSECUTE, and no one has been arrested, please DO NOT contact the detective.**
5. **If no arrest has been made and you need victim assistance, you may contact a Victim Advocate from the Police Department at 828-2955.**

CONTACT TELEPHONE NUMBERS

Auto Theft 828-3586	Property Crimes (Burg/Larceny PL)	Domestic Violence 828-4451/828-3581
Firearms 828-2953	Bolden Area Command 828-3874	Homicide 828-3521
Identity Crimes 828-3483	Downtown Area Command 828-3683	High Risk Runaway Detail 828-3561
Fraud 828-3285	Enterprise Area Command 828-4809	Missing Persons 828-2907
Construction Theft 828-3574	Northeast Area Command 828-7355	Robbery 828-3591
Tourist Crimes 828-3204	Northwest Area Command 828-4431	Sexual Assault 828-3421
Abuse-Neglect 828-3364	Southeast Area Command 828-8242	Violent Crimes (Assault/Battery) 828-5634
	South Central Area Command 828-3267	

LVMPD VICTIM ADVOCATE: Provides crisis intervention, an assessment of the immediate needs of the victims and their families, initiates crime victim assistance paperwork, provides referrals to other agencies, and functions as a liaison with LVMPD personnel and other law enforcement agencies. For assistance, please call the LVMPD Victim Advocate at 828-2955 Monday through Friday 7:00 a.m. - 4:00 p.m.

LAS VEGAS CITY ATTORNEY VICTIM/WITNESS ASSISTANCE: Provides specialized advocacy for victims of domestic violence or battery occurring within the City of Las Vegas. If you are a victim of domestic violence or battery and an arrest has been made or a citation has been issued, please contact the Las Vegas City Attorney's Victim Witness Advocate at 229-2525.

CLARK COUNTY DISTRICT ATTORNEY VICTIM/WITNESS ASSISTANCE CENTER: Provides Justice Court and District Court case information and addresses any concerns you may have regarding your appearance as a witness. When you receive a subpoena to appear in a Justice Court or District Court case, please contact the Victim Witness Assistance Center at 671-2525. If you move or have another address where you wish to receive a subpoena, please contact the advocates at the court.

ASSISTANCE TO VICTIMS OF VIOLENT CRIME: Victims of violent crime who are physically injured or victims of sexual assault may qualify for medical and counseling assistance from the State of Nevada under NRS 217. For information, contact the LVMPD Victim/Witness Advocate or the Nevada State Victims of Violent Crime Program at 486-2740. Note: Applications for this service must be received within one year of the commission of the crime.

ASSISTANCE TO VICTIMS OF SEXUAL ASSAULT: Victims of sexual assault may be eligible for medical treatment and counseling under NRS 217. For information, call the Clark County District Attorney Victim Witness Assistance Center 671-2525, or Rape Crisis Center at 366-1640. Note: Applications for this service must be received within 60 days of the commission of the crime.

THREATS AND DISSUASION TO TESTIFY: Victims and witnesses threatened and/or asked not to testify or prosecute, should contact the detective assigned to the original case. You may also notify the prosecutor if you have already been assigned one.

VOLUNTARY STATEMENT

130625-0875

4430

THIS PORTION TO BE COMPLETED BY OFFICER

Specific Crime	Date Occurred	Time Occurred
Embezzlement		
Location of Occurrence	**Sector/Beat**	**City / County**
2900 Highland Dr.	M	☐ City ☒ County

Your Name (Last / First / Middle)								Date of Birth	Social Security #
Arons Charles Edward								[redacted]	
Race	**Sex**	**Height**	**Weight**	**Hair**	**Eyes**	**Work Schdl. (Hours)**	**Days Off**	**Business / School**	
W	M	5'10"	185	Brown	Blue	8-4	Sat Sun	AirTec Gases	

Residence Address (Number & Street)	Bldg/Apt. #	City	State	Zip Code	Res. Phone	
[redacted] Bottle Sage		LV	NV	89130	[redacted]	c 601-4592
Business (Local) Address (Number & Street)	**Bldg/Apt. #**	**City**	**State**	**Zip Code**	**Bus. Phone**	
2900 Highland Dr.	#9A	LV	NV	89109	435-4-2400	

Occupation	Departure Date (If Visitor)
Owner	

Best place to contact you during the day	Best time to contact you during the day:	Can you identify the Suspect?
Work/Business	9-3 M-F Call 702 601-4592	☒ Yes ☐ No

DETAILS:

Embezzlement by employee over $20,000

Employee posted payments to customer accounts then took customer check and cashed with her personal bank.

For Official Use Only
The Use and Dissemination of this Record is Regulated by Law. Secondary Dissemination of any kind is Prohibited and could subject the offender to Criminal and Civil Liability.
This Information Released To: Arons Charles
By: KM13484 Date: 6/25/13
Las Vegas Metro Police Dept.

I HAVE READ THIS STATEMENT AND I AFFIRM TO THE TRUTH AND ACCURACY OF THE FACTS CONTAINED HEREIN. THIS STATEMENT WAS COMPLETED AT (LOCATION) 4100 S MVC

ON THE 25th DAY OF June, 2013 AT 0831. ☐ A.M. ☐ P.M.

Witness/Officer: X [signature] (SIGNATURE)

Witness/Officer: K. McInerney (PRINTED) 13484 P# X [signature] SIGNATURE OF PERSON GIVING STATEMENT

LVMPD 85 (Rev. 8/11) WORD 2007

Case Report No.:
LLV130625000875

Las Vegas Metropolitan Police Department
400 S. Martin Luther King Dr.
Las Vegas, NV 89106

Administrative

Crime Type			
Location	**2900 HIGHLAND DR**	**LVN, 89109**	Sector /Beat **M1**
Occurred On (Date / Time)	**Tuesday 6/18/2013 12:00:00 AM**	Or Between (Date / Time)	
Reporting Officer	**13484 - McInerney, K.**	Reported On	**6/25/2013**
Entered By	**13484 - McInerney, K.**	Entered On	**6/25/2013 8:35:16 AM**
Related Cases			
Assisted By:			

Offenses

EMBEZZLEMENT - OVER $650

Completed	**Yes**	**Hate/Bias**	None (No Bias)	Code Section	
Entry		Premises Entered		Type Security	Domestic Violence **No** Tools
Weapons				Location Type	**Other/Unknown**
Criminal Activities					

Victims

Name: AIRTEC GASES

Victim Type	**Business**	Written Statement	Can ID Suspect
Victim of	**205.300A - EMBEZZLEMENT - OVER $650**		

SSN	DOB	Age	Sex	Race
Height	Weight	Hair Color		Eye Color

Addresses

B - Business	**2900 Highland Dr #19a**	**LVN, 89109**	**CLARK**	**US - USA**

Phones

B - Business/Work	**702 454-2400**

Resident	POB		
DLN	DL State		DL Country
Employer/School		Employer Address	
Occupation/Grade		Work Schedule	
Tourist Departure Date			Testify
Injury		Injury Weapons	

Offender Relationships

Offender	**Relationship**

The Use and Dissemination of this Record is Regulated by Law. Secondary Dissemination of any kind is Prohibited and could subject the offender to Criminal and Civil Liability.
This Information Released To:
Gross, Charles
By: KM13484 Date: 6/25/13
Las Vegas Metro Police Dept.

Suspects

Name: **PRACHER, TAMARAH**

Scope ID		SSN		DOB	**7/26/1971**			Age	**41**
Sex	**F - Female**	Race	**W - White**	Height	**5' 4"**	Weight	**200**	Hair Color	**BRO - Brown**	Eye Color	

DLN	DL State	DL Country

Addresses

R - Residence	**7777 S Jones Blvd #1293**	**LVN, 89139**	**CLARK**

Phones

H - Home/Residence	**702 405-6155**
C - Cellular	**702 203-5575**

Employer/School	Employer Address
Occupation/Grade	

Arrestees

Witnesses

Other Entities

Name: GROHS, CHARLES
Entity Type Person Reporting/Complainant

Addresses

B - Business	2900 Highland Dr #19a	LVN, 89109	CLARK	US - USA

Phones

B - Business/Work	702 454-2400
C - Cellular	702 604-4592

Properties

Narrative

ON TODAY'S DATE CHARLES GROHS CAME INTO THE LVMPD HQ TO REPORT EMBEZZLEMENT AND RELAYED THE FOLLOWING:

GROHS IS THE OWNER OF AIRTEC GASES. ON 06/18/13 GROHS DISCOVERED THAT A $90 CASH INVOICE NEVER MADE IT INTO HIS CASH BOX. GROHS REVIEWED VIDEO SURVEILLANCE AND DISCOVERED THAT HIS OFFICE MANAGER, TAMARAH PRACHAR, HAD RECEIVED THE MONEY FROM THE CUSTOMER. THE MONEY IS UNABLE TO BE LOCATED AFTER THAT POINT.

UPON DISCOVERING THIS GROHS REVIEWED OTHER RECORDS AND DISCOVERED THAT HIS COMPANY HAD RECEIVED THREE CHECKS FROM A CUSTOMER WHICH WERE CASHED HOWEVER THE FUNDS WERE NEVER RECEIVED BY THE COMPANY. GROHS REVIEWED THE CHECKS AND DISCOVERED THE ENDORSEMENTS HAD BEEN ALTERED. GROHS CONFIRMED WITH THE CUSTOMER, TLC HOLDINGS, THAT THE CHECKS HAD BEEN WRITTEN AND CASHED. TLC IS BILLED MONTHLY AND THE CHECKS FOR JANUARY, FEBRUARY AND APRIL OF 2013 FOR A TOTAL AMOUNT OF $10,685.51. AIRTEC GASES REFLECTS THE CHECKS BEING RECEIVED.

GROHS CONFRONTED PRACHAR WHO ADMITTED TO THE EMBEZZLEMENT AND ESTIMATED THE TOTAL AMOUNT OF THE THEFTS TO BE GREATER THAN $20,000. THE ADMISSION IS RECORDED ON VIDEO SURVEILLANCE. PRACHAR'S ONLY EXPLANATION WAS THAT SHE WANTED MATERIAL THINGS. PRACHAR HAS SINCE BEEN FIRED. THE COMPLETE SCOPE OF THE EMBEZZLEMENT HAS YET TO BE DISCOVERED.

PAGE 1 OF 43
CASE INFO
CIVIL CASE

REQT

Kent F. Larsen, Esq.
Nevada Bar No. 3463
SMITH LARSEN & WIXOM
1935 Village Center Circle
Las Vegas, NV 89134
Tel: (702) 252-5002
Fax: (702) 252-5006
Email: kfl@slwlaw.com
Attorneys for Defendant
Wells Fargo Bank, N.A.
incorrectly named herein
as "Wells Fargo Bank Corp."

SMITH LARSEN & WIXOM
ATTORNEYS
KILLS CENTER BUSINESS PARK
1935 VILLAGE CENTER CIRCLE
LAS VEGAS, NEVADA 89134
TEL (702) 252-5002 • FAX (702) 252-5006

DISTRICT COURT

CLARK COUNTY, NEVADA

AIRTEC GASES, LLC, a limited liability corporation, Plaintiff, v. TAMARAH ZERMENO; WELLS FARGO BANK, CORP; DOES I through X; ROE CORPORATIONS XI through XX, Defendants.	Case No. A-13-692378-B Dept. 11 **DEFENDANT WELLS FARGO BANK, N.A.'s FIRST REQUEST FOR PRODUCTION OF DOCUMENTS TO PLAINTIFF** (Business Court)

To: Airtec Gasses, LLC, LLC; and,

To: Mark H. Hutchings, Esq., of the law firm of Truitt and Associates, and Michael C. Kane, Esq., of the 702FIRM, its attorneys.

Pursuant to Rules 26 and 34 of the Nevada Rules of Civil Procedure, Defendant Wells Fargo Bank, N.A., ("Defendant" or "Wells Fargo Bank"), requests that Plaintiff Airtec Gasses, LLC, a Nevada limited liability company ("Plaintiff" or "Airtec"), produce and make available the

Received
4/7/14

CRIMINAL CASE # C-16-318400-1

Case Information

C-16-318400-1 | State of Nevada vs TAMARAH PRACHAR

Case Number	Court	Judicial Officer
C-16-318400-1	Department 3	Trujillo, Monica
File Date	Case Type	Case Status
09/28/2016	Felony/Gross Misdemeanor	Closed

Party

Plaintiff
State of Nevada

Active Attorneys
Attorney
Raman, Jay

Lead Attorney
Wolfson, Steven B

Defendant
PRACHAR, TAMARAH

DOB
XX/XX/XXXX

Active Attorneys
Lead Attorney
JAY L SIEGEL
Retained

HIRE DATE
9-22-08

PERSONAL INFO

OMB No. 1615-0047 Expires 06/30/09

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print: Last	First	Middle Initial	Maiden Name
Zermeno	Tamara	A	Zermeno

Address (Street Number and Name)	Apt. #	Date of Birth (month/day/year)
[redacted] S Jones Blvd	[redacted]	[redacted]

City	State	Zip Code	Social Security #
Las Vegas	NV	89139	[redacted]

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):
- ☒ A citizen or national of the United States
- ☐ A lawful permanent resident (Alien #) A _____
- ☐ An alien authorized to work until _____
(Alien # or Admission #) _____

Employee's Signature: Tamara Zermeno — Date (month/day/year): 9/22/08

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee. I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.)

Preparer's/Translator's Signature — Print Name

Address (Street Number and Name, City, State, Zip Code) — Date (month/day/year)

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

	List A	OR	List B	AND	List C
Document Title:			ID		SS Card
Issuing Authority:			Nevada - DMV		SSA
Document #:			[redacted]		[redacted]
Expiration Date (if any):			07-06-2012		
Document #:					
Expiration Date (if any):					

CERTIFICATION. I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 09-22-08 and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Lorena C	Lorena Cervo	HR Assistant

Business or Organization Name and Address (Street Number and Name, City, State, Zip Code)	Date (month/day/year)
Airtec Gases LLC 2900 Highland Dr LV NV 89109	09-22-08

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title	Document #	Expiration Date (if any)

I attest, under penalty of perjury, to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)

Form I-9 (Rev. 06/05/07) N

TERM 6/24/13

professional employer organization

payroll solutions

Payroll Solutions 3575 W. Cheyenne Ave. Ste. 101, North Las Vegas, NV 89032 - P:702.258.3748 F:702.938.3206

Separation Notice

Client	AIRTEC GASES, LLC

Employee's Name	TAMARAH ZERMENO	
Position	OFFICE MANAGER	
Dates of Employment	Start Date: 9-22-08	End Date: 6-24-13

☐ Voluntary Quit	☒ Discharge

What was the final incident that led to the discharge?
Please mark appropriately and attach any supporting documentation (previous warnings).

☐ Layoff due to lack of work	☐ Unsatisfactory Work Performance
☐ Position Elimination	☐ Violation of Company Policy
☐ Excessive Absence/ Tardiness	☒ Other: THEFT/Embezzlement over 10k

Employee Comments

Payroll Information:		
☐ Certified Mail ☐ At Payroll Solutions ☐ Delivery to client location ☐ *Other Information* ☐ Direct Deposit ☐ Live Check	Final Hours Due	8.0
	PTO hours to pay out: (If applicable)	
	Check Date	

Employee's Signature & Date	
Supervisor's Signature & Date	6/24/13
Witness' Signature & Date	6/24/13

If you have any questions on how to fill this form out please contact your Human Resource Consultant at Payroll Solutions at (702) 258-3748. Fax to your payroll administrator for processing at (702) 309-3459.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Airtec Gases, LLC

Physical Address 1320 Freeport Blvd. Ste. 114/115

City Sparks State NV Zip 89431

Mailing Address (if different from physical address) Same

City _____ State _____ Zip _____

Telephone (702) 454-2400 Website www.airtecgases.com

Licensing Company Email accounting@airtecgases.com

Section 2: Personal Information

First Charles Middle Edward Last Grohs

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] North Eula St.

City Las Vegas State NV Zip 89149

Telephone [redacted] Email chuck@airtecgases.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	**Yes**	**No**
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	**Yes**	**No**
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Applicant's initials CEG

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Clackamas High School		08/1985 - 08/1989	
Address	**City**	**State**	**Zip**
13801 SE. Webster	Milwakie	OR	97222
Diploma/Degree obtained, if any			
High School Diploma			

School Name		From - To (MM/YY – MM/YY)	
N/A			
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
08/2017 - Current	[redacted] North Eula St.	Las Vegas	NV	89149
06/2007 - 08/2017	[redacted] Bottle Sage Ave.	Las Vegas	NV	89130
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials CEG

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)
Airtec Gases, LLC			10/2003 - Current
Business Address	**City**	**State**	**Zip**
2900 S. Highland Dr. Ste. 19A	Las Vegas	NV	89109
Phone	**Title**		
(702) 454-2400	CTO		
Description of Duties			
Manage Business, Employees and Day to Day Operations			

Business Name			From - To (MM/YY – MM/YY)
N/A			
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**		
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials CEG

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✔	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✔	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4 & 5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
06/24/2013	02/08/2017	NV	Las Vegas	Clark

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
A-13-692378-B, C-16-318400-1	District Court of Clark County

Reason/Charge
Employee Embezzlement

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Airtec Gases, LLC vs Tamarah Prachar and Wells Fargo Bank	Airtec Gases, LLC/Wells Fargo Bank

Name of Business/Industry/Entity

Provide explanation below:

Please see attached statement

Original Signature (electronic, copies or stamps not accepted)

Date 4/14/22

Applicant's initials CEG

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Charles E. Cocks
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/12/22
Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Charles E. Cocks, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

4/12/22
Date

Subscribed and Sworn to before me this 12 day of April, 2022.

Seth Cose
Notary Public Signature

SETH COSE
Notary Public, State of Nevada
No. 16-2967-1
My Appt. Exp. July 5, 2024

(Seal)

Applicant's initials CEG

Suspect:
☐ Cited ☐ Arrested ☐ Unknown
☐ City ☐ County
☐ Misdemeanor ☐ Gross Misdemeanor
☐ Felony

LAS VEGAS METROPOLITAN POLICE DEPARTMENT

VICTIM'S INFORMATION GUIDE

Offense	Area Command	Event Number
Embezzlement	CCAC	130625-0975

This report is important for you to keep since it is the only way you will have to refer to your particular case and event number. If you need a copy of your report, it can be obtained during the hours of 8 a.m. to 5 p.m., Monday through Friday, 8 a.m. to 3 p.m. on weekends from the LVMPD Police Records Section, 400 S. Martin L. King Blvd., Bldg. C, 828-3476, **FIVE WORKING DAYS** after filing of the report, for a nominal fee.

ATTENTION: IT IS YOUR RESPONSIBILITY TO IMMEDIATELY NOTIFY THE LVMPD IF YOU SHOULD RECOVER YOUR STOLEN VEHICLE YOURSELF

The department relies on a number of factors available in any report to assign a follow-up investigator. Experience has proven that certain information must normally be determined at the time of the initial investigation before a case has the potential for being solved. Without suspects, witnesses, evidence, or other investigative leads, a case cannot be solved except under special circumstances. For example, a suspect caught committing another crime is found with evidence linking him to this one, or he may confess to other crimes including this one. **If you have any questions or additional information, please contact the detective handling your case at the appropriate telephone number listed below or complete an Additional Crime Information report. (Refer to the Event Number listed above.)**

OBLIGATIONS OF CITIZENS FILING MISDEMEANOR CRIME REPORTS WITH LVMPD

1. **If an arrest was not made, or if a citation was not issued, and you wish to pursue this matter, you must contact the detective assigned to handle your case at the appropriate number listed below, AT LEAST TEN (10) BUSINESS DAYS AFTER THE REPORT HAS BEEN FILED, Monday through Friday, 8:00 a.m. - 4:00 p.m. You may be required to testify against the defendant (suspect) if the case is prosecuted in the courts. All felonies will be investigated.**
2. **You must give the Event Number at the top of this page if you call about your case.**
3. **If the suspect in your case is arrested or cited for a misdemeanor, DO NOT CONTACT THE DETECTIVE ASSIGNED TO YOUR CASE. You may get information about the status of your case by contacting either the County or City Victim Advocates (listed below). The police department does not have any court information.**
4. **If this is a misdemeanor crime report and is for INSURANCE PURPOSES ONLY or YOU DO NOT WISH TO PROSECUTE, and no one has been arrested, please DO NOT contact the detective.**
5. **If no arrest has been made and you need victim assistance, you may contact a Victim Advocate from the Police Department at 828-2955.**

CONTACT TELEPHONE NUMBERS

Auto Theft 828-3586	Property Crimes (Burg/Larceny PL)	Domestic Violence 828-4451/828-3581
Firearms 828-2953	Bolden Area Command 828-3874	Homicide 828-3521
Identity Crimes 828-3483	Downtown Area Command 828-3683	High Risk Runaway Detail 828-3561
Fraud 828-3285	Enterprise Area Command 828-4809	Missing Persons 828-2907
Construction Theft 828-3574	Northeast Area Command 828-7355	Robbery 828-3591
Tourist Crimes 828-3204	Northwest Area Command 828-4431	Sexual Assault 828-3421
Abuse-Neglect 828-3364	Southeast Area Command 828-8242	Violent Crimes (Assault/Battery) 828-5634
	South Central Area Command 828-3267	

LVMPD VICTIM ADVOCATE: Provides crisis intervention, an assessment of the immediate needs of the victims and their families, initiates crime victim assistance paperwork, provides referrals to other agencies, and functions as a liaison with LVMPD personnel and other law enforcement agencies. For assistance, please call the LVMPD Victim Advocate at 828-2955 Monday through Friday 7:00 a.m. - 4:00 p.m.

LAS VEGAS CITY ATTORNEY VICTIM/WITNESS ASSISTANCE: Provides specialized advocacy for victims of domestic violence or battery occurring within the City of Las Vegas. If you are a victim of domestic violence or battery and an arrest has been made or a citation has been issued, please contact the Las Vegas City Attorney's Victim Witness Advocate at 229-2525.

CLARK COUNTY DISTRICT ATTORNEY VICTIM/WITNESS ASSISTANCE CENTER: Provides Justice Court and District Court case information and addresses any concerns you may have regarding your appearance as a witness. When you receive a subpoena to appear in a Justice Court or District Court case, please contact the Victim Witness Assistance Center at 671-2525. If you move or have another address where you wish to receive a subpoena, please contact the advocates at the court.

ASSISTANCE TO VICTIMS OF VIOLENT CRIME: Victims of violent crime who are physically injured or victims of sexual assault may qualify for medical and counseling assistance from the State of Nevada under NRS 217. For information, contact the LVMPD Victim/Witness Advocate or the Nevada State Victims of Violent Crime Program at 486-2740. Note: Applications for this service must be received within one year of the commission of the crime.

ASSISTANCE TO VICTIMS OF SEXUAL ASSAULT: Victims of sexual assault may be eligible for medical treatment and counseling under NRS 217. For information, call the Clark County District Attorney Victim Witness Assistance Center 671-2525, or Rape Crisis Center at 366-1640. Note: Applications for this service must be received within 60 days of the commission of the crime.

THREATS AND DISSUASION TO TESTIFY: Victims and witnesses threatened and/or asked not to testify or prosecute, should contact the detective assigned to the original case. You may also notify the prosecutor if you have already been assigned one.

VOLUNTARY STATEMENT

130625-0875

4445

THIS PORTION TO BE COMPLETED BY OFFICER

Specific Crime	Date Occurred	Time Occurred
Embezzlement		
Location of Occurrence	**Sector/Beat**	**City / County**
2900 Highland Dr.	M	☐ City ☒ County

Your Name (Last / First / Middle): Grohs Charles Edward

Date of Birth: [redacted] Social Security #:

Race	Sex	Height	Weight	Hair	Eyes	Work Schdl. (Hours)	Days Off	Business / School
W	M	5'10"	185	Brown	Blue	8-4	Sat Sun	Airtec Gases

Residence Address (Number & Street)	Bldg/Apt. #	City	State	Zip Code	Res. Phone
[redacted] Bottle Sage		LV	NV	89130	[redacted]

Business (Local) Address (Number & Street)	Bldg/Apt. #	City	State	Zip Code	Occupation	Bus. Phone	Departure Date (If Visitor)
2900 Highland Dr.	#19A	LV	NV	89109	owner	415-4-2400	

Best *place* to contact you during the day:	Best *time* to contact you during the day:	Can you identify the Suspect?
Work/Business	9-3 M-F Call 702 604-4592	☒ Yes ☐ No

DETAILS:

Embezzlement by employee owr $20,000

Employee posted payments to customer accounts then took customer check and cashed with her personal bank.

For Official Use Only
The Use and Dissemination of this Record is Regulated by Law. Secondary Dissemination of any kind is Prohibited and could subject the offender to Criminal and Civil Liability.
This Information Released To: Grohs, Charles
By: [illegible] Date: 6/25/13
Las Vegas Metro Police Dept.

I HAVE READ THIS STATEMENT AND I AFFIRM TO THE TRUTH AND ACCURACY OF THE FACTS CONTAINED HEREIN. THIS STATEMENT WAS COMPLETED AT (LOCATION) 400 S MLK

ON THE 25th DAY OF June, 2013 AT 0821. ☐ A.M. ☐ P.M.

Witness/Officer: [signature] (SIGNATURE)

Witness/Officer: K. McInerney (PRINTED) 13484 P#

[signature] SIGNATURE OF PERSON GIVING STATEMENT

LVMPD 85 (Rev. 8/11) WORD 2007

Case Report No.:
LLV130625000875

Las Vegas Metropolitan Police Department
400 S. Martin Luther King Dr.
Las Vegas, NV 89106

Administrative

Crime Type			
Location	**2900 HIGHLAND DR**	**LVN, 89109**	Sector /Beat **M1**
Occurred On (Date / Time)	**Tuesday 6/18/2013 12:00:00 AM**	Or Between (Date / Time)	
Reporting Officer	**13484 - McInerney, K.**	Reported On	**6/25/2013**
Entered By	**13484 - McInerney, K.**	Entered On	**6/25/2013 8:35:16 AM**
Related Cases			
Assisted By:			

Offenses

EMBEZZLEMENT - OVER $650

Code Section

Completed **Yes** **Hate/Bias** None (No Bias) Domestic Violence **No**

Entry Premises Entered Type Tools

Security

Weapons Location Type **Other/Unknown**

Criminal Activities

Victims

Name: **AIRTEC GASES**

Victim Type **Business** Written Statement Can ID Suspect

Victim of **205.300A - EMBEZZLEMENT - OVER $650**

SSN DOB Age Sex Race

Height Weight Hair Color Eye Color

Addresses

B - Business **2900 Highland Dr #19a** **LVN, 89109** **CLARK** **US - USA**

Phones

B - Business/Work **702 454-2400**

Resident POB

DLN DL State DL Country

Employer/School Employer Address

Occupation/Grade Work Schedule

Tourist Departure Date Testify

Injury **Injury Weapons**

Offender Relationships

Offender **Relationship**

The Use and Dissemination of this Record is Regulated by Law. Secondary Dissemination of any kind is Prohibited and could subject the offender to Criminal and Civil Liability.
This Information Released To:
Gibbons, Charles
By: KM13484 Date: 6/25/13
Las Vegas Metro Police Dept.

Suspects

Name: **PRACHER, TAMARAH**

Scope ID SSN DOB **7/26/1971** Age **41**

Sex **F - Female** Race **W - White** Height **5' 4"** Weight **200** Hair Color **BRO - Brown** Eye Color

DLN DL State DL Country

Addresses

R - Residence **7777 S Jones Blvd #1293** **LVN, 89139** **CLARK**

Phones

H - Home/Residence **702 405-6155**

C - Cellular **702 203-5575**

Employer/School Employer Address

Occupation/Grade

Arrestees

Witnesses

Other Entities

Name: GROHS, CHARLES
Entity Type Person Reporting/Complainant

Addresses

B - Business	2900 Highland Dr #19a	LVN, 89109	CLARK	US - USA

Phones

B - Business/Work	702 454-2400
C - Cellular	702 604-4592

Properties

Narrative

ON TODAY'S DATE CHARLES GROHS CAME INTO THE LVMPD HQ TO REPORT EMBEZZLEMENT AND RELAYED THE FOLLOWING:

GROHS IS THE OWNER OF AIRTEC GASES. ON 06/18/13 GROHS DISCOVERED THAT A $90 CASH INVOICE NEVER MADE IT INTO HIS CASH BOX. GROHS REVIEWED VIDEO SURVEILLANCE AND DISCOVERED THAT HIS OFFICE MANAGER, TAMARAH PRACHAR, HAD RECEIVED THE MONEY FROM THE CUSTOMER. THE MONEY IS UNABLE TO BE LOCATED AFTER THAT POINT.

UPON DISCOVERING THIS GROHS REVIEWED OTHER RECORDS AND DISCOVERED THAT HIS COMPANY HAD RECEIVED THREE CHECKS FROM A CUSTOMER WHICH WERE CASHED HOWEVER THE FUNDS WERE NEVER RECEIVED BY THE COMPANY. GROHS REVIEWED THE CHECKS AND DISCOVERED THE ENDORSEMENTS HAD BEEN ALTERED. GROHS CONFIRMED WITH THE CUSTOMER, TLC HOLDINGS, THAT THE CHECKS HAD BEEN WRITTEN AND CASHED. TLC IS BILLED MONTHLY AND THE CHECKS FOR JANUARY, FEBRUARY AND APRIL OF 2013 FOR A TOTAL AMOUNT OF $10,685.51. AIRTEC GASES REFLECTS THE CHECKS BEING RECEIVED.

GROHS CONFRONTED PRACHAR WHO ADMITTED TO THE EMBEZZLEMENT AND ESTIMATED THE TOTAL AMOUNT OF THE THEFTS TO BE GREATER THAN $20,000. THE ADMISSION IS RECORDED ON VIDEO SURVEILLANCE. PRACHAR'S ONLY EXPLANATION WAS THAT SHE WANTED MATERIAL THINGS. PRACHAR HAS SINCE BEEN FIRED. THE COMPLETE SCOPE OF THE EMBEZZLEMENT HAS YET TO BE DISCOVERED.

PAGE 1 OF 43
CASE INFO
CIVIL CASE

REQT
Kent F. Larsen, Esq.
Nevada Bar No. 3463
SMITH LARSEN & WIXOM
1935 Village Center Circle
Las Vegas, NV 89134
Tel: (702) 252-5002
Fax: (702) 252-5006
Email: kfl@slwlaw.com
Attorneys for Defendant
Wells Fargo Bank, N.A.
incorrectly named herein
as "Wells Fargo Bank Corp."

SMITH LARSEN & WIXOM
ATTORNEYS
HILLS CENTER BUSINESS PARK
1935 VILLAGE CENTER CIRCLE
LAS VEGAS, NEVADA 89134
TEL (702) 252-5002 • FAX (702) 252-5006

DISTRICT COURT

CLARK COUNTY, NEVADA

AIRTEC GASES, LLC, a limited liability corporation, Plaintiff, v. TAMARAH ZERMENO; WELLS FARGO BANK, CORP; DOES I through X; ROE CORPORATIONS XI through XX, Defendants.	Case No. A-13-692378-B Dept. 11 **DEFENDANT WELLS FARGO BANK, N.A.'s FIRST REQUEST FOR PRODUCTION OF DOCUMENTS TO PLAINTIFF** (Business Court)

To: Airtec Gasses, LLC, LLC; and,

To: Mark H. Hutchings, Esq., of the law firm of Truitt and Associates, and Michael C. Kane, Esq., of the 702FIRM, its attorneys.

Pursuant to Rules 26 and 34 of the Nevada Rules of Civil Procedure, Defendant Wells Fargo Bank, N.A., ("Defendant" or "Wells Fargo Bank"), requests that Plaintiff Airtec Gasses, LLC, a Nevada limited liability company ("Plaintiff" or "Airtec"), produce and make available the

Received
4/7/14

CRIMINAL CASE # C-16-318400-1

Case Information

C-16-318400-1 | State of Nevada vs TAMARAH PRACHAR

Case Number	Court	Judicial Officer
C-16-318400-1	**Department 3**	**Trujillo, Monica**
File Date	Case Type	Case Status
09/28/2016	**Felony/Gross Misdemeanor**	**Closed**

Party

Plaintiff
State of Nevada

Active Attorneys ▾
Attorney
Raman, Jay

Lead Attorney
Wolfson, Steven B

Defendant
PRACHAR, TAMARAH

DOB
XX/XX/XXXX

Active Attorneys ▾
Lead Attorney
JAY L SIEGEL
Retained

HIRE DATE
9-22-08

PERSONAL INFO

OMB No. 1615-0047 Expires 06/30/09

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Please read instructions carefully before completing this form. These instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Zermeno	Tamara	A	Zermeno

Address (Street Number and Name)	Apt. #	Date of Birth (month/day/year)
[redacted] S Jones Blvd [redacted]		[redacted]

City	State	Zip Code	Social Security #
Las Vegas	NV	89139	[redacted]

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):
- [x] A citizen or national of the United States
- [ ] A lawful permanent resident (Alien #) A _____
- [ ] An alien authorized to work until _____
(Alien # or Admission #) _____

Employee's Signature: Tamara Zermeno — Date (month/day/year): 9/22/08

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee. I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.)

Preparer's/Translator's Signature — Print Name

Address (Street Number and Name, City, State, Zip Code) — Date (month/day/year)

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

	List A	OR	List B	AND	List C
Document title:			ID		SS Card
Issuing authority:			Nevada - DMV		GOV - SSA dm
Document #:			[redacted]		[redacted]
Expiration Date (if any):			07-06-2012		
Document #:					
Expiration Date (if any):					

CERTIFICATION. I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 09-22-08 and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative: Lorena C — Print Name: Lorena Cano — Title: HR Assistant

Business or Organization Name and Address (Street Number and Name, City, State, Zip Code): Airtec Gases LLC 2900 Highland Dr LV NV 89109 — Date (month/day/year): 09-22-08

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable) — B. Date of Rehire (month/day/year) (if applicable)

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title — Document # — Expiration Date (if any)

I attest, under penalty of perjury, to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative — Date (month/day/year)

Form I-9 (Rev. 06/05/07) N

TERM 6/24/13

payroll solutions

Payroll Solutions 3575 W. Cheyenne Ave. Ste. 101, North Las Vegas, NV 89032 - P:702.258.3748 F:702.938.3206

Separation Notice

Client	AIRTEC GASES, LLC

Employee's Name	TAMARAH ZERMENO	
Position	OFFICE MANAGER	
Dates of Employment	Start Date: 9-22-08	End Date: 6-24-13

- ☐ Voluntary Quit
- ☒ Discharge

What was the final incident that led to the discharge?
Please mark appropriately and attach any supporting documentation (previous warnings).

- ☐ Layoff due to lack of work
- ☐ Position Elimination
- ☐ Excessive Absence/ Tardiness
- ☐ Unsatisfactory Work Performance
- ☐ Violation of Company Policy
- ☒ Other: THEFT/Embezzlement over 10k

Employee Comments

Payroll Information:

- ☐ Certified Mail
- ☐ At Payroll Solutions
- ☐ Delivery to client location
- ☐ *Other Information*
  - ☐ Direct Deposit
  - ☐ Live Check

Final Hours Due	8.0
PTO hours to pay out: (If applicable)	
Check Date	

Employee's Signature & Date	
Supervisor's Signature & Date	6/24/13
Witness' Signature & Date	6/24/13

If you have any questions on how to fill this form out please contact your Human Resource Consultant at Payroll Solutions at (702) 258-3748. Fax to your payroll administrator for processing at (702) 309-3459.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. NV5874701

Application/License No. _____

Airtec Gases, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1320 Freeport Blvd. Ste. 114/115 Sparks, NV 89431 (Address of Applicant/Principal), as PRINCIPAL, and Merchants Bonding Company (Mutual) (Surety Company), a corporation organized under the laws of the state of Iowa (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 6700 Westown Parkway, West Des Moines, IA 50266 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on April 7, 2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 7th day of April, 20 22.

APPLICANT/PRINCIPAL

COMPANY

Airtec Gases, LLC

Authorized Representative

SURETY

Merchants Bonding Company (Mutual)

Quanda Warren

Surety Company's Representative

Quanda Warren, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Tracie House

Witness David J. Roth

Countersigned by:

Nevada Resident Agent

LP 2079 NV (5/21)

MERCHANTS BONDING COMPANY™

POWER OF ATTORNEY

Know All Persons By These Presents, that MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., both being corporations of the State of Iowa (herein collectively called the "Companies") do hereby make, constitute and appoint, individually,

Quanda Warren

their true and lawful Attorney(s)-in-Fact, to sign its name as surety(ies) and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

This Power-of-Attorney is granted and is signed and sealed by facsimile under and by authority of the following By-Laws adopted by the Board of Directors of Merchants Bonding Company (Mutual) on April 23, 2011 and amended August 14, 2015 and adopted by the Board of Directors of Merchants National Bonding, Inc., on October 16, 2015.

"The President, Secretary, Treasurer, or any Assistant Treasurer or any Assistant Secretary or any Vice President shall have power and authority to appoint Attorneys-in-Fact, and to authorize them to execute on behalf of the Company, and attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof."

"The signature of any authorized officer and the seal of the Company may be affixed by facsimile or electronic transmission to any Power of Attorney or Certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the Company, and such signature and seal when so used shall have the same force and effect as though manually fixed."

In connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and authority hereby given to the Attorney-in-Fact includes any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not relieve this surety company of any of its obligations under its bond.

In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner-Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

In Witness Whereof, the Companies have caused this instrument to be signed and sealed this 7th day of April , 2022 .

MERCHANTS NATIONAL BONDING INCORPORATED -o- 2003 INC.

MERCHANTS BONDING COMPANY INCORPORATED -o- 1933 (MUTUAL)

MERCHANTS BONDING COMPANY (MUTUAL)
MERCHANTS NATIONAL BONDING, INC.

By Larry Taylor
President

STATE OF IOWA
COUNTY OF DALLAS ss.

On this 7th day of April , 2022 , before me appeared Larry Taylor, to me personally known, who being by me duly sworn did say that he is President of MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC.; and that the seals affixed to the foregoing instrument are the Corporate Seals of the Companies; and that the said instrument was signed and sealed in behalf of the Companies by authority of their respective Boards of Directors.

NOTARIAL SEAL IOWA

POLLY MASON
Commission Number 750576
My Commission Expires
January 07, 2023

Polly Mason
Notary Public

(Expiration of notary's commission does not invalidate this instrument)

I, William Warner, Jr., Secretary of MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., do hereby certify that the above and foregoing is a true and correct copy of the POWER-OF-ATTORNEY executed by said Companies, which is still in full force and effect and has not been amended or revoked.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the Companies on this 7th day of April , 2022 .

MERCHANTS NATIONAL BONDING INCORPORATED -o- 2003 INC.

MERCHANTS BONDING COMPANY INCORPORATED -o- 1933 (MUTUAL)

William Warner Jr.
Secretary

Wholesaler Application

Airtec Gases, LLC
1320 Freeport Blvd. Ste. 114/115
Sparks, NV 89431

RECEIVED
APR 14 2022
NEVADA STATE BOARD
OF PHARMACY

Nevada State Board Of Pharmacy

(Firm mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 04/14/2022
Amount: $ 525.00
License #: WH03164

Airtec Gases, LLC
1320 Freeport Blvd Suite 114/115
Sparks NV 89431

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Wholesaler
Effective Date:04/15/2022
Expires:06/02/2022

Airtec Gases, LLC
1320 Freeport Blvd Suite 114/115
Sparks NV 89431

License #
WH03164
Temporary

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
STATE BOARD OF PHARMACY
Wholesaler

Expires: 06/02/2022
STATUS: Temporary

License Type: Wholesaler
License #: WH03164
Effective Date: 04/15/2022
DEA #:
Managing Pharmacist :

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENCED

Airtec Gases, LLC
1320 Freeport Blvd Suite 114/115
Sparks NV 89431

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

12C

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Wholesaler Application

Rev (04/01/2021)

Where is the facility located? ☒ Nevada ☐ Out-of-State

Type of Application (check applicable box)		Wholesaler Business Type (check applicable box)
☒ New Wholesaler ☐ Ownership Change ☐ Name Change ☐ Location Change (in-state only)	* If making a change, provide current license number: WH _____	☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) ☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9)

Is your facility a reverse distributor? ☐ Yes ☐ No

Section 1: General Information

Facility Name: Medidenta

Physical Address: 3575 W Post

City: Las Vegas State: NV Zip: 89118

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 702-478-5244 Website: www.medidenta.com

Name of Designated Representative (DR): Carlos Spironelli Ramos

Licensing Company Email: carlos.ramos@medidenta.com DR Email: spironelli05@gmail.com

Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies	☒ Legend Pharmaceuticals, Supplies or Devices
☒ Practitioners	☐ Controlled Substances
☐ Hospitals	☐ Hypodermic Devices
☐ Wholesalers	☐ Veterinary Legend Pharmaceuticals
☐ Others:	☐ Others:

Section 2: History of Company	Yes	No
1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?		✓
2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration?		✓
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry?		✓
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?		✓
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?		✓

If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

Name: Pac-Dent

Address: 670 Endeavor Circle City: Brea State: CA Zip: 922821

Name:

Address: **City:** **State:** **Zip:**

Name:

Address: City: State: Zip:

Name:

Address: **City:** **State:** **Zip:**

Section 4: Publicly Traded Corporation

State of Incorporation:

Parent Company (if any):

Corporation Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Date of SEC Registration:	SEC Registration Number:	Stock Exchange Symbol:

Section 5: Non-Publicly Traded Corporation

State of Incorporation: Nevada

Parent Company (if any):

Corporation Name: Medidenta

Mailing Address: 3575 W Post

City: Las Vegas State: NV Zip: 89118

Telephone: 702-478-5244 Email: aperez@medidenta.com

Contact Person Name: Alfred Perez

Section 6: Partnership

Partnership Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Section 7: Sole Owner

Owner's Name:

Business Name:

Business Address:

City: State: Zip:

Telephone: Email:

Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		✓
1. Copy of Certification 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		
Is your company licensed as a Manufacturer by the FDA? If yes, provide:		✓
1. Copy of FDA registration 2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partner-ship	Sole Owner
• **List of all Officers and Directors.**	✓	✓		
• **List the top four corporation shareholders and their percent ownership.**	✓			
• **List of all corporation shareholders and their percent ownership.**		✓		
• **List of all partners and their percent ownership.**			✓	
• **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**.	✓	✓	✓	✓
• **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• **Copy of DEA certificate if handling controlled substances**	✓	✓	✓	✓
• **Copy of current SEC 10K or 8K**	✓			
• **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.**	✓	✓	✓	✓
ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.				
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf.		✓	✓	✓
• **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/.		✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Alfred Perez

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

Date 1/21/22

Board Use Only	Date Received: _____	Amount: 500 CC ✓ Processed

Maria Herrera

From: Alfred Perez <aperez@medidenta.com>
Sent: Tuesday, April 26, 2022 11:42 AM
To: Maria Herrera
Subject: Re: Nevada Wholesaler Application-Medidenta Las Vegas, NV

Follow Up Flag: Follow up
Flag Status: Completed

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Yes, this is correct. I am not the owner Of the company. My position as a president is to manage it. If you have any further questions, please do not hesitate to ask. Thank you

Medidenta
Alfred Perez
Executive Vice President
3575 W Post Road
Las Vegas, NV 89118
Phone: 800-221-0750
Email: Aperez@medidenta.com

From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Sent: Tuesday, April 26, 2022 11:24:44 AM
To: Alfred Perez <aperez@medidenta.com>
Subject: RE: Nevada Wholesaler Application-Medidenta Las Vegas, NV

Hello Alfred,

We are getting all the details finalized for Medidenta and wanted to confirm that you are not an Owner?

Regards,
Maria H.

SECRETARY OF STATE

STATE OF NEVADA

NEVADA STATE BUSINESS LICENSE

MEDIDENTA

Nevada Business Identification # NV20161342610
Expiration Date: 06/30/2022

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 05/24/2021.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202105241692125
You may verify this certificate online at http://www.nvsos.gov

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **MEDIDENTA**, as a DOMESTIC CORPORATION (78) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 06/10/2016, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 03/04/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202203042462246
You may verify this certificate online at http://www.nvsos.gov

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

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IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 03/04/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202203042462246
You may verify this certificate online at http://www.nvsos.gov

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary for Commercial Recordings

STATE OF NEVADA

OFFICE OF THE SECRETARY OF STATE

Commercial Recordings & Notary Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138

North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

Alfred Perez
731 Pilot Rd
Lsa Vegas, NV 89118, USA

Work Order #: W2022020701981
February 7, 2022
Receipt Version: 1

Special Handling Instructions:

Submitter ID: 468464

Charges

Description	Fee Description	Filing Number	Filing Date/Time	Filing Status	Qty	Price	Amount
Amended List	Fees	20222085035	2/7/2022 3:39:18 PM	Approved	1	$150.00	$150.00
Total							$150.00

Payments

Type	Description	Payment Status	Amount
Credit Card	644277146107637900307 2	Success	$150.00
Total			$150.00

Credit Balance: $0.00

Alfred Perez
731 Pilot Rd
Lsa Vegas, NV 89118, USA

STATE OF NEVADA

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary for
Commercial Recordings

OFFICE OF THE
SECRETARY OF STATE

Commercial Recordings Division
202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138

North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

Business Entity - Filing Acknowledgement

02/07/2022

Work Order Item Number:	W2022020701981 - 1898900
Filing Number:	20222085035
Filing Type:	Amended List
Filing Date/Time:	02/07/2022 15:39:18 PM
Filing Page(s):	2

Indexed Entity Information:

Entity ID: E0262622016-2 **Entity Name:** MEDIDENTA

Entity Status: Active **Expiration Date:** None

Commercial Registered Agent
CORPORATION SERVICES OF NEVADA, INC.
6767 WEST TROPICANA AVE STE 229, Las Vegas, NV 89103, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Annual or Amended List and State Business License Application

☐ ANNUAL ☑ AMENDED (check one)

List of Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

MEDIDENTA
NAME OF ENTITY

NV20161342610
Entity or Nevada Business Identification Number (NVID)

TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT

IMPORTANT: *Read instructions before completing and returning this form.*

Please indicate the entity type (check only one):

☑ Corporation
- ☐ This corporation is publicly traded, the Central Index Key number is:

☐ Nonprofit Corporation (see nonprofit sections below)

☐ Limited-Liability Company

☐ Limited Partnership

☐ Limited-Liability Partnership

☐ Limited-Liability Limited Partnership

☐ Business Trust

☐ Corporation Sole

Filed in the Office of	Business Number
Barbara K. Cegavske	E0262622016-2
Secretary of State	Filing Number
State Of Nevada	20222085035
	Filed On
	02/07/2022 15:39:18 PM
	Number of Pages
	2

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

CHECK ONLY IF APPLICABLE

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.
- ☐ 001 - Governmental Entity
- ☐ 006 - NRS 680B.020 Insurance Co, provide license or certificate of authority number

For nonprofit entities formed under NRS chapter 80: entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is $200.00. Those claiming an exemption under 501(c) designation must indicate by checking box below.

☐ Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee. Exemption Code 002

For nonprofit entities formed under NRS Chapter 81: entities which are Unit-owners' association or Religious, Charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C $ 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit $200.00 for the state business license.

☐ Unit-owners' Association ☐ Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. $501(c)

For nonprofit entities formed under NRS Chapter 82 and 80:Charitable Solicitation Information - check applicable box

Does the Organization intend to solicit charitable or tax deductible contributions?
- ☐ No - no additional form is required
- ☐ Yes - the "Charitable Solicitation Registration Statement" is required.
- ☐ The Organization claims exemption pursuant to NRS 82A 210 - the "Exemption From Charitable Solicitation Registration Statement" is required

****Failure to include the required statement form will result in rejection of the filing and could result in late fees.****

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Annual or Amended List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

CORPORATION, INDICATE THE TREASURER:

Name	Country
ALFRED PEREZ	USA

Address	City	State	Zip/Postal Code
6343 WINDFRESH DR	LAS VEGAS	NV	89148

CORPORATION, INDICATE THE DIRECTOR:

Name	Country
ALFRED PEREZ	USA

Address	City	State	Zip/Postal Code
6343 WINDFRESH DR	LAS VEGAS	NV	89148

CORPORATION, INDICATE THE PRESIDENT:

Name	Country
ALFRED PEREZ	USA

Address	City	State	Zip/Postal Code
6343 WINDFRESH DR	LAS VEGAS	NV	89148

CORPORATION, INDICATE THE SECRETARY:

Name	Country
ALFRED PEREZ	USA

Address	City	State	Zip/Postal Code
6343 WINDFRESH DR	LAS VEGAS	NV	89148

None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X Alfred Perez
Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Subscriber, Member, Owner of Business, Partner or Authorized Signer *FORM WILL BE RETURNED IF UNSIGNED*

President
Title

02/07/2022
Date

Medidenta Administration Employee List

No.	Employee Name	Title
1	Alfred Perez	President
2	Carlos Ramos	Director of Clinical Affairs
3	Sean Ryan	CMO
4	Amanda Cardenas	Executive Assistant
5	Jennifer Corbin	Executive Assistant
6	Adrianne Tachera	Graphics Artist
7	Lawrence Lee	Web Designer
8	Jose Fernandez	Lead Technician
9	Chelsea M Poe	Office Assistant
10	Anthony Torres	Order Processor
12	Shawn Corbin	Warehouse Manager
13	Kevin Rivera	Warehouse Assistant

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Medidenta

Physical Address 3575 W Post

City Las Vegas State NV Zip 89118

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702-478-5244 Website www.medidenta.com

Licensing Company Email carlos.ramos@medidenta.com

Section 2: Personal Information

First Carlos Alberto Middle _____ Last Spironelli Ramos

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] W Post Rd

City Las Vegas State NV Zip 89118

Telephone [redacted] Email carlos.ramos@medidenta.com

Are you a citizen of the United States? ☐ Yes ■ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials _____

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
University of Sao Paulo		02/1996 - 04-1999	
Address	**City**	**State**	**Zip**
Alameda Doutor Octávio Pinheiro Brisolla, 9-75	Bauru, Brazil	SP	17012-901
Diploma/Degree obtained, if any			
PhD - Dentistry			

School Name		From - To (MM/YY – MM/YY)	
University of Sao Paulo		02/1992 - 04-1996	
Address	**City**	**State**	**Zip**
Alameda Doutor Octávio Pinheiro Brisolla, 9-75	Bauru, Brazil	SP	17012-901
Diploma/Degree obtained, if any			
Master of Science - Dentistry			

School Name		From - To (MM/YY – MM/YY)	
Londrina State University		08/1983 - 08-1987	
Address	**City**	**State**	**Zip**
Rodovia Celso Garcia Cid	Londrina, Brazil	PR	86057-970
Diploma/Degree obtained, if any			
Doctor of Dental Surgery			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY)	
Address	**City**	**State**	**Zip**
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
03/2020 - now	[redacted] Antique Blossom Ave	Henderson	NV	89052
05/2016-03/2020	[redacted] S Maughan Cir	South Jordan	UT	84095
08/2012 - 05/2016	[redacted] S Broadwick Rd	South Jordan	UT	84095
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)	
Medidenta			02/2020 - now	
Business Address		**City**	**State**	**Zip**
3575 W Post Rd		Las Vegas	NV	89118
Phone	**Title**		**Number of Employed Hours**	
702-749-8600	Director Clinical Affairs		40 weekly	
Description of Duties				
Training on clinical aspects of the products; provide information pre-sales and after sales about the clinical applications of the products; make sure all regulatory aspects of the products are being in place;				

Business Name			From - To (MM/YY – MM/YY)	
Ultradent Products, Inc.			08/2012 - 11/2019	
Business Address		**City**	**State**	**Zip**
505 West Ultradent Drive		South Jordan	UT	84095
Phone	**Title**		**Number of Employed Hours**	
801-572-4200	Clinical Affairs Manager		40 weekly	
Description of Duties				
Training on clinical aspects of the products; provide information pre-sales and after sales about the clinical applications of the products; make sure all regulatory aspects of the products are being in place;				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		**City**	**State**	**Zip**
Phone	**Title**		**Number of Employed Hours**	
Description of Duties				

Continue on next page if additional space is needed.

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____ 5

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✓
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✓
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

02.17.2022

Date

Applicant's initials _____

I, Carlos Alberto Spironelli Ramos, **certify that as the designated representative for**

Medidenta,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Carlos Alberto Spironelli Ramos

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02.17.2022

Date

Applicant's initials

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Carlos Alberto Spironelli Ramos

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02.17.2022

Date

Please have this section completed in the presence of a Notary Public.

State of NEVADA, ss. County of CLARK

I, CARLOS ALBERTO SPIRONELLI RAMOS, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

02.17.2022

Date

Subscribed and Sworn to before me this 17 day of FEBRUARY, 2022

Notary Public Signature

Notary Public - State Of Nevada
COUNTY OF CLARK
CHRIS MANOLIDIS
My Appointment Expires
April 1, 2024
No. 16-2192-1

(Seal)

Applicant's initials

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 10131308

Application/License No. _____

Medidenta (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 3575 W. Post Road Las Vegas, NV 89118 (Address of Applicant/Principal), as PRINCIPAL, and Hudson Insurance Company (Surety Company), a corporation organized under the laws of the state of Delaware (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 1035 Greenwood Blvd, Suite 265 Lake Mary, FL 32746 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 01/18/2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

10131308

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 18th day of January, 2022.

APPLICANT/PRINCIPAL
Medidenta

Authorized Representative

SURETY
Hudson Insurance Company

SpecialValueSeal

Surety Company's Representative

Dee Ann Spilsbury, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

Posted February 20, 2020

10131308

HUDSON INSURANCE GROUP®

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That HUDSON INSURANCE COMPANY, a corporation of the State of Delaware, with offices at 100 William Street, New York, New York, 10038, has made, constituted and appointed, and by these presents, does make, constitute and appoint

Dee Ann Spilsbury

of the State of NV

its true and lawful Attorney(s)-in-Fact, at New York, New York, each of them alone to have full power to act without the other or others, to make, execute and deliver on its behalf, as Surety, bonds and undertakings given for any and all purposes, also to execute and deliver on its behalf as aforesaid renewals, extensions, agreements, waivers, consents or stipulations relating to such bonds or undertakings provided, however, that no single bond or undertaking shall obligate said Company for any portion of the penal sum thereof in excess of the sum of

One Hundred Thousand Dollars ($100,000.00)

Such bonds and undertakings when duly executed by said Attorney(s)-in-Fact, shall be binding upon said Company as fully and to the same extent as if signed by the President of said Company under its corporate seal attested by its Secretary.

In Witness Whereof, HUDSON INSURANCE COMPANY has caused these presents to be of its Senior Vice President thereunto duly on this 6th day of February, 20 20 at New York, New York.

SEAL (Corporate Seal)

HUDSON INSURANCE COMPANY

Attest.....
Dina Daskalakis
Corporate Secretary

By.....
Michael P. Cifone
Senior Vice President

STATE OF NEW YORK
COUNTY OF NEW YORK. SS.

On the 6th day of February, 20 20 before me personally came Michael P. Cifone to me known, who being by me duly sworn did depose and say that he is a Senior Vice President of **HUDSON INSURANCE COMPANY**, the corporation described herein and which executed the above instrument, that he knows the seal of said Corporation, that the seal affixed to said instrument is such corporate seal, that it was so affixed by order of the Board of Directors of said Corporation, and that he signed his name thereto by like order.

(Notarial Seal)

CAMERON GOURLAY NOTARY PUBLIC STATE OF NEW YORK

.....
CAMERON GOURLAY
Notary Public, State of New York
No. 01GO6372305
Qualified in New York County
Commission Expires June 4, 2022

CERTIFICATION

STATE OF NEW YORK
COUNTY OF NEW YORK

The undersigned **Dina Daskalakis** hereby certifies:

That the original resolution, of which the following is a true and correct copy, was duly adopted by unanimous written consent of the Board of Directors of Hudson Insurance Company dated July 27th, 2007, and has not since been revoked, amended or modified:

"RESOLVED, that the President, the Executive Vice Presidents, the Senior Vice Presidents and the Vice Presidents shall have the authority and discretion, to appoint such agent or agents, or attorney or attorneys-in-fact, for the purpose of carrying on this Company's surety business, and to empower such agent or agents, or attorney or attorneys-in-fact, to execute and deliver, under this Company's seal or otherwise, bonds obligations, and recognizances, whether made by this Company as surety thereon or otherwise, indemnity contracts, contracts and certificates, and any and all other contracts and undertakings made in the course of this Company's surety business, and renewals, extensions, agreements, waivers, consents or stipulations regarding undertakings so made; and

FURTHER RESOVLED, that the signature of any such Officer of the Company and the Company's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seal when so used whether heretofore or hereafter, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed."

THAT the above and foregoing is a full, true and correct copy of Power of Attorney issued by said Company, and of the whole of the original and that the said Power of Attorney is still in full force and effect and has not been revoked, and furthermore that the Resolution of the Board of Directors, set forth in the said Power of Attorney is now in force.

In witness the hand of the undersigned and the seal of said Corporation this 18th day of January, 2022.

SEAL (Corporate Seal) 1915

By.....
Dina Daskalakis, Corporate Secretary

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Medidenta

Physical Address 3575 W Post

City Las Vegas State NV Zip 89118

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702-478-5244 Website www.medidenta.com

Licensing Company Email carlos.ramos@medidenta.com

Section 2: Personal Information

First Daniel Middle Yinte Last Wang

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] E Santa Paula Dr

City Brea State CA Zip 92821

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✓

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✓
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✓

Applicant's initials D.W.

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name			From - To (MM/YY – MM/YY)	
Graduate School of International Relations and Pacific Studies, UCSD			06/90 - 06/1992	
Address	City		State	Zip
9500 Gilman Dr.	La Jolla		CA	92093
Diploma/Degree obtained, if any				
Master of Management				

School Name			From - To (MM/YY – MM/YY)	
Graduate School of Education, University of California at Los Angeles			10/86-06/90	
Address	City		State	Zip
1009 Moore Hall	Los Angeles		CA	90095
Diploma/Degree obtained, if any				
DBA in Higher Education				

School Name			From - To (MM/YY – MM/YY)	
Graduate School of Education and Information Studies			10/85-06/86	
Address	City		State	Zip
1009 Moore Hall	Los Angeles		CA	90095
Diploma/Degree obtained, if any				
Master of Arts, Higher Education/Psychology				

School Name			From - To (MM/YY – MM/YY)	
Hangzhou University			09/78-06/82	
Address	City		State	Zip
866 Yuhangtang Rd	Hangzhou		Zhejiang	China
Diploma/Degree obtained, if any				
Bachelor of Arts				

School Name			From - To (MM/YY – MM/YY	
Huzhou Erzhong Middle Scool			09/68-06/71	
Address	City		State	Zip
Zhe Jiang Sheng	Huzhou City		Zhejiang	China
Diploma/Degree obtained, if any				
High School Diploma				

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
06/16-01/22	[redacted] S Santa Paula Dr.	Brea	CA	92821
06/98-06/16	[redacted] Ridgeview Dr.	Rowland Heights	CA	91748
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials D. W.

Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name			From - To (MM/YY – MM/YY)	
Pac-Dent, Inc.			12/03-Present	
Business Address	**City**		**State**	**Zip**
670 Endeavor Circle	Brea		CA	92821
Phone	**Title**			
909-839-0888	President			
Description of Duties				
facilitate and guide company operations to ensure company goals are met				

Business Name			From - To (MM/YY – MM/YY)	
Medidenta			07/16-Present	
Business Address	**City**		**State**	**Zip**
3575 W Post	Las Vegas		NV	89118
Phone	**Title**			
702-478-5244	President			
Description of Duties				
facilitate and guide company operations to ensure company goals are met				

Business Name			From - To (MM/YY – MM/YY)	
The Belport Company, Inc.			05/16-Present	
Business Address	**City**		**State**	**Zip**
4825 Calle Alto	Camarillo		CA	93012
Phone	**Title**			
800-292-6620	President			
Description of Duties				
facilitate and guide company operations to ensure company goals are met				

Business Name			From - To (MM/YY – MM/YY)	
Pac-Dent International, Inc.			01/97-12/20	
Business Address	**City**		**State**	**Zip**
670 Endeavor Circle	Brea		CA	92821
Phone	**Title**			
909-839-0888	President			
Description of Duties				
facilitate and guide company operations to ensure company goals are met				

Business Name			From - To (MM/YY – MM/YY)	
Business Address	**City**		**State**	**Zip**
Phone	**Title**			
Description of Duties				

Continue on next page if additional space is needed.

Applicant's initials: D. W.

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Business Name			From - To (MM/YY – MM/YY)
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials D. W.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✓
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✓
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)	✓	
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?	✓	
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✓
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✓
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✓
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✓
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✓

Applicant's initials D.W.

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # 4&5 **. Provide all the following *where applicable*:**

Date of Event/Arrest	Disposition Date	State	City	County
06/27/2016	05/07/2018	NY		

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court
1:16-cv-05017-DAB	UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

Reason/Charge
Intellectual Property Rights

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy
Plantiff: Sulzer Mixpac AG/Defendant: Pac-Dent International, Inc	Lawsuit

Name of Business/Industry/Entity
Pac-Dent International, Inc., Pac-Dent, Inc./Dental

Provide explanation below:

Intellectual Property Infringement Case filed by Sulzer Mixpac AG against Pac-Dent International, Inc., Pac-Dent, Inc. and Daniel Y. Wang. Case was settled and voluntarily dismissed without prejudice against the defendants.

Original Signature (electronic, copies or stamps not accepted)

1/10/2022
Date

Applicant's initials D.W.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Daniel Wang

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/10/2022

Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

_____ _____

Original Signature **Date**

Subscribed and Sworn to before me this _____ day of _____.

_____

Notary Public Signature

(Seal)

Applicant's initials D.W.

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of ORANGE

Subscribed and sworn to (or affirmed) before me on this 10th day of January, 2022, by Daniel Yinte Wang, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

ARCHIMEDES ARIAS
COMM # 2360949
ORANGE County
California Notary Public
Comm Exp June 13, 2025

(Seal)

Signature

13

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Suite 206 – Reno, NV 89521 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

(**non-refundable** and **not transferable money order or cashier's check only**)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New OUTSOURCING FACILITY (503B)
☐ Ownership Change (Provide current license number if making changes:) OUT_____
☐ 503a OR ☐ 503b Apply as retail pharmacy only.

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1-3 & 4
☐ Partnership - Pages 1-3 & 6
☒ Non Publicly Traded Corporation – Pages 1-3 & 5
☐ Sole Owner – Pages 1-3 & 7

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Tailstorm Health DBA Medivant Health

Physical Address: 158 South Kyrene Road Suite 6

City: Chandler State: AZ Zip Code: 85087

Telephone: 480-605-5200 Fax: info@tailstorm.com

Toll Free Number: 1-888-784-4555 (Required per NAC 639.708)

E-mail: p.beougher@medivant.com Website: www.medivant.com

Supervising Pharmacist: Paula Beougher Nevada License #: 22204

SERVICES PROVIDED

Yes	No	
☐	☐	Parenteral
☒	☐	Sterile Compounding
☐	☐	Non Sterile Compounding
☐	☐	Mail Service Sterile Compounding
☐	☐	Other Services: _____

All boxes must be checked for the application to be complete

An appearance will be required at a board meeting before the license will be issued.

Board Use Only Date Processed: _____ Amount: $500 check 196

Processed 2/2/22

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY **Page 2**

FEI Number (From FDA application): 3015929581 ✓

Please provide the name of the facility as registered with the FDA and the registration number:
Tailstorm Health

Please provide a list of all DBA's used by outsourcing facility. A separate sheet is acceptable.
Medivant Health

Please provide the name and Nevada license number of the supervising pharmacist:
Name: Paula Beougher Nevada License Number: _____

A Nevada business license is not required, however if the OUTSOURCING FACILITY has a Nevada business license please provide the number: N/A

This page must be submitted for all types of ownership.

Within the last five (5) years:

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, cite fine or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐ See attached

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY - Page 3

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized OUTSOURCING FACILITY may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable. The facility must be registered with the FDA as an outsourcing facility (503B) to obtain an outsourcing facility from the Board of Pharmacy.

Federal and State law require a licensed pharmacist to supervise the compounding taking place in a registered outsourcing facility. This supervising pharmacist must be licensed by the Nevada Board of Pharmacy.

Does your outsourcing facility wholesale compounded medication for resale? Yes ☐ No ☒

The Law prohibits the resale of compounded medication. By signing this application you are attesting that your medications will be labeled with the statement "Not for Resale" and that the outsourcing facilities products will not be resold.

Paula Boarsler

Original Signature of Person Authorized to Submit Application, no copies or stamps

Paula Beougher

Print Name of Authorized Person

12/20/21

Date

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY **Page 4**

OWNERSHIP IS A PUBLICY TRADED COMPANY

State of Incorporation: _____

Parent Company if any: _____

Corporation Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Person: _____

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: _____

Registration number issued: _____

Stock Exchange: _____

Include with the application for a publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY **Page 5**

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: Delaware
Parent Company if any: Tailstorm Health dba Medivant Health
Address: 158 S. Kyrene Road
City: Chandler State: AZ Zip: ~~85D~~ 85226
Telephone: 480-605-5200 Fax: info@tailstorm.com
Contact Person: Paula Beougher

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Viraj Gandhi [redacted] E Camelback Scottsdale AZ 85251 (owns 100% shares)
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. _____

3) What was the price paid per share? _____

4) What date did the corporation actually receive the cash assets? _____

5) Provide a copy of the corporation's stock register evidencing the above information

Include with the application for a non publicly traded corporation

✓ Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

✓ List of officers and directors

OWNERSHIP IS A PARTNERSHIP

General _____ Limited _____

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

Contact Person: _____

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership
Use separate sheet if necessary

Name	G or L	Percentage
_____	_____	_____
_____	_____	_____

List names of 4 largest partners and percentage of ownership:

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: _____

Business Name: _____

Current Business Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Nevada State Board Of Pharmacy

THIS STUB IS YOUR RECEIPT
Paula M. Beougher

Date: 01/03/2022
Amount:
License #: 22204

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Expires:10/31/2023

Paula M. Beougher

License #
22204
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

NEVADA
STATE BOARD OF PHARMACY
Pharmacist

License Type: Pharmacist
License #: 22204

Expires: 10/31/2023
STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Paula M. Beougher

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

List/Name of Officers	Position/Title	%Ownership	Contact Info
Viraj Gandhi	Owner/CEO	100	viraj@medivanthealth.com
Ramesh Vijayaraghavan	President	0	raj@medivanthealth.com
Mitesh Gandhi	Secretary/Director of Operations	0	m.gandhi@medivanthealth.com

12/20/21

To Whom it May Concern:

The owner of this facility owned a pharmacy (Valley of the Sun) which received a violation for allowing an unlicensed technician to perform technician duties. The technician was certified and waiting for her technician license to be approved. Upon discovery the technician was stopped from performing any technician duties. The fine was paid to resolve the case with the board.

David Boogher
Pharmacist in Charge

MARK BRNOVICH
Attorney General
(Firm State Bar No. 14000)

JEANNE M. GALVIN
Assistant Attorney General
State Bar No. 015072
2005 North Central Ave. SGD/LES
Phoenix, Arizona 85004
Tel: (602) 542-7983
Fax: (602) 364-3202

Attorneys for the Arizona State Board of Pharmacy

BEFORE THE ARIZONA STATE BOARD OF PHARMACY

In the Matter of **VALLEY OF THE SUN,** Permit No. Y006311 As a Licensed Pharmacy In the State of Arizona	Board Case No. 18-0147 **CONSENT AGREEMENT FOR CIVIL PENALTY**

In the interest of a prompt and judicious settlement of this case, consistent with the public interest, statutory requirements and the responsibilities of the Arizona State Board of Pharmacy ("Board") under A.R.S. § 32-1901, *et. seq.* Valley of the Sun ("Respondent"), holder of permit no. Y006311 as a licensed pharmacy in the State of Arizona and the Board enter into the following Recitals, Findings of Fact, Conclusions of Law and Order ("Consent Agreement") as a final disposition of this matter.

RECITALS

1. Respondent has read and understands this Consent Agreement and has had the opportunity to discuss this Consent Agreement with an attorney, or has waived the opportunity to discuss this Consent Agreement with an attorney.

2. Respondent understands that it has a right to a public administrative hearing concerning this matter at which hearing it could present evidence and cross examine witnesses. By entering into this Consent Agreement, Respondent knowingly and voluntarily relinquishes all right to such an administrative hearing, as well as rights of rehearing, review, reconsideration, appeal, judicial review or any other administrative and/or judicial action, concerning the matters set forth herein.

3. Respondent affirmatively agrees that this Consent Agreement shall be irrevocable.

4. Respondent understands that this Consent Agreement or any part of the agreement may be considered in any future disciplinary action by the Board against it.

5. Respondent understands this Consent Agreement deals with Board Complaint No. 18-0147 involving allegations of unprofessional conduct against Respondent. The investigation into these allegations against Respondent shall be concluded upon the Board's adoption of this Consent Agreement.

6. Respondent understands that this Consent Agreement does not constitute a dismissal or resolution of any other matters currently pending before the Board, if any, and does not constitute any waiver, express or implied, of the Board's statutory authority or jurisdiction regarding any other pending or future investigation, action or proceeding.

7. Respondent also understands that acceptance of this Consent Agreement does not preclude any other agency, subdivision, or officer of this State from instituting any other civil or criminal proceedings with respect to the conduct that is the subject of this Consent Agreement.

8. Respondent acknowledges and agrees that, upon signing this Consent Agreement and returning this document to the Board's Executive Director, it may not revoke acceptance of the Consent Agreement or make any modifications to the document

regardless of whether the Consent Agreement has been signed by the Executive Director. Any modification to this original document is ineffective and void unless mutually agreed by the parties in writing.

9. This Consent Agreement is subject to the approval of the Board and is effective only when accepted by the Board and signed by the Executive Director. In the event that the Board does not approve this Consent Agreement, it is withdrawn and shall be of no evidentiary value and shall not be relied upon nor introduced in any action by any party, except that the parties agree that should the Board reject this Consent Agreement and this case proceeds to hearing, Respondent shall assert no claim that the Board was prejudiced by its review and discussion of this document or any records relating thereto.

10. If a court of competent jurisdiction rules that any part of this Consent Agreement is void or otherwise unenforceable, the remainder of the Consent Agreement shall remain in full force and effect.

11. Respondent understands that this Consent Agreement is a public record that may be publicly disseminated as a formal action of the Board and may be reported as required by law to the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank.

12. Respondent understands that any violation of this Consent Agreement constitutes unprofessional conduct and may result in disciplinary action. A.R.S. §§ 32-1901.01(A)(19) and A.R.S. §32 – 1927.02(A) (1).

13. Respondent agrees that the Board will adopt the following Findings of Fact, Conclusions of Law and Order.

ACCEPTED AND AGREED BY RESPONDENT

Dated: 9/21/2018

On Behalf of Valley of The Sun Pharmcy

2018 OCT -3 PM 12:06

FINDINGS OF FACT

1. The Board is the duly constituted authority for licensing and regulating the practice of pharmacy in the State of Arizona.

2. Respondent is the holder of permit no. Y006311. Respondent's physical address is 15600 Black Canyon Highway, Phoenix, AZ 85053.

3. On or about April 5, 2018, the Board received a complaint alleging, *inter alia*, that a pharmacy technician was practicing at Respondent's location without a license.

4. According to the PIC, Paula Beougher (S017717), the technician in question, Melissa Moore, passed the PTCB exam on February 29, 2018, and became employed by Respondent on March 26, 2018. At the time, she did not possess either a technician trainee or technician licensed issued by the Arizona Board of Pharmacy. Ms. Moore applied for her technician license on March 27, 2018.

5. According to Ms. Beougher, stated that she believed because Ms. Moore had passed the PTCB exam and was awaiting licensure, that she was permitted to perform clerical duties, including prescription data entry.

6. While Ms. Moore was awaiting licensure, Respondent's pharmacy staff was received training on the dispensing system that resulted in Ms. Moore's initials

appearing on documentation showing she filled prescriptions. Staff continued to train Ms. Moore in the duties of a technician while she was unlicensed.

CONCLUSIONS OF LAW

1. The Board possesses jurisdiction over the subject matter and over Respondent pursuant to A.R.S. § 32-1901 *et seq.*

2. The Board may discipline a permittee who has engaged in unprofessional conduct. A.R.S. § 32-1927.02(A) (1).

3. The conduct and circumstances described above constitutes unprofessional conduct pursuant to A.R.S. § 32-1927.02(A)(5), authorizing the Board to discipline a permittee if a permittee or a permittee's employee allows a person who does not possess a current license issued by the board to work as a pharmacist, pharmacy intern, graduate intern, pharmacy technician or pharmacy technician trainee.

ORDER

Based upon the above Findings of Fact and Conclusions of Law, IT IS HEREBY ORDERED THAT:

1. Respondent shall pay to the Board as a civil penalty the sum of **$1,000.00.** The civil penalty shall be paid in full to the Board within **ninety (90) days** of the effective date of this Consent Agreement and Order. The effective date of this Consent Agreement is the date it is signed by the Board's Executive Director.

2. If the Board determines that Respondent has not complied with **all** the requirements of this Consent Agreement, the Board, in its sole discretion, may institute proceedings for noncompliance with this Consent Agreement, which may result in the

suspension or revocation of Respondent's license. Failing to abide by this Consent Agreement and Order is a violation of A.R.S. §32-1901.01(A)(19), which is violating a formal order, terms of probation, a consent agreement or a stipulation issued or entered into by the board it its executive director."

3. Respondent understands that this Consent Agreement is a public record that may be publicly disseminated as a formal action.

4. If Respondent violates this Order in any way or fails to fulfill the requirements of this Order, the Board, after giving the Respondent notice and the opportunity to be heard, may revoke, suspend or take other disciplinary actions against Respondent's license. The issue at such a hearing will be limited solely to whether this Order has been violated.

DATED this 10 day of October, 2018.

ARIZONA STATE BOARD OF PHARMACY

By: _____
KAMLESH GANDHI, PharmD
Executive Director

ORIGINAL OF THE FORGOING FILED
this 10th day of October, 2018, with:

Arizona State Board of Pharmacy
1616 W. Adams Street
Phoenix, Arizona 85007

EXECUTED COPY OF THE FOREGOING MAILED
BY CERTIFIED MAIL
this 10th day of October, 2018, to:

Valley of the Sun Pharmacy
15600 Black Canyon Highway
Phoenix, AZ 85053

EXECUTED COPY OF THE FOREGOING MAILED
this 10th day of October, 2018, to:

Jeanne M. Galvin
Assistant Attorney General
2005 North Central Ave., SGD/LES
Phoenix, Arizona 85004
Attorneys for the Board

Doc# 7250449

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Tailstorm Health Inc. dba Medivant Health

Physical Address 158 South Kyrene Road

City Chandler State AZ Zip 85226

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 480-605-5200 Website www.medivant.com

Licensing Company Email info@tailstorm.com

Section 2: Personal Information

First Paula Middle Marie Last Beougher

Alias(es, nicknames, name changes, etc.) Poirier

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Address [redacted] South Kyrene Road

City Chandler State AZ Zip 85226

Telephone [redacted] Email p..beougher@medivanthealth.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's initials PMB

Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name		From - To (MM/YY – MM/YY)	
Midwestern University		08/2006-06/2009	
Address	City	State	Zip
19555 North 59th Avenue	Glendale	AZ	85308
Diploma/Degree obtained, if any			
PharmD			

School Name		From - To (MM/YY – MM/YY)	
University of Arizona		08/1995-12/2001	
Address	City	State	Zip
1401 University Blvd	Tucson	AZ	85721
Diploma/Degree obtained, if any			
Chemistry and History			

School Name		From - To (MM/YY – MM/YY)	
Brandon High School		08/1990 - 06/1995	
Address	City	State	Zip
3090 West HW 18	Brandon	MS	39042
Diploma/Degree obtained, if any			
HS Diploma			

School Name		From - To (MM/YY – MM/YY)	
Address	City	State	Zip
Diploma/Degree obtained, if any			

School Name		From - To (MM/YY – MM/YY	
Address	City	State	Zip
Diploma/Degree obtained, if any			

Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)

From - To (MM/YY – MM/YY)	Address	City	State	Zip
09/2020-current	[redacted]North 44th Lane	New River	AZ	85087
10/2019-09/2020	[redacted]West Spirit Lane	Anthem	AZ	85086
04/2011-10/2019	[redacted] North 17th Avenue	Phoenix	AZ	85085
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip
From - To (MM/YY – MM/YY)	Address	City	State	Zip

Applicant's initials PMB

Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.

Business Name			From - To (MM/YY – MM/YY)
Tailstorm Health Inc. dba Medivant Health			09/2021-present
Business Address	**City**	**State**	**Zip**
158 South Kyrene	Chandler	AZ	85226
Phone	**Title**	**Number of Employed Hours**	
480-605-5200	Pharmacist in Charge/ Quality Team	40 hours/ week/1000 hou	
Description of Duties			
Responsible for researching, investigating, and creating solutions to increase the shelf life of Medivant produced sterile medications. Participates in writing, approving, and reviewing standard operating procedures			

Business Name			From - To (MM/YY – MM/YY)
Spot Rx Pharmacy			06/2020-09/2021
Business Address	**City**	**State**	**Zip**
4720 East Cotton Gin Loop	Phoenix	AZ	85040
Phone	**Title**	**Number of Employed Hours**	
623-295-2690	Pharmacist in Charge	50hours/week /3000hours	
Description of Duties			
Participated in marketing presentations and media interviews to promote the business. Worked directly with physicians and other KOL and NTL to create, implement and maintain formularies for each site. Worked closely with teams that interfaced w			

Business Name			From - To (MM/YY – MM/YY)
AZ MIX Compounding Pharmacy			01/2019-04/2021
Business Address	**City**	**State**	**Zip**
2501 West Behrend Drive Suite a-11	Phoenix	AZ	85027
Phone	**Title**	**Number of Employed Hours**	
602-975-6241	Pharmacist in Charge/Owner	3840	
Description of Duties			
Coordinated multiple events with prominent HCPs to determine compound medication needs and created solutions to fulfill the demands. Collaborated with KOLs and prescribers to find solutions with supply chain problems through compounded medication			

Business Name			From - To (MM/YY – MM/YY)
Valley of the Sun Pharmacy			02/2018-02/2019
Business Address	**City**	**State**	**Zip**
15600 Black Canyon Highway	Phoenix	AZ	85053
Phone	**Title**	**Number of Employed Hours**	
602-896-0454	Pharmacist in Charge	2000	
Description of Duties			
Met with several local and regional TL(s)to discuss specialty disease states. Attended thought leader ' s (TL)educational events.			

Business Name			From - To (MM/YY – MM/YY)
Business Address	**City**	**State**	**Zip**
Phone	**Title**	**Number of Employed Hours**	
Description of Duties			

Continue on next page if additional space is needed.

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title		Number of Employed Hours	
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		N/A
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?		✔
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

NA

Original Signature (electronic, copies or stamps not accepted)

2/14/22
Date

Applicant's initials

I, Paula Beougher, **certify that as the designated representative for** Tailstorm Health Inc. dba Medivant Health,

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Paula Beougher

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

02/07/2022

Date

Applicant's initials PMB

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Paula Beougher
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/14/22
Date

Please have this section completed in the presence of a Notary Public.

State of Arizona, ss. County of Maricopa

I, Paula Beougher, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

2/14/22
Date

Subscribed and Sworn to before me this 14th day of February, 2022.

Notary Public Signature

JOEL VOLCY
Notary Public - State of Arizona
MARICOPA COUNTY
Commission # 608506
Expires June 23, 2025
(Seal)

Applicant's initials PMB

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Tailstorm Health Inc. dba Medivant Health

Physical Address: 158 South Kyrene

City: Chandler State: AZ Zip: 85226

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 480-605-5200 Website: www.medivant.com

Licensing Company Email: info@tailstorm.com

Section 2: Personal Information

First: Viraj Middle: Last: Gandhi

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] South Kyrene

City: Chandler State: AZ Zip: 85226

Telephone: [redacted] Email: viraj@medivanthealth.com

Are you a citizen of the United States? ■ Yes ☐ No

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		✔

Date of Service: From: _____ to: _____

Military Occupation/Specialty: _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		✔
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		✔

Applicant's initials: VG

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Business Name			From - To (MM/YY – MM/YY)	
Business Address		City	State	Zip
Phone	Title			
Description of Duties				

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials VG

Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)		✔
2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy?		✔
3. Have you ever had a civil or criminal record expunged or sealed by a court order?		✔
4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.)		✔
5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy?		✔
6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)?	✔	
7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity?		✔
8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license.		✔
9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer).		✔
10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		✔

Applicant's initials _____

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # [redacted]6. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
2018	10/18/2018	AZ	Phoenix	Maricopa
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
18-0147		AZ Board of Pharmacy		
Reason/Charge				
Pharmacy Technician practicing without a license-Consent Agreement				
Plaintiff/Defendant/Claimant/Respondent		**Lawsuit/Arbitration/Bankruptcy**		
AZBOP				
Name of Business/Industry/Entity				
Valley of the Sun				

Provide explanation below:

The technician had a PTCB but not an AZ Technician License. The state license was still pending. The technician entered presciptions and was not authorized to do so. AZBOP assesed a fine which the pharmacy owner paid. Technician was limited to clerical duties until AZ Lic authorized in the state. All involved staff retrained for corrective action.

SC Gandh

Original Signature (electronic, copies or stamps not accepted)

02/07/2022

Date

Applicant's initials VG

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Viraj Gandhi

Print Name (First, Last)

VCGandh

Original Signature (electronic, copies or stamps not accepted)

02/07/2022

Date

Please have this section completed in the presence of a Notary Public.

State of Arizona, ss. County of Maricopa

I, Viraj Gandhi, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

VCGandh

Original Signature

2.15.2022.

Date

Subscribed and Sworn to before me this 15 day of February, 2022.

Notary Public Signature

OFFICIAL SEAL
BRENDA FOURIE
NOTARY PUBLIC - ARIZONA
MARICOPA COUNTY
COMM # 545719
My Comm. Expires April 15, 2022
[Seal]

Applicant's initials _____

Arizona State Board of Pharmacy
1616 W. Adams, Suite 120, Phoenix, AZ 85007
www.azpharmacy.gov Voice (602) 771-2727 Fax (602) 771-2749
NOTICE OF INSPECTION RIGHTS - PREMISES SUBJECT TO INSPECTION

DATE: 4/21/2021

MG0014554
TRUESTAGE HEALTH INC
DBA/ Medivant Healthcare
158 S. Kyrene Road Suite #6
Chandler, AZ 85226

COMPLIANCE OFFICER (INSPECTOR): STEVE HARBOR / DENNIS NAGAMORI

ACCOMPANIED BY: —

Re: COMP / RCI

1. This inspection is conducted under the authority of Arizona Revised Statutes (A.R.S.) § 32-1904(A).

2. The purpose of the inspection is to determine compliance with A.R.S. Title 32, Chapter 18, A.R.S. Title 36, Chapter 27 and Arizona Administrative Code (A.A.C.) Chapter 23, Title 4.

3. Fees for the inspection are: Not Applicable ✓ Authorized by _____ as follows: _____

4. An authorized representative of this facility may accompany the inspector(s) during the inspection of the premises except during any confidential interview.

5. You have the right to receive copies of any original documents taken by the inspector(s) during the inspection in those cases where the agency has authority to take original documents.

6. Each person interviewed during the inspection shall be informed that statements made by the person may be included in the report.

7. Each person whose conversation is tape recorded during the inspection will be informed that the conversation is being recorded.

8. If you have any questions regarding this inspection, you may contact: S. HARBOR 623.217.3332

9. You have the right to appeal a final decision of the Board if any administrative order is issued or other enforcement action is taken based on the results of this inspection. Administrative hearing rights are found in A.R.S. § 41-1092 et seq., and rights relating to appeal of a final agency decision are found in A.R.S. § 12-901 et seq.

10. If you have any questions regarding your right to appeal an enforcement action taken by the Board based on this inspection, you may contact: ~~Chris Kuhn~~ JENNIFER KONRADS, Deputy Director at (602) 771-2735 or the Office of Ombudsman-Citizens Aide at 3737 N 7th St., Suite 209, Phoenix, AZ 85014 (602) 277-7292 (email: ombuds@azoca.gov).

Upon entry onto the premises for this inspection, the Board inspector(s) identified above presented photo identification indicating that they are Board employees and reviewed with me the above Notice of Inspection Rights. I have read the disclosures above and am notified of my inspection and due process rights as listed above. I understand that while I have the right to decline to sign this form, the Board representatives may nevertheless proceed with the inspection.

Signature of Authorized Representative: _____

Title of Authorized Representative: HEAD OF SECURITY

Date: 21 APRIL 2021

Arizona State Board of Pharmacy

MANUFACTURER (drug) cGMP INSPECTION REPORT on 04/21/2021 for TAILSTORM HEALTH INC / dba Medivant Healthcare

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

DEMOGRAPHICS

AZ permit# :	AZ Permit Exp.Date :	Business Name :
M001454	10/31/2021	TAILSTORM HEALTH INC / dba Medivant Healthcare
Address :		
1585 S KYRENE ROAD		
Zip :	City :	State :
85226	CHANDLER	AZ
Phone :	Email :	Inspection Date :
(480) 274-8617	mitesh@tailstorm.com	04/21/2021
PIC :	PIC License Exp Date :	Designated Representative :
Tanaz Farahani	10/31/2021	Tanaz Farahani
DEA #	DEA # Exp. date :	FDA Registration#
RT0585185	11/30/2021	3015999581
Inspection Reviewed With :	Reviewers License# :	Inspection type :
PIC & Director of Quality	5022969	Routine

ACTIVITIES

1	Controlled Substances	◉ YES ○ NO
2	Prescription Drugs	◉ YES ○ NO
3	Nonprescription Drugs	○ YES ◉ NO
4	Rx Devices	○ YES ◉ NO
5	Precursor/Regulated Chemicals	○ YES ◉ NO
6	Veterinary Drugs	○ YES ◉ NO

PERMITS

1	Arizona M001454	◉ S ○ N/I ○ V ○ N/A ARS § 32-1929(B), 32-1933(A), R4-23-604(A)
2	DEA RT0585185	◉ S ○ N/I ○ V ○ N/A ARS § 36-2523(A), 21 CFR 1301.85(a)

Arizona State Board of Pharmacy

[redacted] FOA

S ○N/I ○V ○N/A

R4-23-604(B)(4)

[redacted]

QUALITY CONTROL

[redacted] Operational responsibilities

S ○N/I ○V ○N/A

21 CFR 211.22, 211.180

[redacted]

[redacted] Adequate laboratory facilities

S ○N/I ○V ○N/A

21 CFR 211.22

[redacted]

[redacted] Recordkeeping

S ○N/I ○V ○N/A

21 CFR 211.22

[redacted]

[redacted] Written procedures

S ○N/I ○V ○N/A

R4-23-604(B), 21 CFR 211.22, 211.180

[redacted]

PERSONNEL

[redacted] Qualifications

S ○N/I ○V ○N/A

R4-23-604(B)(5), 21 CFR 211.25(a)(b)

[redacted]

[redacted] Training

S ○N/I ○V ○N/A

21 CFR 211.25(a)

[redacted]

[redacted] Adequate Number

S ○N/I ○V ○N/A

21 CFR 211.25(a)

[redacted]

[redacted] Clothing/protective apparel

S ○N/I ○V ○N/A

21 CFR 211.28(a)(b)

[redacted]

Arizona State Board of Pharmacy

9	Separate or defined areas-Storage of drug products after release	● S ○ N/I ○ V ○ N/A 21 CFR 211.42(c)(8)
10	Separate or defined areas-Laboratory operations	● S ○ N/I ○ V ○ N/A 21 CFR 211.42(c)(9)
11	Separate or defined areas-Aseptic processing	● S ○ N/I ○ V ○ N/A 21 CFR 211.42(c)(10)
12	Penicillin processing	○ S ○ N/I ○ V ● N/A 21 CFR 211.42(c) , 211.46(d)
13	Lighting	● S ○ N/I ○ V ○ N/A 21 CFR 211.46
14	Ventilation/environmental control systems	● S ○ N/I ○ V ○ N/A 21 CFR 211.46
15	Plumbing	● S ○ N/I ○ V ○ N/A 21 CFR 211.46
16	Sewage and refuse	● S ○ N/I ○ V ○ N/A 21 CFR 211.56, 211.58
17	Washing/bathroom facilities	● S ○ N/I ○ V ○ N/A 21 CFR 211.52
18	Physical plant	● S ○ N/I ○ V ○ N/A ARS § 32-1906(3), 21 CFR 211.56, 211.58
19	Written procedures	● S ○ N/I ○ V ○ N/A ARS § 32-1906(3), 21 CFR 211.56

EQUIPMENT AND UTENSILS

1	Appropriate design	● S ○ N/I ○ V ○ N/A 21 CFR 211.63

Arizona State Board of Pharmacy

2	Construction	◉ S ○ N/I ○ V ○ N/A 21 CFR 211.58
3	Cleaning and maintenance [redacted]	◉ S ○ N/I ○ V ○ N/A 21 CFR 211.67(a)
4	Automated equipment/computer	◉ S ○ N/I ○ V ○ N/A 21 CFR 211.68(b)
5	Filters [redacted]	◉ S ○ N/I ○ V ○ N/A 21 CFR 211.72
6	Recordkeeping;	◉ S ○ N/I ○ V ○ N/A 21 CFR 211.67(a), 211.68(a) - 211.182
7	Written procedures	◉ S ○ N/I ○ V ○ N/A FD 483(4), 21 CFR 211.67(b), 211.180

COMPONENTS, DRUG PRODUCT CONTAINERS, CLOSURES

1	Storage [redacted]	◉ S ○ N/I ○ V ○ N/A 21 CFR 211.80(b)(c)
2	Lot identification	◉ S ○ N/I ○ V ○ N/A 21 CFR 211.80(d)
3	Container examination	◉ S ○ N/I ○ V ○ N/A 21 CFR 211.84(a)
4	Quarantine	◉ S ○ N/I ○ V ○ N/A 21 CFR 211.80(b), 211.84
5	Representative sample	◉ S ○ N/I ○ V ○ N/A 21 CFR 211.84(b)
6	Sample containers identified	◉ S ○ N/I ○ V ○ N/A 21 CFR 211.84(d)(5)
7	Sample collection process	◉ S ○ N/I ○ V ○ N/A 21 CFR 211.84(d)
8	Sample testing [redacted]	○ S ◉ N/I ○ V ○ N/A 21 CFR 211.84 (d)(1)

9	Stock rotation	● S ○ N/I ○ V ○ N/A	21 CFR 211.150
10	Retesting	○ S ○ N/I ○ V ● N/A	21 CFR 211.87
11	Container and closure qualities	● S ○ N/I ○ V ○ N/A	21 CFR 211.94
12	Recordkeeping	● S ○ N/I ○ V ○ N/A	21 CFR 211.180, 211.184, 211.194
13	Written procedures	● S ○ N/I ○ V ○ N/A	21 CFR 211.100, 211.101, 211.102, 211.160

PRODUCTION AND PROCESS CONTROLS

1	Active ingredients	● S ○ N/I ○ V ○ N/A	21 CFR 211.101(a)
2	Component weighing operations	● S ○ N/I ○ V ○ N/A	21 CFR 211.101(b)
3	Components removed from original container	● S ○ N/I ○ V ○ N/A	21 CFR 211.101(d)
4	Component addition to batch	● S ○ N/I ○ V ○ N/A	21 CFR 211.101(d)
5	Calculation of yield	● S ○ N/I ○ V ○ N/A	21 CFR 211.103
6	Equipment identification	● S ○ N/I ○ V ○ N/A	21 CFR 211.105
7	Testing of in-process materials	● S ○ N/I ○ V ○ N/A	21 CFR 211.110
8	Time limit on production	○ S ○ N/I ○ V ● N/A	21 CFR 211.111
9	Control of microbiological contamination	● S ○ N/I ○ V ○ N/A	21 CFR 211.113
10	Batch testing	● S ○ N/I ○ V ○ N/A	21 CFR 211.165
11	Reprocessing	○ S ○ N/I ○ V ● N/A	21 CFR 211.115, 211.165(e)

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12	Recordkeeping	● S ○ N/I ○ V ○ N/A	21 CFR 211.180, 211.186, 211.188, 211.194
13	Written procedures	● S ○ N/I ○ V ○ N/A	Ref: 21 USC 351(a)(2)(B), 21 CFR 211.100, 211.180, 211.186

PACKAGING AND LABELING CONTROL

1	Examination on receipt	● S ○ N/I ○ V ○ N/A	21 CFR 211.122(a)(6), 211.184
2	Storage (drug product & labeling)	○ S ○ N/I ○ V ● N/A	21 CFR 211.122(a)
3	Label and package destruction	● S ○ N/I ○ V ○ N/A	21 CFR 211.122(a), 211.125(d)
4	Label type and inspection	● S ○ N/I ○ V ○ N/A	21 CFR 211.122(g)(h)
5	Label issuance	● S ○ N/I ○ V ○ N/A	21 CFR 211.125
6	Packaging and labeling operations	● S ○ N/I ○ V ○ N/A	21 CFR 211.130
7	Tamper-evident packaging	○ S ○ N/I ○ V ● N/A	21 CFR 211.132
8	Drug product inspection	● S ○ N/I ○ V ○ N/A	21 CFR 211.134
9	Expiration dating	● S ○ N/I ○ V ○ N/A	21 CFR 211.137
10	Recordkeeping	● S ○ N/I ○ V ○ N/A	21 CFR 211.122, 211.184
11	Written procedures	● S ○ N/I ○ V ○ N/A	Ref: 21 USC 351(a)(2)(B), 21 CFR 211.122(a), 211.125(d), 211.130, 211.160

HOLDING AND DISTRIBUTION

1	Quarantine of drug products	● S ○ N/I ○ V ○ N/A	21 CFR 211.142(a)
2	Drug product storage	● S ○ N/I ○ V ○ N/A	21 CFR 211.142(b)
3	Distribution records	● S ○ N/I ○ V ○ N/A	21 CFR 211.150, 211.180

4	Stock distribution	● S ○ N/I ○ V ○ N/A	[illegible]
5	Lot recall	● S ○ N/I ○ V ○ N/A	21 CFR 211.150(b)
6	Written Procedures	● S ○ N/I ○ V ○ N/A	FD-483 Item(s) 21 CFR 211.180, 211.100

LABORATORY CONTROLS

1	Quality control [illegible]	● S ○ N/I ○ V ○ N/A	21 CFR 211.160
	[illegible]		
2	Established controls	● S ○ N/I ○ V ○ N/A	21 CFR 211.160
3	Stability testing drug products	● S ○ N/I ○ V ○ N/A	21 CFR 211.166
	[illegible]		
4	Special testing requirements	● S ○ N/I ○ V ○ N/A	21 CFR 211.167
5	Penicillin contamination	○ S ○ N/I ○ V ● N/A	21 CFR 211.176
	[illegible]		
6	Recordkeeping	● S ○ N/I ○ V ○ N/A	21 CFR 211.194
7	Written procedures	● S ○ N/I ○ V ○ N/A	FD-483 Item(s), 21 CFR 211.160, 211.166, 211.167
	[illegible]		

REPRESENTATIVE SAMPLES

1	Components, drug containers, closures	● S ○ N/I ○ V ○ N/A	21 CFR 211.84(d)(6), 211.160
2	In-process materials	● S ○ N/I ○ V ○ N/A	21 CFR 211.160
3	Batches	● S ○ N/I ○ V ○ N/A	21 CFR 211.167

4	Drug products	S N/I V N/A	21 CFR 211.190

RESERVE SAMPLES

1	Active ingredient	S N/I V N/A	21 CFR 211.170(a)
2	Quantity held active ingredient	S N/I V N/A	21 CFR 211.170(a)
3	Retention period active ingredient	S N/I V N/A	21 CFR 211.170(a)
4	Lot or batch of drug product	S N/I V N/A	21 CFR 211.170(b)
5	Container/closure system drug product	S N/I V N/A	21 CFR 211.170(b)
6	Quantity held drug product	S N/I V N/A	21 CFR 211.170(b)
7	Examination of drug product for deterioration	S N/I V N/A	21 CFR 211.170(b)
8	Retention period drug product	S N/I V N/A	21 CFR 211.170(b)

MASTER PRODUCTION AND CONTROL RECORDS

1	Each drug product/batch size	S N/I V N/A	21 CFR 211.186(a)
2	Documentation-Name/strength	S N/I V N/A	21 CFR 211.186(b)
3	Documentation Active ingredient	S N/I V N/A	21 CFR 211.186(b)
4	Documentation Component list	S N/I V N/A	21 CFR 211.186(b)
5	Documentation-Statement of weight	S N/I V N/A	21 CFR 211.186(b)
6	Documentation-Calculated excess	S N/I V N/A	21 CFR 211.186(b)
7	Documentation-Theoretical weight	S N/I V N/A	21 CFR 211.186(b)

Arizona State Board of Pharmacy

MANUFACTURER [drug] cGMP INSPECTION REPORT on 04/21/2021 for TAILSTORM HEALTH INC / dba Medvant Healthcare

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

8	Documentation-Theoretical yield	● S ○ N/I ○ V ○ N/A
9	Documentation-Packaging description/label	● S ○ N/I ○ V ○ N/A
10	Documentation-Written instructions	● S ○ N/I ○ V ○ N/A
11	Written procedures	● S ○ N/I ○ V ○ N/A

DATA RECORDS

1	Preparation	● S ○ N/I ○ V ○ N/A
2	Content	● S ○ N/I ○ V ○ N/A
3	Follows master production record	● S ○ N/I ○ V ○ N/A
4	Documentation-Dates	● S ○ N/I ○ V ○ N/A
5	Documentation-Equipment/processing lines	● S ○ N/I ○ V ○ N/A
6	Documentation identification of components/in process material	● S ○ N/I ○ V ○ N/A
7	Documentation Components	● S ○ N/I ○ V ○ N/A
8	Documentation Control results	● S ○ N/I ○ V ○ N/A
9	Documentation-Packaging/label inspections	● S ○ N/I ○ V ○ N/A
10	Documentation-Yield	● S ○ N/I ○ V ○ N/A
11	Documentation Labeling control records	● S ○ N/I ○ V ○ N/A
12	Documentation Complaints/recalls	● S ○ N/I ○ V ○ N/A

Arizona State Board of Pharmacy

MANUFACTURER [drug] cGMP INSPECTION REPORT on 04/21/2021 for TAILSTORM HEALTH INC / dba Medvant Healthcare

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

13	Documentation-Sampling	● S ○ N/I ○ V ○ N/A	21 CFR 211.184(c)
14	Documentation-Personnel	● S ○ N/I ○ V ○ N/A	21 CFR 211.180(b)
15	Documentation-Investigations	● S ○ N/I ○ V ○ N/A	21 CFR 211.192, 211.180(b)
16	Documentation-Examinations	● S ○ N/I ○ V ○ N/A	21 CFR 211.194, 211.180(b)
17	Recordkeeping	● S ○ N/I ○ V ○ N/A	21 CFR 1304.22
18	Written procedures	● S ○ N/I ○ V ○ N/A	21 CFR 211.100(a)

COMPLAINT FILES

1	Review	● S ○ N/I ○ V ○ N/A	21 CFR 211.198(a)
2	Investigator	● S ○ N/I ○ V ○ N/A	21 CFR 211.192
3	Written complaint documentation	● S ○ N/I ○ V ○ N/A	21 CFR 211.180(b)
4	Recordkeeping	● S ○ N/I ○ V ○ N/A	21 CFR 211.204(b)
5	Written procedures	● S ○ N/I ○ V ○ N/A	21 CFR 211.198(a)

RETURNS

1	Identify/quarantine	○ S ○ N/I ○ V ● N/A	21 CFR 211.204
2	Disposal	○ S ○ N/I ○ V ● N/A	21 CFR 211.204
3	Reprocessing	○ S ○ N/I ○ V ● N/A	21 CFR 211.204

Arizona State Board of Pharmacy

MANUFACTURER (drug) cGMP INSPECTION REPORT on 04/21/2021 for TAILSTORM HEALTH INC / dba Medvant Healthcare

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

4	Investigation	S N/I V N/A 21 CFR 211.204, 211.180(e)
5	Recordkeeping	S N/I V N/A 21 CFR 211.204
6	Written procedures	S N/I V N/A R4-23-504(B); 21 CFR 211.204

CONTROLLED SUBSTANCES

1	Security	S N/I V N/A 21 CFR 1301.72(a), 1301.75
2	In-process substance security	S N/I V N/A 21 CFR 1301.75
3	Limited-access area	S N/I V N/A 21 CFR 1301.75, 21 CFR 1301.71
4	Recordkeeping	S N/I V N/A ARS § 36-2523, 36-2524; R4-23-601.01; R4-23-1803; 21 CFR 1301.74, 1304.21
5	Inventory	S N/I V N/A ARS § 36-2523; R4-23-1803(A)(1); 21 CFR 1304.04, 1304.11

NOTES

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TAILSTORM HEALTH, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TAILSTORM HEALTH, INC." WAS INCORPORATED ON THE TWELFTH DAY OF JANUARY, A.D. 2015.

Jeffrey W. Bullock, Secretary of State

5672894 8300

SR# 20213539731

Authentication: 204498584

Date: 10-25-21

You may verify this certificate online at corp.delaware.gov/authver.shtml

Arizona State Board of Pharmacy

Physical Address: 1616 W. Adams, Suite 120, Phoenix, AZ 85007
Mailing Address: P.O. Box 18520, Phoenix, AZ 85005
(P): 602-771-2727 (F): 602-771-2749 www.azpharmacy.gov

CERTIFICATION OF ARIZONA STATE BOARD OF PHARMACY PERMIT FOR THE ENTITY LISTED BELOW :

This document is not a license/permit but serves as the primary source of verification.

Name :	TAILSTORM HEALTH INC / dba Medivant Healthcare
Address :	158 S KYRENE ROAD Suite 6 CHANDLER AZ 85226
License No :	M001454
Permit Type :	Manufacturer
Sub Type :	503B Outsourcer
Date Issued :	02/04/2020
Expiration Date :	10/31/2023
Status :	OPEN
Discipline :	No

Kam Gandhi

Kam Gandhi

Executive Director
Arizona State Board of Pharmacy

Date: 12/20/2021

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
http://www.azpharmacy.gov

Receipt Date: 10/04/2021
Receipt
Number: 2021115985
Receipt Amount $: 1000.00

Manufacturer - 503B Outsourcer

503B,Compounding – Non-Sterile,Compounding – Sterile

	PERMIT NO	EXPIRES
	M001454	10/31/2023
Issued to	TAILSTORM HEALTH INC / dba Medivant Healthcare TAILSTORM HEALTH INC 158 S KYRENE ROAD CHANDLER, AZ 85226	TAILSTORM HEALTH INC / dba Medivant Healthcare 158 S KYRENE ROAD SUITE 6 CHANDLER, AZ 85226

Kam Gandhi
EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : TAILSTORM HEALTH INC
LICENSE NUMBER : M001454
EXPIRES : 10/31/2023

http://www.azpharmacy.gov

- Your license must be available for inspections during business hours.
- Permit holder(s) must display permit in the location to which it is issued.
- Please note it is your responsibility to keep this license/permit current.

Important Information

LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)

Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.

You are required by law to notify the Board of any home address and/or employment change within 10 business days

PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law

In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the Board within 10 business days of move.

Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.

Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RT0585185	11-30-2022	$3699

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,3,3N, 4,L1	MANUFACTURER	10-19-2021

TAILSTORM HEALTH, INC
DBA MEDIVANT HEALTHCARE
158 S KYRENE RD
CHANDLER, AZ 85226

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
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TAILSTORM HEALTH, INC
DBA MEDIVANT HEALTHCARE
158 S KYRENE RD
CHANDLER, AZ 85226

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Form DEA-223 (9/2016)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION

DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION
6th & Kipling St. (P.O. Box 25087) Denver, CO 80225-0087 (303)236-3000 Fax:(303)236-3100	7/7/2021-7/21/2021*
	FEI NUMBER 3015929581

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED
Andrew E. Stasiak, Director Quality Assurance

FIRM NAME	STREET ADDRESS
TAILSTORM HEALTH INC	158 S Kyrene Rd
CITY, STATE, ZIP CODE, COUNTRY Chandler, AZ 85226	TYPE ESTABLISHMENT INSPECTED Outsourcer 503B

This document lists observations made by the FDA representative(s) during the inspection of your facility. They are inspectional observations, and do not represent a final Agency determination regarding your compliance. If you have an objection regarding an observation, or have implemented, or plan to implement, corrective action in response to an observation, you may discuss the objection or action with the FDA representative(s) during the inspection or submit this information to FDA at the address above. If you have any questions, please contact FDA at the phone number and address above.

DURING AN INSPECTION OF YOUR FIRM I OBSERVED:

OBSERVATION 1

Written records of investigations into unexplained discrepancies do not always include the conclusions and follow-up.

For example:

a) Visual inspection results of filled vials were found to contain extraneous unidentified visible materials (particles and fibers) during 100% visual inspection processes, but no investigation was opened to identify the foreign materials, determine root cause as to how visible substances are found in a drug that is sterile filtered and containerized/filled in a HEPA filtered (ISO 5) environment, and prevent recurrence. For example, the following lots were found with some vials containing foreign substances:

i) Ketamine HCL Injection Lot 2012007 found 5 vials with white particles and 3 vials with glass particles in December 2020.

ii) Calcium Chloride Injection Lot 2011004 found 49 vials containing glass particles, 143 vials with white particles, and 33 vials with fibers in November 2020.

iii) Lidocaine HCL Injection Lot 2103002 found 3 vials with fibers and one vial with a particle in March 2021.

b) An OOS investigation (OOS 21003, January 2021 Ketamine HCL Inj Lot 2012007) concerning the analysis of Ketamine HCL Injection for sterility found a failing result but did not fully pursue root cause to determine adequacy of testing procedures. "Analyst believes that colony formation is likely due to inadvertent contamination during sample preparation" but what precisely went wrong with the method was not investigated and no corrective/preventative actions were implemented. An additional sample preparation was

SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE Michael A Charles, Investigator X	DATE ISSUED 7/21/2021

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Chandler, AZ 85226	Outsourcer 503B

analyzed and found meeting specifications. Results from the retest were used as the final analytical result with no data supporting laboratory errors identified in the first test and without scientific basis for invalidating initial OOS results in favor of passing retest results. For example, 50 vials of Ketamine HCL Inj for Lot 2012007 were shipped in June 2021 to a customer in TX and in May 2021 25 vials were shipped to a customer in CO.

c) An OOS investigation (OOS 21008, March 2021 Calcium Chloride Injection Lot 2011002) concerning the analysis of 3 month stability of Calcium Chloride Injection for sterility found a failing result but did not fully pursue root cause to determine adequacy of testing procedures. Growth was found in both TSB and FTM. "The Analyst believes that contamination may have occurred during sample preparation, since there was no microbial growth observed at earlier time points..." but what precisely went wrong with the method was not investigated and no corrective/preventative actions were implemented. An additional sample preparation was analyzed and found meeting specifications. Results from the retest were used as the final analytical result with no data supporting laboratory errors identified in the first test and without scientific basis for invalidating initial OOS results in favor of passing retest results.

d) An OOS investigation (OOS 21005, February 2021 Lidocaine HCL Injection Lot 2007004 and Calcium Chloride Injection Lot 2011002) concerning the analysis of 6 month stability of Lidocaine Injection and 3 month stability of Calcium Chloride Injection for sterility found failing results but did not fully pursue root cause to determine adequacy of testing procedures. "The Analyst believes that contamination may have occurred during sample preparation, since none of the other previous time points for either product had shown any microbial growth." What precisely went wrong with the method was not investigated and no corrective/preventative actions were implemented. Additional sample preparations were analyzed and found meeting specifications. Results from the retests were used as the final analytical result with no data supporting laboratory errors identified in the first tests and without scientific basis for invalidating initial OOS results in favor of passing retest results. For example, 4800 vials of Lidocaine HCL Inj Lot 2007004 were shipped from your facility to a customer in LA.

e) An OOS investigation (OOS 20022, November 2020 Calcium Chloride Injection Lot 2011004) concerning the analysis of Calcium Chloride Injection for sterility found failing results but did not fully pursue root cause to determine adequacy of testing procedures. "The Analyst believes that this is likely due to contamination during

SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE Michael A Charles, Investigator	DATE ISSUED 7/21/2021

X

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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Chandler, AZ 85226	Outsourcer 503B

the sample preparation process, since historically, none of the previous batches had shown any microbial growth." What precisely went wrong with the method was not investigated and no corrective/preventative actions were implemented. Additional sample preparations were analyzed and found meeting specifications. Results from the retests were used as the final analytical result with no data supporting laboratory errors identified in the first test and without scientific basis for invalidating initial OOS results in favor of passing retest results.

OBSERVATION 2

Laboratory controls do not include the establishment of scientifically sound and appropriate test procedures designed to assure that drug products conform to appropriate standards of identity, strength, quality and purity.

a) When there is no scientific basis found for invalidating initial out-of-specification (OOS) test results and no assignable cause for the OOS is determined, procedures (SOP.CH.0002 Investigating Out-of-Specification Test Results) allow re-testing, which permits reporting four additional analyses that meet specifications, averaged, as the final result. Procedures in section 4.5.7.1.4. read in part, "If the investigation cannot determine any readily identifiable sources of analyst error and cannot invalidate the original result the following retest methodology should be implemented: " And continues in section 4.5.7.1.4.4. "Based on this analysis, the original sample can either be confirmed as OOS or rejected." [See Observation 1 concerning retesting]

b) Cleaning verification performed to provide evidence that the cleaning methods utilized are effective in removing drug residue in preventing cross contamination from shared equipment used in production of preparations such as Ketamine HCL Injection, Lidocaine HCL Injection and Calcium Chloride Injection incorporated rinse and swab sampling followed by analysis. Your firm does not have data, such as swab and rinse recovery studies, to show that residues on surfaces sampled by swabbing and rinsing are recovered, and at what level, to fully verify effective cleaning. Shared equipment includes a 240 liter formulation tank.

SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE		DATE ISSUED
	Michael A Charles, Investigator	X	7/21/2021

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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c) Container closure integrity for drug preparations, such as Ketamine HCL, Lidocaine HCL and Calcium Chloride Injection, packaged in 5 and 10 ml stoppered glass vials, is not verified to show containers are appropriate for maintaining sterility and quality of the products.

d) Software validation for HPLC is not conducted (Agilent OpenLab Chemstation version 1.9.0 used for assay analysis of Lidocaine HCL Injection) to ensure the computer system consistently fulfills intended purposes and produces accurate and reliable results. For example, 50 vials of Lidocaine HCL Inj Lot 2101006 were shipped in May 2021 to customers in TX.

e) WFI produced at your firm, used as an ingredient in Calcium Chloride, Ketamine HCL and Lidocaine HCL Injections, is not tested for bacteria, nor are specifications established by your firm for microbial requirements of WFI (conductivity, bacterial endotoxins and TOC are included in your testing program).

f) Method suitability for the sterility method used (in the presence of drugs such as Lidocaine, Ketamine and Calcium Chloride) was not performed. Sterility testing is conducted on finished drug preparations, labeled as sterile, but the analytical method (SOP.MC.008 Microbiological Testing of Pharmaceutical Products by Membrane Filtration Method) used is not verified for suitability in the recovery and detection of potential microbes in the presence of drug products prepared at your facility.

OBSERVATION 3
Equipment for adequate control over micro-organisms is not provided when appropriate for the manufacture, processing, packing or holding of a drug product.

SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE	DATE ISSUED
	Michael A Charles, Investigator X	7/21/2021

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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TAILSTORM HEALTH INC	158 S Kyrene Rd
CITY, STATE, ZIP CODE, COUNTRY Chandler, AZ 85226	TYPE ESTABLISHMENT INSPECTED Outsourcer 503B

a) TSA media plates used for detecting microbes (in ISO 5 RABS area during filling) utilizing passive air sampling methods (settle plates) do not contain neutralizing agents to ensure detection and growth of microbes in the presence of disinfecting agents in the filling room.

b) Procedures for use of settle plates in viable air monitoring and control in the RABS filling area do not include limits for duration of exposure (e.g., less than 4 hours to avoid drying) to ensure that media used is growth supporting. Plates may get exposed during filling up to 8 hours without replacement.

OBSERVATION 4

The container labels of your outsourcing facility's drug products are deficient.

The containers of your outsourcing facility's drug products do not include information required by section 503B(a)(10)(B). Specifically, the container from which the individual units of the drug are removed for dispensing or for administration shall include:

a. Route of administration

Examples of drug product containers that do not contain this information:

- Lidocaine 4% (200mg/5mL) 5mL HCl injection, Lidocaine 1% (100mg/mL) 10mL HCl injection, and Lidocaine 2% (200mg/10mL) 10mL HCl injection

*DATES OF INSPECTION

7/07/2021(Wed), 7/08/2021(Thu), 7/09/2021(Fri), 7/12/2021(Mon), 7/13/2021(Tue), 7/15/2021(Thu), 7/19/2021(Mon), 7/21/2021(Wed)

SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE		DATE ISSUED
	Michael A Charles, Investigator	X	7/21/2021

The observations of objectionable conditions and practices listed on the front of this form are reported:

1. Pursuant to Section 704(b) of the Federal Food, Drug and Cosmetic Act, or
2. To assist firms inspected in complying with the Acts and regulations enforced by the Food and Drug Administration.

Section 704(b) of the Federal Food, Drug, and Cosmetic Act (21 USC 374(b)) provides:

"Upon completion of any such inspection of a factory, warehouse, consulting laboratory, or other establishment, and prior to leaving the premises, the officer or employee making the inspection shall give to the owner, operator, or agent in charge a report in writing setting forth any conditions or practices observed by him which, in his judgment, indicate that any food, drug, device, or cosmetic in such establishment (1) consists in whole or in part of any filthy, putrid, or decomposed substance, or (2) has been prepared, packed, or held under insanitary conditions whereby it may have become contaminated with filth, or whereby it may have been rendered injurious to health. A copy of such report shall be sent promptly to the Secretary."

Service Request# ***20213539731***

State of Delaware

SECRETARY OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 898
DOVER, DELAWARE 19903

8566203
PAULA BEOUGHERE
158 SOUTH KYRENE ROAD
SUITE 6
CHANDLER, AZ 85226

10-25-2021

DESCRIPTION	AMOUNT
5672894 - TAILSTORM HEALTH, INC.	
Entity Status - Short Form	
Certification Fee	***$50.00***
Expedite Fee, 24 Hour	***$40.00***
TOTAL CHARGES	***$90.00***
TOTAL PAYMENTS	***$90.00***
BALANCE	***$0.00***

14

14A

April 17, 2022

Dear NV State Board of Pharmacy Members,

I am submitting this letter of request to provide Medication Therapy Management (MTM) services to patients as part of the Dignity Health Ryan White HIV/AIDS Programs and Ending HIV Epidemic to incorporate pharmacists into patient-centered team-based care. I would like to request an appearance before the Board at the June 2022 meeting for review of services provided. The pharmacy services are provided at alternate sites than a licensed pharmacy, I am including the following details as requested per NAC 639.403 sections (a) through (k):

(a) The name of the pharmacist:
KayLynn Bowman, PharmD, MS, MEd

(b) A description of the services that the pharmacist intends to provide at the site;
MTM pharmacy services provided to patients with chronic disease states including, but not limited to, HIV/AIDS, Diabetes, High Blood Pressure, High Cholesterol and Congestive Heart Failure. Services will include collection of patient demographics, social history, health history, medical conditions, allergies, immunization history, available lab work data, medication and non-medication history.

Services Provided Include:
Poly-pharmacy, medication optimization, medication adherence are addressed during each visit. Pharmacist consultations as requested. Group health education and risk reduction classes are provided to eligible participants and medication adherence monitoring is provided by the pharmacist to eligible participants. Dignity Health Ryan White Programs consist of Flip the SCRIPT (Supportive Care Recognizing Individualized Prescribed Treatment), Health Benefit Take Charge (HBTC), Positive Lifestyle and Nutrition Program, Positive Self-Management Program (PSMP), the Rapid stART Learning Collaborative in Southern Nevada, and Ending HIV Epidemic Programs.

(c) The location at which the pharmacist will provide the services;
Dignity Health and Wellness Centers:
Green Valley Center: 2651 Paseo Verde Pkwy, Suite 180, Henderson, NV 89074
West Center: 7220 S. Cimarron Rd, Suite 195, Las Vegas, NV 89113
Henderson Center: 98 E. Lake Mead, Suite 301, Henderson, NV 89015
North Las Vegas Neighborhood Hospital Wellness Center: 1550 W. Craig Rd, Ste 250, NLV, NV 89032
West Flamingo Neighborhood Hospital Wellness Center: 9880 W Flamingo Rd, Ste 220, LV, NV 89147
Blue Diamond Neighborhood Hospital Wellness Center: 4855 Blue Diamond Rd Ste 220, LV, NV 89139
Ryan White Eligible Locations:
UMC Wellness Center, 701 Shadow Ln, Las Vegas NV 89016
Nevada Aids Research (NARES), 701 Shadow Ln Suite 200, Las Vegas NV 89016
Huntridge Family Clinic, 1820 E Sahara Ave, Las Vegas, NV 89104
Southern Nevada Community Health Center, 280 S. Decatur Blvd, Las Vegas, NV 89107
Community Counseling Center (CCC), 714 E. Sahara Ave, Las Vegas, NV 89104

Services are provided in person, zoom and telephonic. Calls are made from home business address and home business phone as previously requested by the Board and included as part of this request.

(d) An identification of the types of patients or other persons to whom the pharmacist intends to provide the services;
Patients at risk for, or living with, HIV and other chronic disease states, including diabetes, and high blood pressure, and patients that are located in urban and rural underserved areas. Patients identified from underserved populations, enrollment in Ryan White and/or Rapid stART programs

(e) An identification of the types of pharmacies or other entities to whom the pharmacist intends to provide the services;
Dignity Health and Wellness Centers, Ryan White eligible organizations and Rapid stART program organizations working together to end the HIV epidemic.

(f) A description of all resources, both paper and electronic, that will be available to the pharmacist in the course of providing the services;
Patient intake forms and paper charts, CareWare6, RWise, HealtHiE Nevada electronic chart patient information, Dignity Health Wellness program participant information, LexiComp, Ovid, Global RPh, Up to Date, Pharmacist's Letter, and other evidence-based sources of medical information.

(g) The days and hours during which the pharmacist intends to provide the services;
Pharmacist services are available by appointment Monday through Sunday

(h) An explanation of the policy of the pharmacist for users of the services when the pharmacist is unavailable;
The pharmacist is available by appointment only, all referrals are submitted to the pharmacists and appointments are made for MTM services. There are no clinic hours maintained. When not available, patients will be provided contact information or leave a message for followup. In the case of an emergency, the patient will be directed to emergency services.

(i) An explanation of the policy of the pharmacist regarding the confidentiality and security of the patient data that will be gathered, made and maintained as part of the services which are provided, including, without limitation, paper and electronic records;
Paper charting is stored on site at the Dignity Health Green Valley Center: 2651 Paseo Verde Pkwy, Suite 180, Henderson, NV 89074. If paper charting is collected off site, the charts are transported via combination locked filing case and transported to stored site location.

Patient information collection and MTM services will be documented utilizing the MTM Aprexis software on-line at Aprexis.com. A Business Associate Agreement is documented to comply with the requirements of the implementing regulations at 45 Code of Federal Regulations (“C.F.R.”) Parts 160-64 for the Administrative Simplification provisions of Title II, Subtitle F of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”).

(j) Whether the services provided will be affiliated with, an adjunct of or otherwise related to a licensed pharmacy; and

The services provided are not affiliated with a licensed pharmacy.

(k) A description of the business plan for the services provided.

No business plan is needed. MTM services are covered by grant initiatives and objectives.

Please contact me if any additional information is needed.

Thank You,

KayLynn Bowman, PharmD, MS, MEd
Nevada Pharmacy License 17134
Rx Healthy Living, LLC
210 Mariposa Way
Henderson NV, 89015
Business Cell: (702) 218-1456
email [redacted]

S.C.R.I.P.T Program (Supportive Care Recognizing Individualized Prescribed Treatment) Proposal

Program Objective:
To develop and implement a pharmacy led program that integrates Medication Therapy Management with the goal of medication adherence for newly diagnosed patients and those with uncontrolled HIV management.

HIV MTM Adherence and Community Support Protocol:

1. Identification and referral of eligible patients from CAREWare and/or RWise that are newly diagnosed or demonstrating uncontrolled signs/symptoms of medication therapy.
2. Eligible participants will be contacted by a pharmacy intern, or pharmacist, who will collect data and information utilizing an adherence screening form.
3. Patients that are not identified for MTM medication review are encouraged to attend the bi-weekly support group provided by the MTM pharmacy team that focuses on health education topics relevant to the needs of the participants (detailed health education topics are to be determined at a later date).
4. Patients that demonstrate risk for medication adherence, medication education needs, or disease state compliance and understanding will be referred for Medication Therapy Management (MTM) services and an appointment will be made with the MTM pharmacy team.
5. The MTM pharmacy team will contact the patient and conduct a comprehensive medication review.
6. Objectives of MTM include understanding the patient's personal medication experience/history and preferences/beliefs. Identify actual use patterns of all medication, including OTC, supplements, herbals, and prescribed medications.
7. Goals for MTM include employing intensive patient education efforts aimed at addressing adherence barriers, including a comprehensive understanding of why each medication is prescribed. Additional goals of MTM include assessing each medication for appropriateness, effectiveness, safety, and adherence with a focus on achievement of clinical goals for each therapy.
8. Results from MTM identify the opportunities that were addressed with the patient, including any gaps in therapy preventing optimal outcomes. Addressing financial barriers to adherence such as high drug costs by potentially switching to generics or less expensive formulary alternatives will be addressed by the MTM pharmacy team.
9. After the MTM appointment, the MTM pharmacy team will develop a care plan addressing recommendations, including therapeutic changes needed to achieve optimal outcomes. The care plan will document the quality and safety of prescribing as part of the MTM intervention and provide patients with a complete list of prescribed medications.
10. Participants will acknowledge their understanding of the care plan which is communicated through the electronic records to the care team (CAREWare) following the MTM appointment.
11. Follow-up evaluation with patients is critical to determine the effects of changes, reassess actual outcomes and recommend further therapeutic changes to achieve desired clinical goals/outcomes: allow 2 weeks for recommended therapy interventions, allow 1 month for evaluating patient-centered clinical/educational goals/outcomes.
12. Participants will be followed with monthly follow-up calls by the MTM pharmacy team for either a 3-month or 6-month tracking based on their medication adherence needs. At the end of

6-months, all remaining participants will be referred back to the CAREWare system for additional support service beyond that of the MTM pharmacy team services.

13. Use of efficient communication methods to convey medication recommendations to participants may include video/tele-communications utilizing Doxmitry.com and electronic medical records from Aprexis.com and HealtHie Nevada. All contacts with participants will be documented in CAREWare for each participant.
14. The MTM Pharmacy Team will utilize all available data sources (EHR, registries, claim data) to determine whether gaps in medical care are present, including preventive care and maintenance related to the participant's specific medication condition based on standards of care.

Deliverables:
PMR - Patient Medication Review provides a patient with a complete list of their medications
MAP - Medication Action Plan provides a patient-centered document containing a list of actions for the patient to track progress and self-management.
Intervention and/or Referral - consultative services for pharmacy interventions for drug related problems.

Evaluation of Program Goals:
Participant's improved health outcomes based on medication adherence, medication understanding and improved health outcomes will be determined at entry into the program and assessed during each monthly follow-up call. Participant's that were unable to improve their medication adherence at the end of the program will be referred back to CAREWare.

Program Incentive:
Participants will have access to Emocha Mobile Health app. This HIPAA compliant smart phone application makes Direct Observed Therapy scalable and would allow the pharmacist team to view patient information and make patient engagement convenient. Built in the Emocha will be a reward program where patients who utilizes the application and report on key metrics will receive gift cards. The pharmacist team will lead this reward program, which will be based on the meeting the patient's individualized care plan.

References:

American Pharmacists Association; National Association of Chain Drug Stores Foundation. Medication Therapy Management in Pharmacy Practice: Core Elements of an MTM Service Model. Version 2.0. J Am Pharm Assoc (2003). 2008;48:341-353.

Centers for Medicare & Medicaid Services. Medicare Part D medication therapy management (MTM) programs: 2018 fact sheet. Updated August 20, 2018. Available at: https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/CY2018-MTM-Fact-Sheet.pdf. Accessed January 21, 2019.

McInnis T, Webb CE, Strand LM. The Patient-Centered Medical Home: Integrating Comprehensive Medication Management to Optimize Patient Outcomes, Patient-Centered Primary Care Collaborative, June 2012. Available at: http://www.pcpcc.org/sites/default/files/media/medmanagement.pdf. Accessed January 21, 2019.

Protocol Developed By:

KayLynn Bowman, PharmD, MS, MEd
Rx Healthy Living LLC, Owner
Nevada Pharmacy License 17134
MTM Pharmacy Services, Consultant Pharmacist
210 Mariposa Way
Henderson, NV 89015
Cell: [redacted]
email: [redacted]

14B

Remmington Junior, PharmD, BCACP, BC-ADM
Dignity Health QTAC
1550 W Craig Rd, Ste 250
North Las Vegas, NV 89032
Email: [redacted]

18 April 2022

Nevada Board of Pharmacy
985 Damonte Ranch Pkwy #206
Reno, NV 89521

RE: NRS 639.403 – Pharmacist to engage in Medication Therapy Management (MTM) at site other than licensed pharmacy

To Whom It May Concern:

This letter serves as a request to provide Medication Therapy Management (MTM) services to Dignity Health patients as part of the Quality Technical and Assistance Center (QTAC) initiative. The goal is to incorporate pharmacists into patient-centered team-based care.

At your discretion, please grant an appearance before the Board June 2022 to explore proposed pharmacy services.

Per NAC 639.403 request, application must include without limitation

a) Pharmacist Name: Remmington Junior, PharmD, BCACP, BC-ADM
b) Description of the services pharmacist intends to provide at the site
    a. Pharmacist will conduct community outreach to recruit patients, residing in North Las Vegas and Historic West Las Vegas, who are diagnosed with diabetes, hypertension, and/or high cholesterol. Pharmacist will conduct MTM appointments and work with Dr. KayLynn Bowman, PharmD to implement MTM program. Number of MTM appointments and medication reconciliations conducted will be submitted to Dignity Health QTAC.
    b. Services include the following:
        i. Polypharmacy, Medication Management/Optimization/Adherence, Disease State Education, Dignity Health QTAC Disease Management Program Initiatives, Diabetes Self-Management Education and Support (DSMES). Pharmacist consultations as requested
        ii. Collection of patent demographics, social history, medical conditions, allergies, immunization history, health history, available lab work, current medications, and non-medication history.
c) The location (s) at which the pharmacist will provide the services:
    a. Dignity Health and Wellness Centers
        i. 1550 W Craig Rd, Ste 250, North Las Vegas, NV 89032

d) An identification of the types of patients or other persons to whom the pharmacist intends to provide the services;
    a. Persons diagnosed with diabetes/hypertension/hyperlipidemia who reside in North Las Vegas and historic West Las Vegas.
e) An identification of the types of pharmacies or other entities to whom the pharmacist intends to provide the services
    a. Dignity Health and Wellness Centers
f) A description of all resources, both paper and electronic, that will be available to the pharmacist in the course of providing the services;
    a. Drug/Medica information Databases: LexiComp, Ovid, Global RPh, Up to Date, Pharmacist's Letter, and other evidence-based sources of medical information
    b. Electronic Medical Records: HealtHiE Nevada electronic chart patient information
    c. Computer/Laptop
    d. Dignity Health Wellness program participant information
    e. Copier/Printer
    f. Patient intake forms and paper charts
    g. File Cabinet
g) The days and hours during which the pharmacist intends to provide the services
    a. Sunday to Saturday, by appointment
h) An explanation of the policy of the pharmacist for users of the services when the pharmacist is unavailable
    a. The pharmacist is available by appointment only
    b. Referrals are submitted to pharmacist to book appointment for MTM services.
    c. Clinic hours require no maintenance
    d. If pharmacist is not available, contact information will be provided for patient to leave a message
    e. In the case of an emergency, the patient will be directed to emergency services.
i) An explanation of the policy of the pharmacist regarding the confidentiality and security of the patient data that will be gathered, made and maintained as part of the services which are provided, including, without limitation, paper and electronic records;
    a. Paper charting is stored on site at the Dignity Health Green Valley Center: 2651 Paseo Verde Pkwy, Suite 180, Henderson, NV 89074. If paper charting is collected off site, the charts are transported via combination locked filing case and transported to stored site location. Whether the services provided will be affiliated with, an adjunct of or otherwise related to a licensed pharmacy; and
j) A description of the business plan for the services provided. No business plan is provided as it is grant funded

Thank you for your time.

Remmington Junior
Nevada Pharmacy License 17608

Community Healthy Hearts Initiative: Church parishioners with high blood pressure

Project Goal: To identify ten participants with high blood pressure for the enrollment in Medication Therapy Management (MTM) services provided by a licensed community pharmacist to include medication review, blood pressure measurement and education on reducing blood pressure through lifestyle choices and prescribed therapies.

Protocol:

1. Identify an underserved community church with ten parishioners that have self-identified as having high blood pressure to enroll and participate in MTM services.
2. Choose date and time to meet for MTM services to be provided at the community church location.
3. Each participant will receive a blood pressure monitor to monitor blood pressure and track readings for the specified time of the project. The pharmacist will educate the participant on the recommended method per American Heart Association (AHA) on measuring blood pressure. The participant will demonstrate knowledge by performing a self-administered blood pressure measurement. The readings will be tracked on the AHA blood pressure tracking form.
4. Each participant will receive education material on high blood pressure management, how to lower salt intake and the importance of blood pressure medication. A medication weekly reminder pill container will be given to each participant to encourage adherence to prescribed therapies.
5. Each participant will complete an MTM enrollment form for the purpose of completing a medication review with the licensed community pharmacist that will employ the following processes:
    a. Understand the patient's personal medication experience/history and preferences/beliefs. Identify actual use patterns of all medication, including OTC, supplements, herbals, and prescribed medications.
    b. Employ intensive patient education efforts aimed at addressing adherence, barriers, including a comprehensive understanding of why each medication is prescribed. Assess each medication for appropriateness, effectiveness, safety, and adherence. Focus on achievement of clinical goals for each therapy.
    c. Document the opportunities that were addressed with the patient, including any gaps in therapy preventing optimal outcomes. Address financial barriers to adherence such as high drug costs by potentially switching to generics or less expensive formulary alternatives.
    d. Develop a care plan addressing recommendations, including therapeutic changes needed to achieve optimal outcomes. Document the quality and safety of prescribing as part of the MTM intervention. Provide patient with a complete list of prescribed medications.
6. Return for a follow-up with participants on their blood pressure tracking forms, review medication adherence, and answer any questions regarding medication therapy.

7. Upon completion of followup appointment and review of blood pressure tracking form, the participants will be given the information on how to receive a heart healthy food basket as an incentive to continue healthy lifestyle choices.
8. The collected information (non-patient identified) will be submitted as part of the outcomes of the program. All materials will be in compliance with HIPAA privacy rules.

Participants Receive:
PMR - Patient Medication Review provides a patient with a complete list of their medications
MAP - Medication Action Plan provides a patient-centered document containing a list of actions for the patient to track progress and self-management.
Complementary Blood Pressure Monitor
Weekly Pill Box Reminder
AHA Blood Pressure Tracker Form
Blood Pressure Management and Reduction Educational Material

References:
American Pharmacists Association; National Association of Chain Drug Stores Foundation. Medication Therapy Management in Pharmacy Practice: Core Elements of an MTM Service Model. Version 2.0. J Am Pharm Assoc (2003). 2008;48:341-353.

Centers for Medicare & Medicaid Services. Medicare Part D medication therapy management (MTM) programs: 2018 fact sheet. Updated August 20, 2018. Available at: https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/CY2018-MTM-Fact-Sheet.pdf. Accessed January 21, 2019.

McInnis T, Webb CE, Strand LM. The Patient-Centered Medical Home: Integrating Comprehensive Medication Management to Optimize Patient Outcomes, Patient-Centered Primary Care Collaborative, June 2012. Available at: http://www.pcpcc.org/sites/default/files/media/medmanagement.pdf. Accessed January 21, 2019.

Protocol Developed By:
KayLynn Bowman, PharmD, MS, MEd
Nevada Pharmacy License 17134
Dignity Health, QTAC
MTM Pharmacy Services, Consultant Pharmacist
2651 Paseo Verde Parkway, Suite 180
Henderson, NV 89074
Office: (702) 616-4914
Fax: (702) 616-4909
Cell: [redacted]
email: [redacted]

Medication Therapy Management Protocol:
Developed by: KayLynn Bowman, PharmD

1. Identify and recruit eligible patients that have not achieved clinical goals of therapy. Rely on hospital discharge, in addition screening for usual MTM criteria.
2. Coordinate care with a network of providers and prescribers for referral of eligible MTM candidates and to make recommendations and discuss identified drug related problems.
3. Understand the patient's personal medication experience/history and preferences/beliefs. Identify actual use patterns of all medication, including OTC, supplements, herbals, and prescribed medications.
4. Employ intensive patient education efforts aimed at addressing adherence, barriers, including a comprehensive understanding of why each medication is prescribed. Assess each medication for appropriateness, effectiveness, safety, and adherence. Focus on achievement of clinical goals for each therapy.
5. Document the opportunities that were addressed with the patient, including any gaps in therapy preventing optimal outcomes. Address financial barriers to adherence such as high drug costs by potentially switching to generics or less expensive formulary alternatives.
6. Develop a care plan addressing recommendations, including therapeutic changes needed to achieve optimal outcomes. Document the quality and safety of prescribing as part of the MTM intervention. Provide patients with a complete list of prescribed medications.
7. Patient agrees and understands the care plan which is communicated to the care team (providers, prescribers) for his or her consent/support within 72 hours post-visit.
8. Follow-up evaluation with patients is critical to determine the effects of changes, reassess actual outcomes and recommend further therapeutic changes to achieve desired clinical goals/outcomes: allow 2 weeks for recommended therapy interventions, allow 1 month for evaluating patient-centered clinical/educational goals/outcomes.
9. Use efficient communication methods to convey medication recommendations to prescribers, including e-prescribing and electronic medical records.
10. Leverage all available data sources (EHR, registries, claim data) to determine whether gaps in medical care are present, including preventive care and maintenance related to the patient's specific medication condition.

Deliverables:
PMR - Patient Medication Review provides a patient with a complete list of their medications
MAP - Medication Action Plan provides a patient-centered document containing a list of actions for the patient to track progress and self-management.
Intervention and/or Referral - consultative services for pharmacy interventions for drug related problems.

Evaluation of Program Goals:
Therapy Goals are individualized based on measurable standards of care such as A1C, BMI, blood pressure etc. Economic measures include hospitalization prevention, emergency room visits eliminated, clinical visits avoided, fewer sick days used, and any impact on drug costs.

MTM is a reiterative process: Care is coordinated with other team members and personalized (patient unique) goals of therapy and understood by all team members.

References:
American Pharmacists Association; National Association of Chain Drug Stores Foundation. Medication Therapy Management in Pharmacy Practice: Core Elements of an MTM Service Model. Version 2.0. J Am Pharm Assoc (2003). 2008;48:341-353.

Centers for Medicare & Medicaid Services. Medicare Part D medication therapy management (MTM) programs: 2018 fact sheet. Updated August 20, 2018. Available at: https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/CY2018-MTM-Fact-Sheet.pdf. Accessed January 21, 2019.

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<u>Protocol Developed By:</u>
KayLynn Bowman, PharmD, MS, MEd
Nevada Pharmacy License 17134
Dignity Health, QTAC
MTM Pharmacy Services, Consultant Pharmacist
2651 Paseo Verde Parkway, Suite 180
Henderson, NV 89074
Office: (702) 616-4914
Fax: (702) 616-4909
Cell: [redacted]
email: [redacted]

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacist Application

Non-Refundable $250 fee

Rev (05/11/2022)

This application cannot be returned by fax or email.
We must have an original signature and fee to process.

You may obtain your Nevada pharmacist registration by:

1. **Examination**: You have not taken or passed the NAPLEX and are requesting for a pharmacist registration in Nevada by taking and passing the NAPLEX and Nevada MPJE.

2. **Score Transfer**: You have taken and passed the NAPLEX and you have or will request NABP to transfer the score to Nevada within 89 days after taking the exam so you may apply to take and pass the Nevada MPJE to become a registered pharmacist in Nevada.

3. **Reciprocation**: You have a current pharmacist license/registration from another state. You wish to transfer the license/registration to Nevada and pass the Nevada MPJE to become a registered pharmacist in Nevada. (*Note: California pharmacists licensed before January 1, 2004 are required to obtain the Nevada pharmacist registration by Examination).

The following are required to be completed and/or included with your application to obtain a Nevada pharmacist registration by Examination, Score Transfer or Reciprocation. Required documents are indicated by an "✓" on the right.	**Examination**	**Score Transfer**	**Reciprocation**
• **Complete NABP's Electronic Licensure Transfer Program (e-LTP) application** at https://nabp.pharmacy/ before completing this application.			✓
• **Transfer your NAPLEX SCORE to Nevada** within 89 days after taking your exam at https://nabp.pharmacy/ before completing this application.		✓	
• **Print and mail the completed application, along with any of the required documents listed below, with a non-refundable fee of $250.00** paid for by credit or debit card or a check, cashier's check or money order made payable to the Nevada State Board of Pharmacy. Credit and debit card payments are charged a 5% processing fee.	✓	✓	✓
• **A minimum of 1,500 verified intern hours**. Verification of intern hours must come directly from the state board of pharmacy where you are/were registered as an intern. The Board will also accept a verification of hours from your school.	✓	✓	
• **Transcripts conferring your degree** submitted directly from the school of pharmacy from which you graduated from. **(This requirement does not apply to foreign graduates.)**	✓	✓	
• ***Foreign graduates ONLY,** those who received their pharmacy degree from a pharmacy school NOT ACPE accredited, submit your FPGEC certificate with your application.	✓	✓	✓
• **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Sub mission%20Instructions.pdf.	✓	✓	✓
• **After you have completed the above, as applicable, register with NABP (www.nabp.pharmacy)** to request to take the Nevada MPJE (and NAPLEX if you are obtaining your Nevada pharmacist registration by examination).	✓	✓	✓

Please note the following:

- Allow 30 days for receipt and processing of your application. Once you have submitted your completed application and it is processed, NABP will send you your authorization to test (ATT) and information regarding how to schedule your Nevada MPJE (and NAPLEX if you are obtaining your Nevada pharmacist registration by examination).
- A Nevada pharmacist registration will be issued once you have successfully passed the Nevada MPJE (and NAPLEX if you are obtaining your Nevada pharmacist registration by examination) and have completed all the requirements of the application.
- The Nevada Revised Statutes and Administrative Codes for pharmacy practice can be accessed at www.bop.nv.gov.
- The $250.00 fee is a Nevada Board of Pharmacy Application fee ONLY, and does not include the fees for the NAPLEX or MPJE exam issued by NABP.
- **For the NAPLEX**: Candidates have a maximum of 5 attempts to pass the NAPLEX unless otherwise approved by the Board. There is a mandatory 45-day waiting period after a failed attempt to take the NAPLEX. There are a maximum of 3 attempts per 12-month period. Candidates who reach the maximum of 3 attempts per 12-month period must wait at least 12 months from the first attempt to reapply and begin the application process again. You must submit a new application with fee with the Board for each attempt. A new examination fee will be required by NABP. https://read.nxtbook.com/nabp/bulletin/naplex_mpje_2022/what_is_the_naplex_.html#. NABP | National Association of Boards of Pharmacy
- **For the MPJE:** Candidates have a maximum of 5 attempts to pass the MPJE unless otherwise approved by the Board. There is a mandatory 30-day waiting period after a failed attempt to take the MPJE. You must submit a new application with fee with the Board for each attempt. A new examination fee will be required by NABP. https://read.nxtbook.com/nabp/bulletin/naplex_mpje_2022/what_is_the_naplex_.html#. NABP | National Association of Boards of Pharmacy
- This application expires 1 year from the date it is signed. An applicant for a certificate as a registered pharmacist must provide all information and make any required appearances by the Board within 1 year from the date the application is signed. An applicant who does not provide all information and make all required appearances by the Board within 1 year must submit a new application. NAC 639.205.
- All Pharmacist Registrations in Nevada expire October 31 of odd-numbered years. Fees are not pro-rated.
- A Nevada pharmacist, within 10 days after changing residence or place of practice, must give written notice of the change to the Board. NRS 639.160, NAC 639.225.
- For questions contact us at 775-850-1440 or by email at pharmacy@pharmacy.nv.gov.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacist Application

Non-Refundable $250 fee

Rev (04/27/2022)

Section 1: Select how will you be obtaining your Nevada Pharmacist Registration

☐ **Examination**

☐ **Score Transfer** (Transfer your NAPLEX SCORE to Nevada within 89 days after taking your exam at https://nabp.pharmacy/ before completing this application.)

☐ **Reciprocation** (Complete NABP's Electronic Licensure Transfer Program (e-LTP) application at https://nabp.pharmacy/ before completing this application.)

Are you submitting this application to RETAKE the NAPLEX and/or MPJE? ☐ Yes ☐ No

Section 2: General Information

First: _____ Middle: _____ Last: _____

Date of Birth: _____ SSN or ITIN: _____ Sex: ☐ M ☐ F ☐ X

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 3: Employment Information

Pharmacy Name:_____ NV Pharmacy License # (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 4: College of Pharmacy Information

School Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Graduation Date: _____ Degree: ☐ PharmD ☐ BS in Pharmacy ☐ Other

Section 5: ONLY COMPLETE this section if you are applying for a Nevada Pharmacist Registration by RECIPROCATION.

Original State of licensure/registration you are reciprocating from must be active and issued by exam (passing the NAPLEX and that state's MPJE).

State: _____ License #: _____ Date of Issuance: _____ Expiry Date: _____

Section 6: List all pharmacist license/registration you have/had in other states. Use another sheet if additional space is needed.								
State	License/ Registration #	Issued Date	Expiry Date	License/Registration Status (check applicable box)				
				Active	Inactive	Expired	Revoked	Surrendered

Section 7: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		

Section 8: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 9: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your registration?		
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?		
3. Have you been the subject of a board citation or administrative action whether completed or pending in <u>any</u> state?		
4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?		

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 9 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I attest to the knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. NRS 639.132

I understand that Nevada law requires a registered pharmacist who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

_____

Print Name

_____ _____

Original Signature, no copies or stamps accepted Date

Board Use Only	Date Received: _____ NAPLEX: _____	Amount: _____ MPJE: _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521

(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

• Web Page: bop.nv.gov

Applicant Name: _____

Payment: Pay application fee by providing your credit or debit card information below, or by submitting a check made payable to **Nevada State Board of Pharmacy**. Credit Cards are charged a 5% processing fee		
Credit Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express	**Credit Card #:** __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __	
Expiration Date: __ __/__ __ (MM/YY	**CVV** (3 digits on back of card): _____	**Registration Amount**: $_____
Name on Card: _____		
Billing Address: _____ _____ _____		

APPLICATION BY EXAMINATION AS A PHARMACIST

This application cannot be returned by fax or email.
We must have an original signature and fee to process.

Complete this application, if you are requesting examination eligibility for initial licensure and/or you don't meet the requirements for reciprocation.

Download application and mail to the address on the top of the application with the required $250.00 fee. The fee is payable by check or credit card.

Fee is made payable to: **Nevada State Board of Pharmacy**

Before calling with questions, please read all information carefully:

- ☐ You are required to access NABP's website at www.nabp.net to register on-line for the NAPLEX and MPJE exams.

- ☐ Required to get ATT for NAPLEX and MPJE: The Nevada application and $250 fee. The application will not be accepted and will be returned if incomplete. Make sure the application is signed and dated.

- ☐ You will not receive an ATT until you have applied to Nevada and NABP. You will receive an authorization to test (ATT) along with all information needed to schedule your NAPLEX and MPJE from NABP. The ATT is sent to you by NABP, not Nevada.

- ☐ Allow 30 days to receive an email from the Nevada State Board of Pharmacy regarding receipt of your application.

- ☐ The Nevada Pharmacy Laws are available on the website under the tab "Nevada Statutes & Regulations." The "Nevada Statutes & Regulations" are the only study guide available for the Nevada MPJE exam. http://bop.nv.gov/board/ALL/Regulations/. An email will be sent within 30 days of the receipt your application.

- ☐ The NAPLEX exam can be taken once every 45 days (retake fee required for NABP). The MPJE exam can be taken once every 30 days (retake fee required for NABP). They are NABP's rules, not Nevada's. You can reapply to NABP at any time after you fail them exam. You do not need to wait for anything official from Nevada. NABP has a new requirement for how many times an exam may be taken. Please refer to www.nabp.net for current information.

- ☐ You can access your scores at nabp.net.

LICENSURE INFORMATION

- A Nevada pharmacist's license will not be issued until you have successfully passed the NAPLEX and MPJE exams and submitted the following:

- 1500 Intern Hours (minimum). Verification of intern hours must come directly to us from the state board of pharmacy were you are licensed as an intern. We will also accept a verification of hours from your school. NO EXCEPTIONS. INTERN HOURS ARE NOT REQUIRED TO TAKE THE EXAM, JUST NEEDED TO ISSUE THE LICENSE.

- Transcripts conferring your pharmacy degree. The transcripts must come directly to us from the school of pharmacy from which you graduated with your degree posted. **Transcripts are not required for foreign graduates, FPGEC certificates only.

- TRANSCRIPTS AND INTERN HOURS ARE REQUIRED FOR LICENSURE EVEN IF YOU ARE A LICENSED PHARMACIST IN ANOTHER STATE. Intern hours and transcripts may be submitted to the board prior to taking the exams.

- The $250.00 fee includes all required fees including the $200 registration fee. The fee does not include any payment for the NAPLEX or MPJE exams. All pharmacist's license in Nevada expire October 31 of the odd-numbered years. Fees are not pro-rated.

- If you move, please keep us informed of your address. We have attempted to answer any questions you may have, but please feel free to contact the Reno office at (775) 850-1440 if you need additional information.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

APPLICATION BY EXAMINATION AS A PHARMACIST

If you are requesting examination eligibility for initial licensure and/or you don't meet the requirements for reciprocation.

Total Fee: $250.00 (non-refundable check or credit card)

Made payable to: **Nevada State Board of Pharmacy**

Complete Name (no abbreviations):

First:_____ Middle:_____ Last: _____

Mailing Address: _____

City:_____ State:_____ Zip Code: _____

Telephone:_____ E-mail Address: _____

Date of Birth:_____ Place of Birth: _____

Social Security Number:_____ Sex: ☐ M or ☐ F

(Full Number Required)

College of Pharmacy Information

Graduation Date: _____

(mm/dd/yy)

Degree Received: ☐ PharmD ☐ BS in Pharmacy ☐ Other (check one)

Name of Pharmacy School: _____

Location of School: _____

If you are a **foreign graduate** you must attach a copy of your FPGEC certificate to THIS APPLICATION. You also need to complete the college of pharmacy information

Board Use Only

Processed: _____ Amount: _____ Entity #: _____

Email _____ NAPLEX _____ MPJE _____

Other states where you are (or were) licensed as a pharmacist or print "none"

State	Lic#	Is the license Active?	State	Lic #	Is the License Active?
		Yes ☐ No ☐			Yes ☐ No ☐
		Yes ☐ No ☐			Yes ☐ No ☐

**Attach separate sheet if needed

Have you ever served in the military, either active, reserve or retired? Yes ☐ No ☐

Branch:_____
Military Occupation/Specialty:_____
Dates of Service:_____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

	Yes	No
1. Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☐
2. Been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☐
3. Been the subject of a board citation or an administrative action or board citation whether completed or pending in any state	☐	☐
4. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☐

If you marked **YES** to any of the numbered questions (**1-3**) above, include the following information & **provide an explanation and/or documentation**:

Board Administrative Action:	State	Date: / /	Case #:

Criminal Action:	State	Date: / /	Case #:	County	Court

FEDERALLY MANDATED REQUIREMENTS

In response to Federally mandated requirements, the Nevada Legislature and Attorney General require that we include this questions as part of all applications.

4. Are you the subject of a court order for the support of a child?.....Yes ☐ No ☐
4a. If you marked Yes, to the question 4. are you in compliance with the court order?.....Yes ☐ No ☐

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of my business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, its members, servants or employees because or by reason of the use of the authorization.

I attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

I understand that Nevada law requires a licensed pharmacist who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

_____ _____

Original Signature, no copies or stamps accepted Date

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521

(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

• Web Page: bop.nv.gov

Payment: Pay application fee by providing your credit or debit card information below, or by submitting a check made payable to **Nevada State Board of Pharmacy**.		
Credit Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express	**Credit Card #:** __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __	
Expiration Date: __ __/__ __ (MM/YY	**CVV** (3 digits on back of card): _____	**Amount**: $_____
Name on Card: _____		
Billing Address: _____ _____ _____		

APPLICATION BY RECIPROCATION AS A PHARMACIST

This application cannot be returned by fax or email. We must have an original signature and fee to process

If you are requesting licensure by reciprocation (i.e. you have a current pharmacist license from another state and wish to transfer license information and only need to take the Nevada MPJE), complete this application:

As of July 1, 2008, Nevada will accept reciprocation of pharmacists licensed in all states, including California and Florida.

Pharmacists reciprocating from California will need to have been issued a license by taking and passing the NAPLEX exam. Therefore, we can only accept California pharmacists who were licensed after January 1, 2004. There are no restrictions for pharmacists reciprocating from Florida, so all Florida pharmacists may apply.

Download application (3 pages) and mail to the address on the top of the application with the required $250.00 fee. The fee is payable by check or credit card.

Fee is made payable to: **Nevada State Board of Pharmacy.**

Before calling with questions, please read all information carefully

- You are required to access NABP's website at www.nabp.net to register on-line for the MPJE exam.

  - Required to get approval for MPJE: The Nevada application and $250 fee. The application will not be accepted and will be returned if incomplete. Make sure the application is signed and dated.

  - Once your application has been received and approved, and you have registered for the MPJE through NABP, you can then be approved to sit for the examination.

  - You will receive an authorization to test (ATT) along with all information needed to schedule your MPJE from NABP. The MPJE is given Monday through Saturday, excluding holidays. Allow 30 days for your application to be received and processed.

- The Nevada Pharmacy Laws are available on the website under the tab "Nevada Statutes & Regulations." The "Nevada Statutes & Regulations" are the only study guide available for the Nevada MPJE exam. http://bop.nv.gov/board/ALL/Regulations/ An email will be sent within 30 days of the receipt your application.

- The MPJE exam can be taken once every 30 days (retake fee required for NABP). They are NABP's rules, not Nevada's. You can reapply to NABP at any time after you fail them exam. You do not need to wait for anything official from Nevada. NABP has a new requirement for how many times an exam may be taken. Please refer to www.nabp.net for current information.

- You can access your scores at nabp.net.

Just a reminder: You will be required to access NABP's website at www.nabp.net to obtain the Preliminary Application for Transfer of Pharmaceutic Licensure for NABP. Also referred to as the official NABP application.

To receive license as a pharmacist in Nevada by reciprocation, the following needs to be on file:

Nevada application and fee
Passage of the MPJE exam
Official NABP application

You have one (1) year from the date we receive the Nevada application to complete the process of licensure. The $250.00 fee includes all required fees including the $200 registration fee. The $250.00 fee does NOT include the fee for the MPJE exam or the fee for NABP preliminary application. All pharmacist's license in Nevada expire October 31 of the odd-numbered years. Fees are not pro-rated.

If you move, please keep us informed of your address. We have attempted to answer any questions you may have, but please feel free to contact the Reno office at (775) 850-1440 if you need additional information

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

APPLICATION BY RECIPROCATION AS A PHARMACIST

If you are requesting licensure by reciprocation (i.e. You have a current pharmacist license from another state and wish to transfer license information and only need to take the Nevada MPJE), complete this application:

Total Fee: $250.00 (Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)

Made payable to: **Nevada State Board of Pharmacy**

Complete Name (no abbreviations):

First:_____ Middle:_____ Last: _____

Mailing Address: _____

City:_____ State:_____ Zip Code: _____

Telephone:_____ E-mail Address: _____

Date of Birth:_____ Place of Birth: _____

SS# or ITIN:_____ Sex: ☐ M or ☐ F

(Full Number Required)

Original State of Licensure you are reciprocating from must be active and issued by exam; State:_

_____ Date of Issuance: _____

College of Pharmacy Information

Graduation Date: _____
(mm/dd/yy)

Degree Received: ☐ PharmD ☐ BS in Pharmacy ☐ Other (check one)

Name of Pharmacy School: _____

Location of School: _____

If you are a **foreign graduate** you must attach a copy of your FPGEC certificate to THIS APPLICATION. You also need to complete the college of pharmacy information

Board Use Only

Processed: _____ Amount: _____ Entity #: _____

Email _____ MPJE _____

Other states where you are (or were) licensed as a pharmacist or print "none"

State	Lic#	Is the license Active?	State	Lic #	Is the License Active?
		Yes ☐ No ☐			Yes ☐ No ☐
		Yes ☐ No ☐			Yes ☐ No ☐

**Attach separate sheet if needed

Have you ever served in the military, either active, reserve or retired? Yes ☐ No ☐

Branch:_____
Military Occupation/Specialty:_____
Dates of Service:_____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

	Yes	No
1. Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☐
2. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?	☐	☐
3. Been the subject of a board citation or an administrative action or board citation whether completed or pending in <u>any</u> state?	☐	☐
4. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?	☐	☐

If you marked **YES** to any of the numbered questions (**1-3**) above, include the following information & **provide an explanation & documentation**:

Board Administrative Action:	State	Date: / /	Case #:

Criminal Action:	State	Date: / /	Case #:	County	Court

FEDERALLY MANDATED REQUIREMENTS

In response to Federally mandated requirements, the Nevada Legislature and Attorney General require that we include this questions as part of all applications.

4. Are you the subject of a court order for the support of a child?.....Yes ☐ No ☐
4a. If you marked Yes, to the question 4, are you in compliance with the court order?.....Yes ☐ No ☐

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of my business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, its members, servants or employees because or by reason of the use of the authorization.

I attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

I understand that Nevada law requires a licensed pharmacist who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature, no copies or stamps accepted

Date

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521

(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

• Web Page: bop.nv.gov

Payment: Pay application fee by providing your credit or debit card information below, or by submitting a check made payable to **Nevada State Board of Pharmacy**. Credit Cards are charged a 5% processing fee		
Credit Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express	**Credit Card #:** __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __	
Expiration Date: __ __/__ __ (MM/YY	**CVV** (3 digits on back of card): _____	**License Amount**: $_____
Name on Card: _____		
Billing Address: _____ _____ _____		

APPLICATION BY SCORE TRANSFER AS A PHARMACIST

This application cannot be returned by fax or email. We must have an original signature and fee to process

If you have or will request from NABP to have your NAPLEX score transferred to Nevada and only need to take the Nevada MPJE, complete this application. NABP requires that you must complete a score transfer request within 90 days of taking the exam.

Download application and mail to the address on the top of the application with the required $250.00 fee. The fee is payable by check or credit card.

Fee is made payable to: **Nevada State Board of Pharmacy**.

Before calling with questions, please read all information carefully:

- You are required to access NABP's website at www.nabp.net to register on-line for the MPJE.
- Required to get approval for MPJE: The Nevada application and $250 fee. The application will not be accepted and will be returned if incomplete. Make sure the application is signed and/or dated.
- Once your application has been received and approved, and you have registered for the MPJE through NABP, you can then be approved to sit for the MPJE.
- You will receive an authorization to test (ATT) along with all information needed to schedule your MPJE exam from NABP. The MPJE is given Monday through Saturday, excluding holidays. Allow 30 days for your application to be received and processed. The ATT is sent to you by NABP, not Nevada
- The Nevada Pharmacy Laws are available on the website under the tab "Nevada Statutes & Regulations." The "Nevada Statutes & Regulations" are the only study guide available for the Nevada MPJE exam http://bop.nv.gov/board/ALL/Regulations/. An email will be sent within 30 days of receipt of your application.
- The MPJE exam can be taken once every 30 days (retake fee required for NABP). They are NABP's rules, not Nevada's. You can reapply to NABP at any time after you fail them exam. You do not need to wait for anything official from Nevada. NABP has a new requirement for how many times an exam may be taken. Please refer to www.nabp.net for current information.

- You can access your scores at nabp.net.

Required documentation needed for licensure after you successfully pass the NAPLEX and MPJE:

- A Nevada pharmacist's license will not be issued until you have successfully passed the NAPLEX and MPJE exams and submitted the following:

- 1500 Intern Hours (minimum). Verification of intern hours must come directly to us from the state board of pharmacy were you are licensed as an intern. We will also accept a verification of hours from your school. NO EXCEPTIONS. INTERN HOURS ARE NOT REQUIRED TO TAKE THE EXAM, JUST NEEDED TO ISSUE THE LICENSE

- Transcripts conferring your pharmacy degree. The transcripts must come directly to us from the school of pharmacy from which you graduated with your degree posted. **Transcripts are not required for foreign graduates, FPGEC certificates only.

- TRANSCRIPTS AND INTERN HOURS ARE REQUIRED FOR LICENSURE EVEN IF YOU ARE A LICENSED PHARMACIST IN ANOTHER STATE. Intern hours and transcripts may be submitted to the board prior to taking the exams.

- The $250.00 fee includes all required fees including the $200 registration fee. The fee does not include any payment for the NAPLEX or MPJE exams. All pharmacist's license in Nevada expire October 31 of the odd-numbered years. Fees are not pro-rated.

If you move, please keep us informed of your address. We have attempted to answer any questions you may have, but please feel free to contact the Reno office at (775) 850-1440 if you need additional information.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

APPLICATION BY SCORE TRANSFER AS A PHARMACIST

If you have or will request from NABP to have your NAPLEX score transferred to Nevada and only need to take the Nevada MPJE, complete this application.

Total Fee: $250.00 (non-refundable check or credit card)
Made payable to: **Nevada State Board of Pharmacy**

Complete Name (no abbreviations):

First:_____ Middle:_____ Last: _____

Mailing Address: _____

City:_____ State:_____ Zip Code: _____

Telephone:_____ E-mail Address: _____

Date of Birth:_____ Place of Birth: _____

Social Security Number:_____ Sex: ☐ M or ☐ F
(Full Number Required)

College of Pharmacy Information

Graduation Date: _____
(mm/dd/yy)

Degree Received: ☐ PharmD ☐ BS in Pharmacy ☐ Other (check one)

Name of Pharmacy School: _____

Location of School: _____

If you are a **foreign graduate** you must attach a copy of your FPGEC certificate to THIS APPLICATION. You also need to complete the college of pharmacy information

Board Use Only

Processed: _____ Amount: _____ Entity #: _____

Email _____ NAPLEX Taken: _____ MPJE _____

Other states where you are (or were) licensed as a pharmacist or print "none"

State	Lic#	Is the license Active?	State	Lic #	Is the License Active?
		Yes ☐ No ☐			Yes ☐ No ☐
		Yes ☐ No ☐			Yes ☐ No ☐

**Attach separate sheet if needed

Have you ever served in the military, either active, reserve or retired? Yes ☐ No ☐

Branch:_____
Military Occupation/Specialty: _____
Dates of Service: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number:_____

	Yes	No
1. Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☐
2. Been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☐
3. Been the subject of a board citation or an administrative action or board citation whether completed or pending in any state?	☐	☐
4. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☐

If you marked **YES** to any of the numbered questions (**1-3**) above, include the following information & **provide an explanation & documentation**:

Board Administrative Action:	State	Date: / /	Case #:

Criminal Action:	State	Date: / /	Case #:	County	Court

FEDERALLY MANDATED REQUIREMENTS

In response to Federally mandated requirements, the Nevada Legislature and Attorney General require that we include this questions as part of all applications.

4. Are you the subject of a court order for the support of a child?.....Yes ☐ No ☐
4a. If you marked Yes, to the question 4, are you in compliance with the court order?.....Yes ☐ No ☐

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of my business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, its members, servants or employees because or by reason of the use of the authorization.

I attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

I understand that Nevada law requires a licensed pharmacist who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

_____ _____

Original Signature, no copies or stamps accepted Date

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521

(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

• Web Page: bop.nv.gov

Payment: Pay application fee by providing your credit or debit card information below, or by submitting a check made payable to **Nevada State Board of Pharmacy**.		
Credit Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express	**Credit Card #:** __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __	
Expiration Date: __ __/__ __ (MM/YY	**CVV** (3 digits on back of card): _____	**Amount**: $_____
Name on Card: _____		
Billing Address: _____ _____ _____		

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Dispensing Practitioner Registration Application

Non-Refundable $300 fee

Rev (05/05/2022)

(This application cannot be used by PA's or APRN's)

This application cannot be returned by fax or email.
An original signature and fee are required to process.

Approval of this application is required to request for a Dispensing Practitioner Registration. A Dispensing Practitioner Registration is required for a practitioner to ***dispense***[1] drugs from an office or facility. A Dispensing Practitioner Registration is a revocable privilege, and no holder of such a license acquires any vested right therein or thereunder. NAC 639.742 - 639.745.

Before completing this application, if Controlled Substances (CS) will be dispensed from the office or facility, a practitioner must have:

1. A CS Registration and a DEA license is required for each office or facility where CS dispensing will occur. If you plan to dispense CS and do not have a CS Registration and a DEA license, please visit 2020 CS APP.pdf (nv.gov) and follow the instructions in the application to obtain a CS Registration and a DEA license.

Requirements for a Dispensing Practitioner Registration:

1. Print and mail the completed application to the address indicated above with a **non-refundable fee of $300.00** paid for by credit or debit card or a check, cashier's check or money order made payable to the Nevada State Board of Pharmacy. Credit and debit card payments are charged a 5% processing fee.
2. Once a completed application and fee is submitted and reviewed by the Board, the office or facility where the dispensing will occur MUST be inspected by a Board inspector before a dispensing registration may be issued. You will receive an email to schedule your inspection.
3. Once an application is approved, the office or facility receives a satisfactory inspection, and all other requirements of the board have been completed, you will receive your Dispensing Registration in your email. Please check your spam or junk mail.

Please note:

- A separate registration must be obtained for each office or facility where a practitioner is dispensing drugs.
- A change in office or facility location requires the practitioner to submit a new application with fee. A satisfactory inspection of the new location will be required before a new dispensing registration will be issued and before any dispensing can take place at the new location.
- The dispensing registration must be renewed in **October of even numbered years** despite when the original license was issued. Fees ARE NOT prorated.
- The information described in NRS 453.163 for CS prescriptions dispensed from the office or facility must be reported to the Nevada Prescription Monitoring Program (PMP) by the end of the next business day after dispensing the CS. NAC 639.926. Registration and information regarding reporting to the PMP can be found at: PMP (nv.gov)
- Nevada statutes and regulations can be accessed at Nevada Statues & Regulations (nv.gov).
- For questions contact us at 775-850-1440 or by email at pharmacy@pharmacy.nv.gov.

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[1] **NRS 639.0065:** "Dispense" means to deliver a controlled substance or dangerous drug to an ultimate user, patient or subject of research by or pursuant to the lawful order of a practitioner, including the prescribing by a practitioner, administering, packaging, labeling or compounding necessary to prepare the substance for that delivery.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Dispensing Practitioner Registration Application

Non-Refundable $300 fee

Rev (05/05/2022)

Type of Application

☐ New Dispensing Location
☐ Dispensing Location Ownership Change (Provide current Dispensing Registration #: _____)
☐ Dispensing Location Address Change (Provide current Dispensing Registration #: _____)

What types of drug(s) will you be dispensing?

☐ Dangerous Drugs (DD) ONLY
☐ Dangerous Drugs (DD) AND Controlled Substances (CS) (Provide your Controlled Substance Registration #: _____)

Is the office or facility from which the practitioner intends to dispense DD/CS wholly owned and operated by the practitioner?

☐ Yes
☐ No (Facility owner(s) must complete the Personal History application at www.bop.nv.gov. Submit this with your application.)

Section 1: Personal Information

First: _____ Middle: _____ Last: _____

Date of Birth: _____ SSN or ITIN:_____ Sex: ☐ M ☐ F ☐ X

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Degree:_____ Practitioner License #: _____ Specialty: _____

(You MUST have a current and active license with your respective BOARD to apply for and maintain a practitioner dispensing registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name: _____

Practice Address: _____ Suite #: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 5 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County

Case #	Governing, licensing, Arresting Presiding Body/Agency/Court

Reason/Charge

Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy

Name of Business/Industry/Entity

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I understand that Nevada law requires a registered dispensing practitioner who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date

Board Use Only: Date Processed: _____ Amount: _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521

(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

• Web Page: bop.nv.gov

Applicant Name: _____

Payment: Pay application fee by providing your credit or debit card information below, or by submitting a check made payable to **Nevada State Board of Pharmacy**. Credit cards are charged a 5% processing fee.		
Credit Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express	**Credit Card #:** __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __	
Expiration Date: __ __/__ __ (MM/YY	**CVV** (3 digits on back of card): _____	**Amount**: $_____
Name on Card: _____		
Billing Address: _____ _____ _____		

Application for Authority to Dispense Controlled Substances or Dangerous Drugs or Both

This application cannot be returned by fax or email.
We must have an original signature and fee to process.

This application is for dispensing of medications from your office. Example: You will write a prescription and then fill the prescription like a pharmacy does. If all you do is prescribe, please use the controlled substance application. Dangerous drugs require a prescription (Latisse, high blood pressure medication, antibiotics, etc.) but are not a scheduled drug.

If you dispense controlled substances, a controlled substance registration and DEA is required for the address listed on the application.

Download application and mail to the address on the top of the application with the required $300.00 fee. The fee is payable by money order or cashier's check only, we do not accept personal or business checks, cash or credit cards. If the application is received with a personal check or cash, it will be returned and will delay the processing of your application.

Fee is made payable to: **Nevada State Board of Pharmacy**

Before calling with questions, please read all information carefully.

Your dispensing site will require an inspection by Board of Pharmacy personnel before the dispensing certificate can be issued or the dispensing of medications can occur from your office. Once the completed application and fee has been received by the Reno office, you will receive a letter to schedule the appointment to have your dispensing site inspected.

Dispensing practitioners who only dispense dangerous drugs are exempt from the reporting requirements.

> As of January 1, 2005, all dispensing practitioners who dispense controlled substances must comply with the following:
>
> Have a computer system into which all controlled substance prescriptions or prescription data is entered that are dispensed by the dispensing practitioner. (No more paper-only prescription record systems for controlled substances.)
>
> Begin transmitting the data to the Prescription Monitoring Program by the end of next business day after dispensing a controlled substance.

You must be the only person who prepares prescriptions for dispensing unless you designate an employee or employees to serve as a dispensing technician. Please see "Licensing Application" tab on the home page for the application for a dispensing technician in training. A minimum of 500 hours is required to a dispensing technician in training.

If your dispensing address changes, you will be required to submit a new application before moving and pay the $300.00. The new location will require an inspection.

If you have any questions, please feel free to contact the Reno office.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

APPLICATION FOR AUTHORITY TO DISPENSE DRUGS

Registration Fee: $300.00 (non-refundable money order or cashier's check only)

This application is for physicians only. APRN's or PA's have their own dispensing applications.

New Dispensing Location ☐ Address Change ☐ (Requires Fee and New Application)

Current Dispensing License #_____

Do you, as a dispensing practitioner or in conjunction only with other practitioners, wholly own your practice? Yes ☐ No ☐

If no, please complete the *Application for Non-Practitioner Dispensing Site Owners* as required by NAC 639.742 (2).

I will be dispensing ☐ controlled substances ☐ dangerous drugs or ☐ both. Must check a box.

If you dispense controlled substances, a controlled substance registration and DEA is required for the address listed on this application.

First:_____ Middle:_____ Last:_____ Degree: _____

Practice Name (if any): _____

Nevada Address:_____ Suite #: _____

(This must be a practicing Nevada address, we will not issue a license to a home address or to a PO Box only)

PO Box:_____ SS# or ITIN:_____ Sex: ☐ M or ☐F

E-mail address:_____ Date of Birth: _____

City:_____ State: NV Zip Code: _____

Nevada Work Telephone:_____ Nevada Fax: _____

Practitioner License Number:_____ Specialty:_____

You must be licensed with your respective BOARD before we will process this application.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☐
1. Been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☐
2. Been the subject of an administrative action whether completed or pending in any state?	☐	☐
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☐

If you marked **YES** to any of the numbered questions (**1-3**) above, include the following information & **provide documentation**:

	State	Date:	Case #:	County	Court
Board Administrative Action:		/ /			
Criminal Action:		/ /			

The undersigned practitioner, licensed to practice his or her profession in the State of Nevada, applies to the Board of Pharmacy for authorization to dispense, for profit, controlled substances or dangerous drugs or both, to his or her own patients, in the manner allowed and as required by Nevada and Federal law.

I hereby certify that the answers given in this application are true and correct to the best of my knowledge. I understand that the approval of this application provides me alone with the authority to dispense controlled substance or dangerous drugs or both to my own patients at the address stated on the application. I further understand that I may not delegate this authority to any other person. I further agree to abide by all statutes, rules or regulations governing practitioner dispensing and understand that a violation of any such statute, rules or regulations may be grounds for suspension or revocation of this permit of authorization.

_____ _____

Original Signature, no copies or stamps accepted. Date

Board Use Only

Received:_____ Amount:_____ Entity#_____

Transmitting Controlled Substance Prescription Data

Pursuant to NAC 639.926, pharmacies and dispensing practitioners that dispense controlled substances listed in schedule II, III or IV are required to submit data to the Board by the end of next business day after dispensing a controlled substance. If no controlled substances are dispensed a zero report must be submitted by the end of next business day.

The Nevada State Board of Pharmacy contracts with PMP AWARxE Clearinghouse to manage the data collection for the Nevada Prescription Monitoring Program (PMP). For instructions on how to set up an account and submit data, please obtain and read the Data Submission Dispenser Guide. To obtain please go to http://bop.nv.gov/links/PMP/ and click “Dispenser Guide.”

If you have any questions or need additional information, please contact PMP AWARxE Clearinghouse at **855-568-4767**. Or email: pmp@pharmacy.nv.gov

Include with the Application for Authority to Dispense Drugs

Practitioner Dispensing
Controlled Substance Waiver Form

Each dispensing practitioner must complete this form. Do not submit for a group.

Print Name: _____

Address: _____

City: _____ State: NV Zip: _____

Telephone: _____

_____ I will be dispensing controlled substances at the address listed above and I understand that I am required and submit data to the Prescription Controlled Substance Abuse Prevention Task Force weekly as required by NAC 639.745 [1(f)].

_____ I will not be dispensing controlled substances at the address listed above. If I choose to dispense controlled substances in the future, I must contact the Nevada State Board of Pharmacy to modify my license.

By signing and dating this waiver form, I certify that the information provided is true.

_____ _____

Original Signature of Dispensing Practitioner Date

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Advanced Practice Registered Nurse (APRN) Dispensing Registration Application

Non-Refundable $300 fee

Rev (05/05/2022)

This application cannot be returned by fax or email.
An original signature and fee are required to process.

Approval of this application is required to request for an APRN Dispensing Registration. An APRN Dispensing Registration is required for an APRN to dispense drugs from an office or facility. An APRN Dispensing Registration is a revocable privilege, and no holder of such a license acquires any vested right therein or thereunder. NRS 639.1375, NAC 639.841 - 639.898

Pre-requisite for a APRN Dispensing Registration:

1. You MUST have a current license and active-PRESCRIBING status with the Nevada State Board of Nursing.
2. You MUST have a current license and active-DISPENSING status with the Nevada State Board of Nursing.
3. You MUST have a current and active registration to ***prescribe*** dangerous drugs (DD) issued by the Nevada State Board of Pharmacy (Board). If dangerous drugs and controlled substances (CS) will be dispensed from the office or facility then a ***controlled substance*** registration will be required. If you do not have an active ***prescribe*** OR ***controlled substance*** registration, visit www.bop.nv.gov and complete the necessary application. A CS Registration and a DEA license is required for each office or facility where CS dispensing will occur.

Requirements for an APRN Dispensing Registration:

1. Print and mail the completed application to the address indicated above with a **non-refundable fee of $300.00** paid for by credit or debit card or check, cashier's check or money order made payable to the Nevada State Board of Pharmacy. Credit and debit card payments are changed a 5% processing fee.
2. Upon receipt of a completed application, you must pass an exam administered by the Nevada State Board of Nursing (BON) on the laws relating to pharmacy. NRS 639.1375. The BON will notify us when you have taken and passed the exam. You may access Nevada law relating to pharmacy at Nevada Statues & Regulations (nv.gov).
3. Each APRN who applies for a dispensing registration and his or her collaborating physician, if any, must appear personally before the Board (NAC 639.870) if the APRN:
   - Will be operating in a practice not previously licensed by the Board;
   - Responded affirmatively to any questions on the application regarding his or her character or competency; or
   - Is requested to do so by the Board.

   If an appearance is required, you will be informed by letter two (2) weeks prior to the meeting.
4. The office or facility where the dispensing will occur MAY be required to be inspected by a Board inspector before an APRN Dispensing Registration may be issued. You will receive an email regarding the inspection process.
5. Once we receive your completed application, you pass the exam administered by the Nevada State Board of Nursing, the office or facility receives a satisfactory inspection, and all other requirements of the Board have been completed, you will receive your APRN Dispensing Registration in your email. Please check your spam or junk mail.

Please note:

- A separate registration must be obtained for each office or facility where an APRN is dispensing drugs.
- A change in location or ownership of the office or facility requires the APRN to submit a new application with fee. A satisfactory inspection of the new location will be required before a new APRN Dispensing Registration will be issued and before any dispensing of CS and DD can take place at the new location.
- The Dispensing Registration must be renewed in **October of even numbered years** despite when the original license was issued. Fees ARE NOT prorated.
- The information described in paragraph (d) of subsection 1 of NRS 453.162 for CS prescriptions dispensed from the office or facility must be reported to the Nevada Prescription Monitoring Program by no later than the end of the next business day after dispensing the CS. NAC 639.926. Registration information can be found at: PMP (nv.gov)
- For questions contact us at 775-850-1440 or by email at pharmacy@pharmacy.nv.gov.

Commented [YL1]: NAC639.870Certificate of registration: Application; fee; period of validity; appearance before Board; collaborating physician; late renewal. (NRS 639.070, 639.1375)

1.The application of an advanced practice registered nurse for a certificate of registration to dispense controlled substances, poisons, dangerous drugs and devices must include:

(a)The name, address, social security number and telephone number of the applicant;

(b)A copy of the certificate issued by the State Board of Nursing which authorizes the applicant to dispense controlled substances, poisons, dangerous drugs and devices;

(c)The name, address and telephone number of the applicant's collaborating physician, if any;

(d)Written verification from the State Board of Nursing that the applicant has passed an examination on Nevada law relating to pharmacy; and

(e)Any other information requested by the Board.

2.Each application for the issuance or the biennial renewal of a certificate of registration must be accompanied by a nonrefundable fee of $300. The biennial certificate of registration covers the period beginning on November 1 of each even-numbered year.

3.Each advanced practice registered nurse who applies for a certificate of registration and his or her collaborating physician, if any, must appear personally before the Board for a determination and an assignment of the specific authority to be granted to the advanced practice registered nurse if the advanced practice registered nurse:

(a)Will be operating in a practice not previously licensed by the Board;

(b)Responded affirmatively to any of the questions on the application regarding his or her character or competency; or

(c)Is requested to do so by the Board.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Advanced Practice Registered Nurse (APRN) Dispensing Registration Application

Non-Refundable $300 fee

Rev (05/05/2022)

Type of Application

☐ New Dispensing Location
☐ Dispensing Location Ownership Change (Provide current Dispensing Registration #: _____)
☐ Dispensing Location Address Change (Provide current Dispensing Registration #: _____)

What types of drug(s) will you be dispensing?

☐ Dangerous Drugs (DD) ONLY (Provide your Prescribe Registration #: _____)
☐ Dangerous Drugs (DD) AND Controlled Substances (CS) (Provide your Controlled Substance Registration #: _____)

Is the office or facility from which the practitioner intends to dispense DD/CS wholly owned and operated by the practitioner?

☐ Yes
☐ No (Facility owner(s) must complete the Personal History application at www.bop.nv.gov. Submit this with your application.)

Section 1: Personal Information

First: _____ Middle: _____ Last: _____

Date of Birth: _____ SSN or ITIN:_____ Sex: ☐ M ☐ F ☐ X

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Degree:_____ Practitioner License #: _____ Specialty: _____

(You MUST have a current and active license with your respective BOARD to apply for and maintain a APRN Dispensing Registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name: _____

Practice Address: _____ Suite #: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Section 3: NRS 632.237 (ONLY complete this section if you are applying to also *dispense* SCHEDULED II CS. In order to dispense SCHEDULED II CS, you must meet the requirements to *prescribe* SCHEDULED II CS.)

An advanced practice registered nurse may apply to prescribe CS listed in schedule II if they meet one of the following qualifications (please mark that apply):

☐ I have at least 2 years or 2,000 hours of clinical experience; OR

☐ The CS will be prescribed pursuant to a protocol approved by a collaborating physician. (If you marked this answer, provide the information as requested below per NAC 639.870(4))

Collaborating Physician Name: _____

Collaborating Physician Practice Address: _____

City: _____ State: _____ Zip:_____

Telephone: _____ Fax: _____ Email:_____

Section 4: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		

Section 5: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 6: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 6 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		Governing, licensing, Arresting Presiding Body/Agency/Court		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I understand that Nevada law requires a registered dispensing APRN who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

Applicant Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted) Date

COLLABORATING PHYSICIAN's name and signature per Section 3 of the application (if applicable):

Collaborating Physician's Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted) Date

Board Use Only: Date Processed: _____ Amount: _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521

(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

• Web Page: bop.nv.gov

Applicant Name: _____

Payment: Pay application fee by providing your credit or debit card information below, or by submitting a check made payable to **Nevada State Board of Pharmacy**. Credit cards are charged a 5% processing fee.		
Credit Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express	**Credit Card #:** __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __	
Expiration Date: __ __/__ __ (MM/YY	**CVV** (3 digits on back of card): _____	**Amount**: $_____
Name on Card: _____		
Billing Address: _____ _____ _____		

ADVANCED PRACTITITONER OF NURSING (APN)
INFORMATION AND CHECKLIST - DISPENSE

This application cannot be returned by fax or email.
We must have an original signature(s) and fee to process.

Download application and mail to the address on the top of the application with the required $300.00 fee. The fee is payable by money order or cashier's check only, we do not accept personal or business checks, cash or credit cards. If the application is received with a personal check or cash, it will be returned and will delay the processing of your application.

Fee is made payable to : **Nevada State Board of Pharmacy**

Before calling with questions, please read all information carefully.

You must are required to have either a prescribing registration or controlled substance registration with the pharmacy board to obtain a dispensing license.

Upon receipt of the completed application and fee, you will be provided a Nevada law book for study for the dispensing examination. The exam is taken with the Nevada State Board of Nursing.

You **must have** dispensing and prescribing privileges with the Nevada nursing board to receive dispensing and prescribing privileges from the Pharmacy Board

The Nevada State Board of Nursing will notify us when you have taken and passed the exam. Upon this notification, a dispensing license can be issued.

If your dispensing address changes, you will be required to submit a new application before moving and pay the $300.00 fee. The new location will require an inspection. You will not be required to retake the dispensing exam.

All registrations expired October 31,of the even numbered years, no matter when the license is issued. If you have any questions, please feel free to contact the Reno office at 775/850-1440..

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

APPLICATION FOR ADVANCED PRACTITIONER OF NURSING • DISPENSE

You must have current pharmacy board registration to submit this application.

REGISTRATION FEE: $300.00 (non-refundable **money order or cashier's check only, no cash)**

First:_____ Middle:_____ Last: _____

Home Address: _____

City:_____ State:_____ Zip Code: _____

Telephone:_____ SS# or ITIN:_____ Date of Birth: _____

E-mail address: _____

Board of Nursing APN Certificate #:_____ Pharmacy Board #:_____

PRACTICING LOCATION

Practice Name (if any): _____

Physical Address:_____ Suite #: _____

City:_____ State:_ Zip Code: _____

Telephone:_____ Fax: _____

SUPERVISING PHYSICIAN – Please Print

First:_____ Middle:_____ Last:_____ Physical

Address:_____ Suite #: _____

City:_____ State:_____ Zip Code: _____

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?		
1. Been charged, arrested or convicted of a felony or misdemeanor in any state?		
2. Been the subject of an administrative action whether completed or pending in any state?		
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?		

If you marked **YES** to any of the numbered questions (**1-3**) above, include the following information & **provide documentation**:

	State	Date:	Case #:		
Board Administrative Action:		/ /			
Criminal Action:	State	Date:	Case #:	County	Court
		/ /			

I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

_____ _____

Original Signature of APN, no copies or stamps accepted Date

_____ _____

Original Signature of Supervising Physician, no copies or stamps accepted Date

Board Use Only

Received_____ Amount_____ Entity: _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Physician Assistant (PA) - Dispensing Registration Application

Non-Refundable $300 fee

Rev (05/05/2022)

This application cannot be returned by fax or email.
An original signature and fee are required to process.

Approval of this application is required to request for a PA Dispensing Registration. A PA Dispensing Registration is required for a PA to ***dispense***[1] drugs from an office or facility. A PA Dispensing Registration is a revocable privilege, and no holder of such a license acquires any vested right therein or thereunder. NRS 639.1375, NAC 639.841 - 639.898.

Pre-requisite for a PA Dispensing Registration:

1. Before a PA Dispensing Registration may be issued, the PA MUST have a current and active registration to ***prescribe*** dangerous drugs (DD) issued by the Nevada State Board of Pharmacy (Board). If dangerous drugs and controlled substances (CS) will be dispensed from the office or facility then a ***controlled substance*** registration will be required. If you do not have an active ***prescribe*** or ***controlled substance*** registration, visit www.bop.nv.gov and complete the necessary application. A CS Registration and a DEA license is required for each office or facility where CS dispensing will occur.

Requirements for a PA Dispensing Registration:

1. Print and mail the completed application to the address indicated above with a **non-refundable fee** of **$300.00** paid for by credit or debit card or check, cashier's check or money order made payable to the Nevada State Board of Pharmacy. Credit and debit card payments are changed a 5% processing fee.
2. Upon receipt of a completed application, you will receive an email with instructions on how to access the exam administered by the Board on the laws relating to the dispensing of drugs. NRS 639.1373, NAC 639.272(4)(b). You have multiple attempts to pass the exam with a score of 70% or higher. In preparation for the exam, please review the laws regarding the dispensing of drugs in Nevada Statues & Regulations (nv.gov).
3. The office or facility where the dispensing will occur MAY be required to be inspected by a Board inspector before a PA Dispensing Registration may be issued. You will receive a letter or email regarding the inspection process.
4. Once you pass the exam, the office or facility receives a satisfactory inspection, and all other requirements of the board have been completed, you will receive your PA Dispensing Registration in your email. Please check your spam or junk mail.

Please note:

- A separate registration must be obtained for each office or facility where a PA is dispensing drugs.
- A change of location requires the PA to submit a new application with fee. A satisfactory inspection of the new location will be required before a new PA Dispensing Registration will be issued and before any dispensing can take place at the new location.
- The dispensing registration must be renewed in **October of even numbered years** despite when the original license was issued. Fees ARE NOT prorated.
- The information described in NRS 453.163 for CS prescriptions dispensed from the office or facility must be reported to the Nevada Prescription Monitoring Program (PMP) by the end of next business day after dispensing the CS. NAC 639.926. Registration and information regarding reporting to the PMP can be found at: https://bop.nv.gov/links/PMP/.
- For questions contact us at 775-850-1440 or by email at pharmacy@pharmacy.nv.gov.

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[1] **NRS 639.0065:** "Dispense" means to deliver a controlled substance or dangerous drug to an ultimate user, patient or subject of research by or pursuant to the lawful order of a practitioner, including the prescribing by a practitioner, administering, packaging, labeling or compounding necessary to prepare the substance for that delivery.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Physician Assistant (PA) Dispensing Registration Application

Non-Refundable $300 fee

Rev (05/05/2022)

Type of Application

☐ New Dispensing Location
☐ Dispensing Location Ownership Change (Provide current Dispensing Registration #: _____)
☐ Dispensing Location Address Change (Provide current Dispensing Registration #: _____)

What types of drug(s) will you be dispensing?

☐ Dangerous Drugs (DD) ONLY (Provide your Prescribe Registration #: _____)
☐ Dangerous Drugs (DD) AND Controlled Substances (CS) (Provide your Controlled Substance Registration #: _____)

Is the office or facility from which the practitioner intends to dispense DD/CS wholly owned and operated by the practitioner?

☐ Yes
☐ No (Facility owner(s) must complete the Personal History application at www.bop.nv.gov. Submit this with your application.)

Section 1: Personal Information

First: _____ Middle: _____ Last: _____

Date of Birth: _____ SSN or ITIN:_____ Sex: ☐ M ☐ F ☐ X

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Degree:_____ Practitioner License #: _____ Specialty: _____

(You MUST have a current and active license with your respective BOARD to apply for and maintain a PA dispensing registration.)

Section 2: Practice/Supervising Physician Information (A practice address is required for processing of your application.)

Practice Name: _____

Practice Address: _____ Suite #: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Supervising Physician Name: _____

Section 3: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		

Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 5: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 5 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I understand that Nevada law requires a registered dispensing PA who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

Applicant Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted) Date

Required Supervising Physician's name and signature (NAC 639.272):

Supervising Physician's Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted) Date

Board Use Only: Date Processed: Amount:

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521

(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

• Web Page: bop.nv.gov

Applicant Name: _____

Payment: Pay application fee by providing your credit or debit card information below, or by submitting a check made payable to **Nevada State Board of Pharmacy**. Credit cards are charged a 5% processing fee.		
Credit Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express	**Credit Card #:** __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __	
Expiration Date: __ __/__ __ (MM/YY	**CVV** (3 digits on back of card): _____	**Amount**: $ _____
Name on Card: _____		
Billing Address: _____ _____ _____		

PHYSICIAN'S ASSISTANT (PA)
INFORMATION AND CHECKLIST - DISPENSE

This application cannot be returned by fax or email.
We must have an original signature(s) and fee to process.

Download application and mail to the address on the top of the application with the required $300.00 fee. The fee is payable by money order or cashier's check only, we do not accept personal or business checks, cash or credit cards. If the application is received with a personal check or cash, it will be returned and will delay the processing of your application.

Fee is made payable to: **Nevada State Board of Pharmacy**

Before calling with questions, please read all information carefully.

You must are required to have either a prescribing registration or controlled substance registration with the pharmacy board to obtain a dispensing license.

Upon receipt of the completed application and fee, you will be provided a Nevada law book for study for the dispensing examination and instructions on scheduling the required law exam.

You are not authorized to dispense until the dispensing registration has been issued. This requires passing the dispensing exam.

If your dispensing address changes, you will be required to submit a new application before moving and pay the $300.00 fee. The new location will require an inspection. You will not be required to retake the dispensing exam.

All registrations expired October 31, of the even numbered years, no matter when the license is issued. If you have any questions, please feel free to contact the Reno office at 775/850-1440..

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

APPLICATION FOR PHYSICIAN'S ASSISTANT • DISPENSE

You must have current pharmacy board registration to submit this application.

REGISTRATION FEE: $300.00 (non-refundable **money order or cashier's check only, no cash)**

First:_____ Middle:_____ Last:_____

Home Address:_____

City:_____ State:_____ Zip Code:_____ Telephone:_____

SS# or ITIN:_____ Date of Birth:_____ E-mail address: _____

Medical or Osteopathic License #:_____ Pharmacy Board #: _____

PRACTICING LOCATION

Practice Name (if any): _____

Physical Address:_____ Suite #:_____

City:_____ State:_____ Zip Code: _____

Telephone:_____ Fax: _____

SUPERVISING PHYSICIAN – Please Print

First:_____ Middle:_____ Last:_____

Physical Address:_____ Suite #: _____

City:_____ State:_____ Zip Code: _____

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?	☐	☐
1. Been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☐
2. Been the subject of an administrative action whether completed or pending in any state?	☐	☐
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☐

If you marked **YES** to any of the numbered questions (**1-3**) above, include the following information & **provide documentation**:

	State	Date:	Case #:	County	Court
Board Administrative Action:		/ /			
Criminal Action:		/ /			

I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

_____ _____

Original Signature of PA, no copies or stamps accepted Date

_____ _____

Original Signature of Supervising Physician, no copies or stamps accepted Date

Board Use Only

Received_____ Amount_____ Entity: _____

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NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Physician Assistant (PA) – Prescribe/Controlled Substance Registration Application

Rev (03/29/2022)

This application cannot be returned by fax or email.
An original signature and fee are required to process.

Approval of this application is required for a Physician Assistant to receive authority to prescribe dangerous drugs and/or controlled substances. A registration to prescribe is a revocable privilege, and no holder of such a license acquires any vested right therein or thereunder.

Print and mail the completed application to the address indicated above with a **non-refundable fee** of:

- **$80.00 if applying to prescribe Dangerous Drugs ONLY (NRS 454.201)**
- **$200.00 if applying to prescribe Dangerous Drugs AND Controlled Substances (CS) (NAC 453.510-.550)**

Fees can be paid for by credit card, debit card, personal check, cashier's check, or money order made payable to the **Nevada State Board of Pharmacy**. Credit and debit card payments are charged a **5% processing fee**.

Please Note:

- You **MUST** have a current and active license with the Nevada State Board of Medical Examiners or the Nevada State Board of Osteopathic Medicine to apply for and maintain your registration to prescribe dangerous drugs and/or controlled substances. A copy of this license **MUST** be included with the application.
- A physician assistant **MUST** notify the Board in writing of a change in the location of his/her practice or a change of his/her supervising physician not later than 10 days after the change occurs. NAC 639.277.
- All registrations expire **October 31, of the even numbered years,** no matter when the license is issued.

Please Note: Registration to Prescribe Dangerous Drugs ONLY

- When the Nevada State Board of Pharmacy receives your completed application, you will receive an email with instructions on how to access the exam administered by the Board on the laws relating to the prescribing of dangerous drugs. NRS 639.1373, NAC 639.272(4)(b). You have multiple attempts to pass the exam with a score of 70% or higher. In preparation for the exam, please review the laws regarding the prescribing of dangerous drugs in Nevada Statues & Regulations (nv.gov).
- Once you pass the exam, you will receive your **Prescribe Registration** in your email. Please check your spam or junk mail.

Please Note: Registration to Prescribe Dangerous Drugs AND Controlled Substances (CS)

- When the Nevada State Board of Pharmacy receives your completed application, you will receive an email with instructions on how to access the exam administered by the Board on the laws relating to the prescribing of dangerous drugs and controlled substances. NRS 639.1373, NAC 639.272(4)(b). You have multiple attempts to pass the exam**.** You **MUST** pass an exam with a 70% score or higher. In preparation for the exam, please review the laws regarding the prescribing of dangerous drugs and controlled substances in Nevada Statues & Regulations (nv.gov).
- Once you pass the exam you will receive your **Prescribe Registration,** which authorizes you to prescribe **Dangerous Drugs ONLY,** in your email. Please check your spam or junk mail.
- You will receive a second email with additional steps required to receive your **Controlled Substance Registration**, which authorizes you to prescribe **Dangerous Drugs and Controlled Substances**. The email will provide you with Prescription Monitoring Program (PMP) registration instructions, and a **PENDING CS** registration number so that you may apply for your DEA registration. **DO NOT apply for a DEA registration before receiving your PENDING CS registration number.** You **MUST** provide a copy of your Nevada DEA certificate and you **MUST** register with the PMP to obtain your **Controlled Substance Registration**. You **ARE NOT** authorized to prescribe controlled substances until you receive your registration.

If you have any questions, please contact the Nevada State Board of Pharmacy at 775-850-1440.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Physician Assistant (PA) – Prescribe/Controlled Substance Registration Application

Rev (03/29/2022)

What types of drug(s) will you be prescribing?
☐ Dangerous Drugs ONLY **(Non-Refundable $80 Fee)**
☐ Dangerous Drugs AND Controlled Substances (CS) II, III, IV, and/or V **(Non-Refundable $200 Fee)**

Section 1: Personal Information (NAC 639.272)

First: _____ Middle: _____ Last: _____

Date of Birth: _____ SSN or ITIN:_____ Sex: ☐ M ☐ F ☐ X

Home Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

PA License #: _____ Specialty: _____

(You **must have a current and active license** with the Nevada State Board of Medical Examiner or Nevada State Board of Osteopathic Medicine to apply for and maintain a prescribe or a controlled substance registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name: _____

Practice Address: _____ Suite #: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Section 3: Supervising Physician Information (NAC 639.272)

Supervising Physician Name: _____

Supervising Physician Practice Address: _____ Suite #: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Section 4: Military Service (NRS 622.120)	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		
2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		
3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)		

Section 5: Federally Mandated Requirement (NRS 425.520, NRS 639.129)	Yes	No
1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)		
2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order?		

Section 6: Personal and Professional History	Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?		
2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state?		
3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state?		
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?		

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 6 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # _____. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
Case #		**Governing, licensing, Arresting Presiding Body/Agency/Court**		
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			**Lawsuit/Arbitration/Bankruptcy**	
Name of Business/Industry/Entity				

Provide explanation below:

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Applicant Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted) Date

Required Supervising Physician's name and signature (NAC 639.272):

Supervising Physician's Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted) Date

Board Use Only: Date Processed: _____ Amount: _____

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521

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• Web Page: bop.nv.gov

Applicant Name: _____

Payment: Pay application fee by providing your credit or debit card information below, or by submitting a check made payable to **Nevada State Board of Pharmacy**.		
Credit Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express	**Credit Card #:** __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __	
Expiration Date: __ __/__ __ (MM/YY	**CVV** (3 digits on back of card): _____	**Amount**: $_____
Name on Card: _____		
Billing Address: _____ _____ _____		

Physician's Assistant (PA) - Prescribe

This application cannot be returned by fax or email.
We must have an original signature(s) and fee to process.

Download application and mail to the address on the top of the application with the required $80.00 fee. If you are applying for authority to prescribe controlled substances the total registration fee is $200.00. The fee is payable by check or credit card.

Fee is made payable to: **Nevada State Board of Pharmacy**

Before calling with questions, please read all information carefully.

If you do not have a state license number as yet, leave blank. We cannot process the application until you have notified us of your license number. A copy of the registration certificate issued by the Board of Medical Examiners or the State Board of Osteopathic Medicine must be included with the application. Your license must be active to apply for prescribing privileges.

Upon receipt of the completed application, fee and required documents, a license to prescribe can be issued. You **must** be registered with the Nevada Medical or Osteopathic Board to receive prescribing privileges from the Pharmacy Board.

DO NOT APPLY FOR A DEA NUMBER UNTIL YOU RECEIVE AN EMAIL FROM THE BOARD. We will also provide information on registering for the PMP.

All registrations expire **October 31, of the even numbered years**, no matter when the license is issued. If you have any questions, please feel free to contact the Reno office at 775-850-1440.

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EXECUTIVE SECRETARY REPORT
June 1-2, 2022

- **FINANCIAL REPORT**
- **TEMPORARY LICENSES**
- **CHANGE OF ADDRESS BUSINESS LIST**
- **Citations & Fines issued pursuant to NRS 632.2895**
- **STAFF ACTIVITIES**
  - Meetings with Other Health Care Boards
  - COVID-19
- **REPORT TO BOARD**
  - Legislative Update
- **BOARD RELATED NEWS**
  - NABP Meeting
- **ACTIVITIES REPORT**
  - Covid Therapeutics Update

June 2022 Temporary Licenses since the last Board Meeting					
Name	**License Type**	**Name**	**License Type**	**Business Name**	**License Number**
Aleksandra Andrzejewska	Pharmacist	Jodi Harper	Pharmacist	RXQ Compounding LLC	OUT00019
Alexandra Ehrhardt	Pharmacist	Jonathan Personius	Pharmacist	Airtec Gases, LLC	WH03164
Alisha Smith	Pharmacist	Jordan Ferguson	Pharmacist		
Alison Brown	Pharmacist	Joseph Kaiser	Pharmacist		
Alycia Justen	Pharmacist	Joseph Leone	Pharmacist		
Amanda Cowling	Pharmacist	Kelsey Merritt	Pharmacist		
Ammy Man	Pharmacist	Kenneth Lau	Pharmacist		
AMY COZZA	Pharmacist	Kimberly Peebles	Pharmacist		
Amy Hawkins	Pharmacist	Kumrun Bagum	Pharmacist		
Andrea Murray	Pharmacist	Lauren Sugimoto	Pharmacist		
Anne Kessler	Controlled Substance	Lonny Allison II	Pharmacist		
Anne-Marie Urbanski	Pharmacist	Lori Delossantos	Pharmacist		
Ashley Love	Pharmacist	Madeline Traupman	Pharmacist		
Ayne Iafolla	Controlled Substance	Maged Abdelmalak	Pharmacist		
Brillyone Stumon	Pharmacist	Marina Messiha	Pharmacist		
Carolyn Shuler	Pharmacist	Marta Giammarino	Pharmacist		
Catherine Crisfulla	Pharmacist	Mary Marshall	Pharmacist		
Chaffee Tran	Pharmacist	Meera Patel	Pharmacist		
Cheriya Akizimana	Controlled Substance	Michael French	Controlled Substance		
Christopher Agostini	Pharmacist	Michael Freudiger	Pharmacist		
Christopher Choi	Pharmacist	Michael Skerl	Pharmacist		
Constance Starks	Pharmacist	Ngoc Bich Pham	Pharmacist		
Daniel Gedeon	Pharmacist	Nicholas DiMatteo	Pharmacist		
Daniel Marshall	Pharmacist	Nicole Kuznia	Pharmacist		
Daniela Morrone	Pharmacist	Noemi Keilyk	Pharmacist		
Dara Abacan	Pharmacist	Paul Delossantos	Pharmacist		
Darshan Patel	Pharmacist	Phi Tran	Pharmacist		
Darshan Valand	Pharmacist	Razan Rajab	Pharmacist		
David Walters	Pharmacist	Rinkal Patel	Pharmacist		
Dhrumit Hinsu	Pharmacist	Robert Leark	Pharmacist		
Duquesa Osma	Pharmacist	Robin Andrews	Pharmacist		
Elizabeth Cao	Pharmacist	Saumitra Biswas	Controlled Substance		
Elliott Silkowski	Pharmacist	Scott DeAngelo	Pharmacist		
Emily Wampler	Pharmacist	Scott Elwood	Pharmacist		
Erin Morsey	Pharmacist	Shelby Hunt	Pharmacist		
Eunice Jang	Pharmacist	Sylvanus Chiaku	Pharmacist		
Eunji Lee	Pharmacist	Thomas Muthart	Pharmacist		
Fatima Mae Cinco	Pharmacist	Tiffany Katz	Pharmacist		
Gladys Agwu	Pharmacist	Tracy DiFilippantonio	Pharmacist		
Hugh Nguyen	Pharmacist	Tyler Simmons-Eakin	Pharmacist		
HUY TRAN	Pharmacist	Vasiliki Boulieris	Pharmacist		
Jayson Rodriguez	Pharmacist	William Pierce	Pharmacist		
Jeffery Turner	Pharmacist	Y Nhi Do	Pharmacist		
Jessica Hay	Pharmacist	Zachary Roberts	Pharmacist		
Jill Smethurst	Pharmacist				

Citations & Fines issued pursuant to NRS 632.2895

(Since the last Board Meeting)

- Cite & Fine
  - Unlicensed Practice: 5
- Cease & Desist/Cite & Fine
  - Misfill: 11

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
639.NEW – Criminal Conviction/ Administrative Action Reporting (Licensee)	10/10/19	10/18/19	R094-19	11/29/19	01/29/20	03/19/20 Postponed per Brett 4/22/21 Brett to review with Dave.		
639.220 - licensing and regulation of a facility to dispense controlled substances and dangerous drugs if the facility is licensed by the State Board of Health (recovery centers)	03/19/20 – postponed to 06/03/20	6/16/20	R085-20	09/17/20	10/22/20 12/03/20	01/13/21	01/29/21	04/14/21
639.NEW - licensing and regulating the practice of pharmacy (appearance requirements)	03/19/20	3/24/20	R041-20	05/14/20	06/09/20	07/16/20	07/22/20	08/26/20
453.550 – Deschedule Epidiolex	06/03/20	6/16/20	R090-20 R073-19	07/30/20	09/11/20	10/15/20	10/28/20	12/29/20
639.NEW – CS Electronic Transmission Exemption	06/03/20	6/16/20	R083-20	10/15/20	10/07/20	11/10/20	12/12/20	12/29/20
639.464 & 639.468 – P&T Committee vs CPA	06/03/20				Dave revising (Dave has file)			
639.NEW – PT Administer Immunizations	07/16/20	07/21/20	R142-20	08/20/20	08/03/20	09/03/20	09/15/20	09/21/20

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
453.510 – Schedule I - Designer Benzos	07/16/20	07/21/20	R143-20	12/14/20	01/26/21	03/03/21	03/24/21	04/14/21
453.510 – Schedule II - Kratom	07/16/20	07/21/20	R144-20	12/14/20 Hold per Dave	03/15/22	04/14/22 04/06/22: Removed from agenda.		
NAC 639.742, 639.743, 639.744. and 639.745: Dispensing Practitioners: shared inventory and centralized activities.	09/03/20 01/13/21	03/12/21	R007-21	02/17/22 To Dave for review	03/11/22	04/14/22: Failed 06/02/22:PH		
NAC 639.501 – Workplace Assessment Tool	10/15/20	10/21/20	R165-20	11/17/21	12/09/21	01/13/22	01/20/22	02/28/22
NAC 639 Pharmacist Practice Location	10/15/20	10/21/20	R164-20	4/28/22 – under review by Dave/ Yenh				
NAC 639 – Cite and Fine for Misfilled Prescriptions	10/15/20	10/21/20	R166-20	08/27/21	1/25/22 – Close per Brett/Karly O'Krent			
NAC 639.220 - Schedule of fees; medical interns and residents reduced fees	01/13/21	02/02/21	R003-21	08/17/21	08/26/21	10/14/21	10/21/21	12/22/21
NAC 639.NEW Compounded Drugs (dispensing, supplying, furnishing)	01/13/21	01/20/21	R002-21	09/01/21	10/22/21	12/02/21 tabled		

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
NAC 639.715, 639.718, 639.720: Use of mechanical devices to dispense drugs	03/03/21 06/03/21	06/10/21	R013-21	10/28/21 (under review) by Dave/Yenh	01/19/22	03/03/22	03/10/22	
NAC 453: PMP Integration with electronic health records of practitioners	03/03/21	03/12/21	R008-21	07/13/21	08/26/21	10/14/21	10/21/21	12/22/21
NAC 639: Reference Standards for Compounding	06/03/21	06/10/21	R012-21					
NAV 639: Hormonal Contraceptive Protocol	07/15/21	09/07/21	R036-21	10/27/21 (returned to LCB 11/3/21 for revision)	12/09/21	01/13/22	01/14/22	02/28/22
NAC 639: Background Check RPH, PT, PTT; increase fees for investigation or issuance or renewal of a license as a manufacturer or wholesaler; application valid for one year; clarify licensing requirements for an outsourcing facility or euthanasia technician. (Senate Bill 408)	07/15/21	07/20/21	R025-21	09/30/21 (under review) by Dave/Yenh	01/19/22	03/03/22	03/10/22	04/11/22
NAC 453.510: Schedule I – Eutylone and fentanyl related substances.	07/15/21	07/20/21	R023-21	09/28/21	10/22/21	12/02/21	12/10/21	12/22/21
NAC 453.540: Schedule IV – lemborexant and Remimazolam.	07/15/21	07/20/21	R024-21	08/17/21	08/26/21	10/14/21	10/21/21	12/22/21

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
NAC 639: Allow pharmacists to dispense drugs approved the FDA for human immunodeficiency virus. (Senate Bill 325)	07/15/21 09/02/21	09/08/21	R039-21	11/04/21	11/05/21 Under review by Yenh 12/12/21 Under review by Dave	03/03/22	03/10/22	04/11/22
NAC 639: Prescription information in English and another language (AB 177).	09/02/21 Continued 12/02/21	12/08/21	R119-21	2/25/22 to Dave/ Yenh for review	03/11/22	04/14/22	04/27/22	
NAC 639.010, 639.240, 639.242, 639.256: PT/PTT registration requirements.	09/02/21	09/08/21	R041-21	4/20/22 – Under review by Dave/Yenh	04/27/22	06/02/22		
NAC 639.208: Requirements to obtain a registration as a pharmacist by reciprocity.	09/02/21	09/08/21	R040-21	12/29/21 Under review by Dave/Yenh	01/19/22	03/03/22	03/10/22	04/11/22
NAC 639.360: Accreditation of material, course or program (CE)	12/02/21	12/08/21	R120-21	01/10/22 01/26/22: Returned to LCB for changes. 2/20/22 – To Dave/ Yenh for review. 2/18/22 – Returned	04/27/22	06/02/22		

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date
				to LCB for changes. 3/11/22 – returned to LCB for revisions. 4/7/22 – Under review by Dave/Yenh				
NAC 453.510: Schedule I - Isotonitazene	01/13/22	01/14/22	R006-22	02/23/22 02/24/22 – Under review by Dave/Yenh	03/11/22	04/14/22	04/27/22	
NAC 453B: Prescription Drug Donation Program	01/13/22	01/14/22	R007-22	03/21/22 – Under review by Dave/Yenh				
NAC 453: Registration of a law enforcement officer engaged in training a canine in drug detection, and add methoxetamine.	04/14/22	04/21/22	R050-22	04/27/22 Under review by Dave/Yenh		07/14/22		
NAC 639: Requires the holder of any certificate, license or permit issued by the BOP to report certain convictions and administrative actions to the Board.	04/14/22	04/21/22	R051-22					

Regulation Tracking Log

Regulation Number and Topic	Workshop Propose To Bd	30 Days To LCB W/Letter	LCB R0 Number Issued	LCB Return Date	30 Days Post Public Hearing	Public Hearing Meeting Date	To LCB Final W/ Cov./Info	Secretary of State File Date

23

23A

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop – June 2, 2022

Explanation – Language in ***blue italics*** is new; language in ***red text*** [~~*omitted material*~~] is language to be omitted, and language in ***green text*** indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: NRS 639.016; NRS 639.070; NRS 639.500

A REGULATION relating to pharmacy and the licensing of authorized of medical products wholesalers.

LEGISLATIVE COUNSEL'S DIGEST

Section. 1. NAC Chapter 639 of NAC is hereby amended by adding the following provisions:

NAC 639.220 Schedule of fees; penalty for late renewal; exemptions from certain fees. (NRS 639.070, 639.170)

1. The Board hereby adopts the following schedule of fees:

For the examination of an applicant for registration as a pharmacist.....	Actual cost of the examination
For the investigation or registration of an applicant as a registered pharmacist..... ..	$180
For the investigation, examination or registration of an applicant as a registered pharmacist by reciprocity.....	180
For the investigation or issuance of an original license to conduct a retail pharmacy..... ..	500
For the biennial renewal of a license to conduct a retail pharmacy.....	500
For the investigation or issuance of an original license to conduct an institutional pharmacy.....	500
For the biennial renewal of a license to conduct an institutional pharmacy.	500
For the investigation or issuance of an original license to conduct a pharmacy in a correctional institution.....	500

For the biennial renewal of a license to conduct a pharmacy in a correctional institution..... 500

For the investigation or issuance of an original license to conduct a pharmacy in a recovery center or ambulatory surgical center licensed by the State Board of Health pursuant to NRS 449.0303 500

For the biennial renewal of a license to conduct a pharmacy in a recovery center or ambulatory surgical center licensed by the State Board of Health pursuant to NRS 449.0303 500

For the issuance of an original or duplicate certificate of registration as a registered pharmacist..... 50

For the biennial renewal of registration as a registered pharmacist..... 180

For the reinstatement of a lapsed registration (in addition to the fees for renewal for the period of lapse)..... 100

For the initial registration of a pharmaceutical technician or pharmaceutical technician in training..... 40

For the biennial renewal of registration of a pharmaceutical technician or pharmaceutical technician in training..... 40

For the investigation or registration of an intern pharmacist..... 40

For the biennial renewal of registration as an intern pharmacist..... 40

For the investigation or registration of an advanced practice registered nurse or a physician assistant to prescribe drugs that are not controlled substances..... 80

For the biennial renewal of registration of an advanced practice registered nurse or a physician assistant to prescribe drugs that are not controlled substances..... 80

For authorization of a physician, advanced practice registered nurse, physician assistant, euthanasia technician, [~~*ambulatory surgical center,*~~] facility for treatment with narcotics, researcher, instructional user or any other authorized person to prescribe or possess controlled substances..... 200

For the biennial renewal of authorization of a physician, advanced practice registered nurse, physician assistant, euthanasia technician, [~~*ambulatory surgical center,*~~] facility for treatment with narcotics, researcher, instructional user or any other authorized person to 200

prescribe or possess controlled substances.....		
For the investigation or issuance of an original license to engage in business as an authorized warehouse, medical products provider ~~[or medical products wholesaler]~~.....		500
For the biennial renewal of a license to engage in business as an authorized warehouse, medical products provider ~~[or medical products wholesaler]~~.....		500
For the investigation or issuance of an original license to a manufacturer or wholesaler.....	*1000*	~~[500]~~
For the biennial renewal of a license for a manufacturer or wholesaler.....	*1000*	~~[500]~~
For the reissuance of a license issued to a pharmacy, when no change of ownership is involved, but the license must be reissued because of a change in the information required thereon.....		50
For authorization of a practitioner, other than a licensed veterinarian, to dispense controlled substances or dangerous drugs, or both, for each location where the practitioner will dispense controlled substances or dangerous drugs, or both.....		300
For the biennial renewal of authorization of a practitioner, other than a licensed veterinarian, to dispense controlled substances or dangerous drugs, or both, for each location where the practitioner will dispense controlled substances or dangerous drugs, or both.....		300
For authorization of a licensed veterinarian to dispense controlled substances or dangerous drugs, or both.....		150
For the biennial renewal of authorization of a licensed veterinarian to dispense controlled substances or dangerous drugs, or both.....		150

2. The penalty for failure to pay the renewal fee for any license, permit or certificate within the statutory period, as provided in subsection 6 of NRS 639.170, is 50 percent of the renewal fee for each period of delinquency in addition to the renewal fee for each period of delinquency.

3. Any person who has been registered as a pharmacist in this State for at least 50 years is not required to pay the fee for the biennial renewal of a certificate of registration as a registered pharmacist.

4. The provisions of this section concerning the fee for the biennial renewal of the authorization to dispense controlled substances or dangerous drugs do not apply to an advanced practice registered nurse who is required to pay a fee pursuant to NAC 639.870.

5. A health center:

(a) Which is a federally qualified health center as defined in 42 U.S.C. § 1396d(l)(2)(B), as that section existed on March 1, 2000, that provides health care primarily to medically underserved persons in a community; and

(b) Which is not a medical facility as defined in NRS 449.0151,

Ê is not required to pay the fee for the collective certification of advanced practice registered nurses in the employ of a public or nonprofit agency as set forth in subsection 1.

6. A practitioner employed by or serving as an independent contractor of a health center:

(a) Which is a federally qualified health center as defined in 42 U.S.C. § 1396d(l)(2)(B), as that section existed on March 1, 2000, that provides health care primarily to medically underserved persons in a community; and

(b) Which is not a medical facility as defined in NRS 449.0151,

Ê is not required to pay a fee to the Board for a change of address or for an additional address at which the practitioner dispenses drugs.

7. A practitioner who is exempt from the payment of a fee pursuant to subsection 6 shall notify the Board in writing of each change of address or additional address, or both.

[Bd. of Pharmacy, § 639.050, eff. 6-26-80] — (NAC A 6-25-82; 6-16-86; 2-18-88; 4-28-88; 8-10-89; 9-11-91; 10-17-91; 11-15-93; 1-10-94; 7-7-94; 11-9-95; 5-22-96; R155-99, 3-1-2000; R011-01, 11-1-2001; R012-02, 5-31-2002; R081-04, 8-25-2004; R217-05, 5-4-2006; R114-08, 9-18-2008; R119-09, 1-28-2010; R015-18, 5-16-2018)

NAC 639.5935 Representative of wholesaler: General requirements; exceptions; approval; enforcement. (NRS 639.070, 639.100)

1. Except as otherwise provided in this subsection, an applicant for a license, or a licensee with a license, to operate as a wholesaler shall designate at least one natural person to serve as the representative of the wholesaler. The Board will not issue or renew a license of an applicant or licensee that is required to designate a representative of a wholesaler pursuant to this section unless the Executive Secretary determines that the designated natural person meets the qualifications set forth in subsection 2 and approves that natural person to be the designated representative of the wholesaler. The requirement to designate a representative set forth in this subsection does not apply to:

(a) An applicant that is a publicly traded corporation; or

(b) An applicant in which a majority interest of the applicant is owned by a pharmacist who is:

(1) Licensed by the Board;

(2) A resident of this State; and

(3) Not an owner of any interest in a pharmacy licensed by the Board.

2. Except as otherwise provided in subsection 3, the Board will approve a natural person as the representative of a wholesaler if the applicant for a license to operate as a wholesaler or the licensee presents proof satisfactory to the Executive Secretary that the natural person:

(a) (a) Has been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping relating to, prescription drugs; ***and***

(b) ~~[Has received a score of at least 75 percent on an examination given by the Board regarding federal and state laws and wholesaler practices; and~~

~~(c)]~~ Is at least 21 years of age.

3. The Board may, based upon any of the grounds set forth in NRS 639.210, refuse to approve a natural person for service as the representative of a wholesaler, regardless of whether the person is otherwise qualified.

4. A representative of a wholesaler designated pursuant to this section:

(a) Must be actively involved in and aware of the actual daily operation of the wholesaler;

(b) Must be employed full-time in a managerial level position with the wholesaler;

(c) Must be physically present at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leave, vacation leave and other authorized absences; and

(d) May serve in this representative capacity for only one wholesaler at a time.

(e) May serve as an administrator of a medical products provider pursuant to NAC 639.694.

5. A wholesaler that is required to designate a natural person as its representative pursuant to this section shall not open or operate a facility unless that representative is actually employed full-time in the operation of the wholesaler and is physically present at the facility of the wholesaler during regular working hours, not including sick leave, vacation leave and other authorized absences from work. ~~[If the natural person designated as the representative of a wholesaler leaves the employ of the wholesaler, thus leaving the wholesaler without a representative in violation of this section, the wholesaler shall:~~

~~(a) Immediately cease conducting business until another qualified natural person is approved by the Board to serve as the representative of the wholesaler; and~~

~~(b) Not later than 48 hours after that person leaves its employ, notify the Board that the person designated as the representative of the wholesaler has left the employ of the wholesaler.]~~

2. ~~[Before a wholesaler that is in violation of this section because the natural person designated as the representative of the wholesaler left the employ of the wholesaler may continue conducting business:]~~ ***Before there is a change in the natural person designated as the representative pursuant to this section:***

(a) The wholesaler must designate, on a form provided by the Board, a new natural person to serve as the representative of the wholesaler; and

(b) The Executive Secretary must approve the natural person so designated.

7. A wholesaler that operates without a representative in violation of this section is subject to the immediate suspension of its license ***and the wholesaler shall cease conducting business in Nevada*** until it employs a qualified natural person to be its representative. The Executive Secretary may take such action as deemed necessary to secure the facility of the wholesaler and to ensure that the wholesaler does not conduct business during the period of the suspension.

(Added to NAC by Bd. of Pharmacy by R013-01, eff. 11-1-2001)

NAC 639.6937 "Medical products wholesaler" defined. (NRS 639.070)

1. "Medical products wholesaler" means a person licensed pursuant ***NRS 639.500 to 639.595 inclusive and subject*** to NAC 639.693 to 639.6958, inclusive, to sell, lease or otherwise provide medical products to a health care facility, agency, practitioner or provider in this State.

2. The term does not include:

(a) A person who sells, leases or otherwise provides medical products to a consumer; or

(b) An installer of medical gas systems, as that term is defined in NAC 477.137, who is registered pursuant to chapter 477 of NAC.

(Added to NAC by Bd. of Pharmacy by R008-01, eff. 11-1-2001)

NAC 639.694 Administrator required. (NRS 639.070)

1. Except as otherwise provided in subsection 4, each medical products provider or medical products wholesaler shall employ an administrator at all times. The administrator must:

(a) Be a natural person;

(b) Have a high school diploma or its equivalent;

(c) Have:

(1) At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or

(2) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;

(d) Be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and

(e) Be approved by the Board.

2. A medical products wholesaler and medical products provider operating out of a shared facility may share a common Administrator.

[~~2.~~] *3.* The administrator shall ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

[~~3.~~] *4.* A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business days after the beginning of the employment.

[~~4.~~] *5.* A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

(Added to NAC by Bd. of Pharmacy by R008-01, eff. 11-1-2001; A by R033-09, 10-15-2010)

NAC 639.6942 Application for license; license required for each location; notification of change in information; license nontransferable; expiration. (NRS 639.070)

1. An applicant for a license to engage in business as a medical products provider or medical products wholesaler must submit an application to the Board on a form furnished by the Board. The application must include:

(a) The name, mailing address and telephone number of the applicant;

(b) The street address of the business or facility of the applicant, if different from the mailing address of the applicant;

(c) All trade or business names used by the applicant;

(d) The type of ownership or operation of the business or facility;

(e) The name, address, telephone number and social security number of the person who manages the business or facility of the applicant;

(f) If the applicant is:

(1) A natural person, the name of the person;

(2) A partnership, the name of the partnership and the name of each general or limited partner;

(3) A corporation, the name and title of each officer and director of the corporation, the corporate name, the state of incorporation and the name of the corporation's parent company, if any; or

(4) A sole proprietorship, the name of the sole proprietor and the name of the business entity;

(g) Proof of insurance required pursuant to NAC 639.6946;

(h) The hours and days that the business will be regularly operated; and

(i) All Medicare and Medicaid provider numbers registered to the business or its owner.

2. If a medical products provider sells, leases or otherwise provides medical products at more than one location, it must obtain a license for each location where medical products are sold, leased or otherwise provided.

3. Only one medical products provider may operate at a physical location.

[~~3.~~] *4.* An applicant shall notify the Board in writing of any change in the information required pursuant to this section within 30 days after the change occurs.

[~~4.~~] *5.* A license issued by the Board pursuant to this section:

(a) Is not transferable; and

(b) Expires on October 31 of each even-numbered year unless renewed before that date.

6. A medical products provider and a medical products wholesaler operating out of one location must separately track their inventory.

(Added to NAC by Bd. of Pharmacy by R008-01, eff. 11-1-2001)

NAC 639.6943 Licensing of practicing health professionals. (NRS 639.070)

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:

(a) A practicing health professional; or

(b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.

2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration *issued by this State* in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

(Added to NAC by Bd. of Pharmacy by R008-01, eff. 11-1-2001; A by R151-05, 11-17-2005)

NAC 639.6958 Summary suspension of license. (NRS 639.070)

1. The Executive Secretary may summarily suspend the license of a medical products provider or medical products wholesaler upon receiving evidence sufficient to cause the Executive Secretary to reasonably believe that a medical products provider or medical products wholesaler is:

(a) Operating without liability insurance;

(b) Operating without a license;

(c) Operating without a business administrator or a facility administrator; ~~[or]~~

(d) [~~*Engaging in practices that are fraudulent or deceitful.*~~] *Operating without a designated representative in the case of a medical products wholesaler; or*

(e) Engaging in practices that are fraudulent or deceitful.

2. The Executive Secretary shall immediately provide written notice to the medical products provider or medical products wholesaler that informs the medical products provider or medical products wholesaler of:

(a) The factual and legal reasons for the summary suspension; and

(b) The right of the medical products provider or medical products wholesaler to provide the Board with any evidence or information that would show that either the factual or legal reasons for the summary suspension are incorrect.

3. The Executive Secretary may take whatever action he or she deems reasonably necessary to secure the medical products and premises, and to ensure that the medical products provider or medical products wholesaler does not conduct business during the summary suspension.

4. The Executive Secretary shall release the medical products provider or medical products wholesaler from the summary suspension upon receiving evidence satisfactory to the Executive Secretary from the medical products provider or medical products wholesaler that the deficiency noted in the written notice has been remedied.

5. Within 10 days after summarily suspending the license of a medical products provider or medical products wholesaler, the Executive Secretary shall serve upon the medical products provider or medical products wholesaler an accusation pursuant to NRS 639.241. A hearing on the accusation must be set for the next regularly scheduled meeting of the Board.

(Added to NAC by Bd. of Pharmacy by R008-01, eff. 11-1-2001)

23B

Documentation for this Agenda Item will be provided at a later date.

23C

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop – June 2, 2022

Explanation – Language in *blue italics* is new; language in ***red text*** [~~*omitted material*~~] is language to be omitted, and language in ***green text*** indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: NRS 639.016; NRS 639.070; NRS 639.500

A REGULATION relating to appearance before the Board for certain registrants and licensees.

LEGISLATIVE COUNSEL'S DIGEST

Section. 1. NAC Chapter 639 of NAC is hereby amended by changing the following provisions:

NAC 639.870 Certificate of registration: Application; fee; period of validity; appearance before Board; collaborating physician; late renewal. (NRS 639.070, 639.1375)

1. The application of an advanced practice registered nurse for a certificate of registration to dispense controlled substances, poisons, dangerous drugs and devices must include:

(a) The name, address, social security number and telephone number of the applicant;

(b) A copy of the certificate issued by the State Board of Nursing which authorizes the applicant to dispense controlled substances, poisons, dangerous drugs and devices;

(c) The name, address and telephone number of the applicant's collaborating physician, if any;

(d) Written verification from the State Board of Nursing that the applicant has passed an examination on Nevada law relating to pharmacy; and

(e) Any other information requested by the Board.

2. Each application for the issuance or the biennial renewal of a certificate of registration must be accompanied by a nonrefundable fee of $300. The biennial certificate of registration covers the period beginning on November 1 of each even-numbered year.

3. Each advanced practice registered nurse who applies for a certificate of registration and his or her collaborating physician, if any, ~~must~~ may be required to appear personally before the Board for a determination and an assignment of the specific authority to be granted to the advanced practice registered nurse if the advanced practice registered nurse:

(a) Will be operating in a practice not previously licensed by the Board;

(b) Responded affirmatively to any of the questions on the application regarding his or her character or competency; or

(c) Is requested to do so by the Board.

~~4. Each advanced practice registered nurse to whom a certificate of registration is issued must be registered to a collaborating physician unless:~~

~~(a) The advanced practice registered nurse is not required to have a collaborating physician pursuant to subsection 3 of NRS 632.237; or~~

~~(b) The advanced practice registered nurse will not prescribe any controlled substance listed in schedule II.~~

5. An advanced practice registered nurse who fails to renew his or her certificate of registration within the time prescribed by statute or regulation must pay, in addition to the fee for renewal required by subsection 2, a fee equal to 50 percent of the fee for the renewal of the certificate.

(Added to NAC by Bd. of Pharmacy, eff. 12-3-84; A 6-14-90; 10-17-91; 10-1-93; 1-10-94; R015-03, 10-21-2003; R122-09, 1-28-2010; R118-13, 3-28-2014)

NAC 639.272 Requirements for registration certificate. (NRS 639.070, 639.1373)

1. The application of a physician assistant for:

(a) A registration certificate to prescribe controlled substances, poisons, dangerous drugs and devices or to prescribe poisons, dangerous drugs and devices; or

(b) A registration certificate to prescribe and dispense controlled substances, poisons, dangerous drugs and devices or to prescribe and dispense poisons, dangerous drugs and devices,

Ê must be in writing and filed with the Executive Secretary.

2. Each application for a registration certificate to prescribe controlled substances, poisons, dangerous drugs and devices or to prescribe poisons, dangerous drugs and devices must include:

(a) The name, address, social security number and telephone number of the applicant;

(b) A copy of the license issued by the Board of Medical Examiners or certificate issued by the State Board of Osteopathic Medicine that authorizes the applicant to prescribe controlled substances, poisons, dangerous drugs and devices or to prescribe poisons, dangerous drugs and devices;

(c) The name, address and telephone number of the applicant's supervising physician; and

(d) Any other information requested by the Board.

3. Each application for a registration certificate to prescribe and dispense controlled substances, poisons, dangerous drugs and devices or to prescribe and dispense poisons, dangerous drugs and devices must include:

(a) The name, address, social security number and telephone number of the applicant;

(b) A copy of the license issued by the Board of Medical Examiners or certificate issued by the State Board of Osteopathic Medicine that authorizes the applicant to prescribe and dispense controlled substances, poisons, dangerous drugs and devices or to prescribe and dispense poisons, dangerous drugs and devices;

(c) The name, address and telephone number of the applicant's supervising physician; and

(d) Any other information requested by the Board.

4. Each physician assistant who applies for a registration certificate pursuant to subsection 3 ~~must~~ may be required to:

(a) Personally appear before the Board for determination and assignment of the specific authority to be granted to the physician assistant if the physician assistant:

(1) Responded affirmatively to any of the questions on the application regarding his or her character or competency; or

(2) Is requested to do so by the Board; ~~and~~

5. Each physician assistant who applies for a registration certificate pursuant to subsection 3 must~~(b) P~~ pass an examination administered by the Board on the law relating to pharmacy.

5. Each physician assistant to whom a registration certificate is issued must be registered to a supervising physician.

(Added to NAC by Bd. of Pharmacy, eff. 10-26-83; A 2-6-90; 9-10-90; 10-17-91; 10-1-93; 10-24-97; R006-01, 11-1-2001; R120-09, 1-28-2010)

NAC 639.215 Application for license to operate pharmacy: Appearance of applicant before Board; execution on behalf of partnership or corporation; payment of expenses for special meeting of Board. (NRS 639.070, 639.231)

1. An applicant for a license to operate a pharmacy in the State of Nevada ~~must~~ may be required to appear before the Board in support of the application ~~and must receive instructions relative to the pharmacy laws~~ if the applicant:

(a) Is applying for a license to operate a pharmacy in this State for the first time;

(b) Responded affirmatively to any of the questions on the application regarding his or her character or competency;

(c) Is applying for the licensure of a pharmacy located outside the State that will be shipping compounded parenteral products into this State; or

(d) Is requested to do so by the Board.

2. If an applicant who is required to appear before the Board is:

(a) A partnership, all partners must appear.

(b) A corporation, a designated representative of the corporation must appear. If the designated representative is not an officer of the corporation, a letter authorizing him or her to appear on behalf of the corporation that is signed by an officer of the corporation must be submitted with the application. Documentation of the status of the person signing the letter of authorization must be submitted with the application.

3. If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation. Documentation of the status of the person signing the application must be submitted with the application.

4. A special meeting of the Board will not be called for the purpose of considering an application for a license to operate a pharmacy until the applicant has paid the Executive Secretary sufficient money to defray all expenses of the meeting.

[Bd. of Pharmacy, § 639.045, eff. 6-26-80] — (NAC A 3-17-92; 10-1-93)

24

24A

PROPOSED REGULATION OF THE

STATE BOARD OF PHARMACY

LCB File No. R007-21

February 28, 2022

EXPLANATION – Matter in *italics* is new; matter in brackets [omitted material] is material to be omitted

AUTHORITY: §§1-3, NRS 639.070.

A REGULATION relating to pharmacy; establishing the requirements for an oncology group practice to obtain a certificate of registration from the State Board of Pharmacy to maintain a single inventory of dangerous drugs received at a site of practice; prescribing the procedure for renewing such a certificate; prescribing certain powers and duties of the dispensing practitioners of such a registered oncology group practice; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law authorizes an exclusive list of persons, including practitioners, to possess and administer a dangerous drug in this State. (NRS 454.213) Existing law authorizes the State Board of Pharmacy to adopt regulations governing the dispensing of poisons, drugs, chemicals and medicines. (NRS 639.070) **Section 2** of this regulation defines "oncology group practice" to mean two or more dispensing practitioners who practice oncology in a group practice. **Section 1** of this regulation requires such a practice that wishes to maintain a single inventory of dangerous drugs received at a site of practice in lieu of maintaining separate inventories for each dispensing practitioner of the practice to apply to the Board for a certificate of registration and submit the applicable fee. **Section 1** provides that the Board will issue a certificate of registration to an oncology group practice upon receipt of a completed application and fee. **Section 1** provides that a certificate: (1) entitles the oncology group practice to maintain a single inventory of dangerous drugs at the site of practice for which the oncology group practice received certification; (2) is a revocable privilege; and (3) is valid for 2 years after the date on which the certificate is issued. **Section 1** additionally prescribes the procedure for renewing such a certificate and requires an oncology group practice registered with the Board to notify the Board of the addition or removal of a dispensing practitioner of the practice.

Existing regulations require a practitioner who wishes to dispense dangerous drugs to obtain a certificate of registration from the Board. (NAC 639.742) Existing regulations require a practitioner who is registered with the Board to perform certain duties concerning dispensing of dangerous drugs. (NAC 639.742, 639.745) **Section 1**: (1) authorizes a dispensing practitioner of an oncology group practice registered with the Board to dispense any dangerous drug accounted for in the inventory of the oncology group practice; and (2) requires such a dispensing practitioner to maintain separate records of each dangerous drug dispensed by him or her.

Section 3 of this regulation provides that the dispensing practitioners of an oncology group practice registered with the Board are jointly responsible for ensuring compliance with certain requirements relating to dispensing dangerous drugs.

Section 1. Chapter 639 of NAC is hereby amended by adding thereto a new section to read as follows:

1. An oncology group practice that wishes to maintain a single inventory of dangerous drugs received at a site of practice in lieu of maintaining separate inventories for each dispensing practitioner of the oncology group practice must apply to the Board on an application provided by the Board for a certificate of registration and submit the fee prescribed in NAC 639.220 for authorization of a practitioner, other than a licensed veterinarian, to dispense dangerous drugs. An oncology group practice must submit a separate application and fee for each site of practice at which the oncology group practice wishes to maintain a single inventory of dangerous drugs.

2. Upon receipt of a completed application and fee, the Board will issue a certificate of registration to an oncology group practice. A certificate of registration is valid for 2 years after the date on which the certificate is issued by the Board, unless an oncology group practice renews its registration.

3. To renew a certificate of registration, an oncology group practice must submit to the Board another completed application and the fee prescribed in NAC 639.220 for biennial renewal of authorization of a practitioner, other than a licensed veterinarian, to dispense dangerous drugs.

4. A certificate of registration issued pursuant to this section:

(a) Entitles the oncology group practice to maintain a single inventory of dangerous drugs at the site of practice for which the oncology group practice received certification.

(b) Is a revocable privilege, and no holder of such a certificate of registration acquires any vested right therein or thereunder.

5. An oncology group practice registered pursuant to this section shall provide written notice to the Board of the addition to or removal of a dispensing practitioner from the oncology group practice not later than 15 days after the addition or removal, as applicable.

6. A dispensing practitioner of an oncology group practice registered pursuant to this section:

(a) May dispense any dangerous drug accounted for in the single inventory of the oncology group practice.

(b) Shall ensure that he or she complies with the requirements prescribed by NAC 639.745, including, without limitation, maintaining separate records of each dangerous drug dispensed by him or her.

Sec. 2. NAC 639.010 is hereby amended to read as follows:

639.010 As used in this chapter, unless the context otherwise requires:

1. "Board" means the State Board of Pharmacy.

2. "Controlled substances" has the meaning ascribed to it in NRS 0.031.

3. "Dangerous drug" has the meaning ascribed to it in NRS 454.201.

4. "Direct supervision" means the direction given by a supervising pharmacist who is:

(a) On the premises of the pharmacy or telepharmacy at all times when the person he or she is supervising is working at the pharmacy or telepharmacy or at a remote site or satellite consultation site; and

(b) Aware of the activities of that person related to the preparation and dispensing of medications, including the maintenance of appropriate records.

5. "Dispensing practitioner" means:

(a) A practitioner to whom the Board has issued a certificate of registration pursuant to NAC 639.742 to dispense controlled substances or dangerous drugs, or both, for human consumption; or

(b) A licensed veterinarian to whom the Board has issued a certificate of registration pursuant to NAC 639.7423 to dispense controlled substances or dangerous drugs, or both, not for human consumption.

6. "Executive Secretary" means the Executive Secretary employed by the Board pursuant to NRS 639.040.

7. "Federally-qualified health center" has the meaning ascribed to it in 42 U.S.C. § 1396d(l)(2)(B).

8. "Federally-qualified health center vehicle" means a vehicle that meets the requirements of paragraph (c) of subsection 1 of section 3 of LCB File No.R004-19.

9. "Licensed veterinarian" has the meaning ascribed to it in NRS 638.007.

10. ***"Oncology group practice" means two or more dispensing practitioners who practice oncology in a group practice.***

11. "Pharmaceutical technician" means a person who performs technical services in a pharmacy under the direct supervision of a pharmacist and is registered with the Board pursuant to NAC 639.240.

~~[11.]~~ ***12.*** "Pharmaceutical technician in training" means a person who is registered with the Board pursuant to NAC 639.242 in order to obtain the training and experience required to be a pharmaceutical technician pursuant to subparagraph (3) of paragraph (c) of subsection 2 of NAC

639.240, or who is enrolled in a program of training for pharmaceutical technicians that is approved by the Board.

~~[12.]~~ *13.* "Practitioner" has the meaning ascribed to it in NRS 639.0125.

~~[13.]~~ *14.* "Prescription drug" means a drug or medicine as defined in NRS 639.007 which:

(a) May be dispensed only upon a prescription order that is issued by a practitioner; and

(b) Is labeled with the symbol "Rx only" pursuant to federal law or regulation.

~~[14.]~~ *15.* "Public or nonprofit agency" means a health center as defined in 42 U.S.C. § 254b(a) which:

(a) Provides health care primarily to medically underserved persons in a community;

(b) Is receiving a grant issued pursuant to 42 U.S.C. § 254b or, although qualified to receive such a grant directly from the Federal Government, is receiving money from such a grant under a contract with the recipient of that grant; and

(c) Is not a medical facility as defined in NRS 449.0151.

~~[15.]~~ *16.* "Surgical center for ambulatory patients" has the meaning ascribed to it in NRS 449.019.

Sec. 3. NAC 639.742 is hereby amended to read as follows:

639.742 1. Except as otherwise provided in NAC 639.7423, a practitioner who wishes to dispense controlled substances or dangerous drugs, or both, for human consumption must apply to the Board on an application provided by the Board for a certificate of registration to dispense controlled substances or dangerous drugs. A practitioner must submit a separate application for each site of practice, including, without limitation, a telepharmacy, remote site or satellite consultation site, from which the practitioner wishes to dispense controlled substances or dangerous drugs, or both, for human consumption. A certificate of registration to dispense

controlled substances or dangerous drugs, or both, for human consumption is a revocable privilege, and no holder of such a certificate of registration acquires any vested right therein or thereunder.

2. Except as otherwise provided in NAC 639.7423, and section 3 of LCB File No. R004-19, if a facility from which the practitioner intends to dispense dangerous drugs or controlled substances, or both, for human consumption is not wholly owned and operated by the practitioner, the owner or owners of the facility must also submit an application to the Board on a form provided by the Board.

3. Except as otherwise provided in ***this section and*** NRS 639.23277 and NAC 639.395, 639.648 and 639.7423, the dispensing practitioner and, if applicable, the owner or owners of the facility and any federally-qualified health center vehicle, shall ensure that:

(a) All drugs are ordered by the dispensing practitioner;

(b) All drugs are received and accounted for by the dispensing practitioner;

(c) All drugs are stored in a secure, locked room or cabinet to which the dispensing practitioner has the only key or lock combination;

(d) All drugs are dispensed in accordance with NAC 639.745;

(e) No prescription is dispensed to a patient unless the dispensing practitioner is on-site at the facility or federally-qualified health center vehicle, as applicable;

(f) All drugs are dispensed only to the patient personally at the facility or federally-qualified health center vehicle, as applicable;

(g) The price of each drug dispensed to a patient is separately itemized on any bill or statement provided to the patient;

(h) All drugs are dispensed only for medically necessary purposes and according to prevailing standards of care for practitioners practicing in the specialty claimed or practiced by the dispensing practitioner; and

(i) The certificate for each dispensing technician employed at the facility is displayed in the room or cabinet in which drugs are stored.

4. Except as otherwise provided in NAC 639.648 and 639.7423, with regard to the filling and dispensing of a prescription at a facility, only the dispensing practitioner or a dispensing technician may:

(a) Enter the room or cabinet in which drugs are stored;

(b) Remove drugs from stock;

(c) Count, pour or reconstitute drugs;

(d) Place drugs into containers;

(e) Produce and affix appropriate labels to containers that contain or will contain drugs;

(f) Fill containers for later use in dispensing drugs; or

(g) Package or repackage drugs.

5. Except as otherwise provided in NAC 639.7423, a dispensing practitioner may compound drug products if he or she complies with the provisions of NAC 639.661 to 639.690, inclusive, as if:

(a) He or she were a pharmacist;

(b) His or her practice site was a pharmacy; and

(c) Any dispensing technician involved in the compounding was a pharmaceutical technician.

6. Except as otherwise provided in subsection 6 of section 1 of this regulation, the dispensing practitioners of an oncology group practice registered pursuant to section 1 of this

regulation are jointly responsible for ensuring that the requirements prescribed by subsection 3 are met.

Section 3 of this regulation provides that the dispensing practitioners of an oncology group practice registered with the Board are jointly responsible for ensuring compliance with certain requirements relating to dispensing dangerous drugs.

Section 1. Chapter 639 of NAC is hereby amended by adding thereto a new section to read as follows:

1. ***An oncology group practice that wishes to maintain a single inventory of dangerous drugs received at a site of practice in lieu of maintaining separate inventories for each dispensing practitioner of the oncology group practice must apply to the Board on an application provided by the Board for a certificate of registration and submit the fee prescribed in NAC 639.220 for authorization of a practitioner, other than a licensed veterinarian, to dispense dangerous drugs. An oncology group practice must submit a separate application and fee for each site of practice at which the oncology group practice wishes to maintain a single inventory of dangerous drugs.***
2. ~~*[Upon receipt of a completed application and fee, the]*~~ ***The Board will issue a certificate of registration to an oncology group practice if the application for a certificate of registration is approved and the requisite fee is paid.*** ~~*[A certificate of registration is valid for 2 years after the date on which the certificate is issued by the Board, unless an oncology group practice renews its registration.]*~~
3. ***To renew a certificate of registration, an oncology group practice must submit to the Board another completed application and the fee prescribed in NAC 639.220 for biennial renewal of authorization of a practitioner, other than a licensed veterinarian, to dispense dangerous drugs.***
4. ***A certificate of registration issued pursuant to this section:***

(a) Entitles the oncology group practice to maintain a single inventory of dangerous drugs at the site of practice for which the oncology group practice received certification.

24B

PROPOSED REGULATION OF THE

STATE BOARD OF PHARMACY

LCB File No. R041-21

April 15, 2022

EXPLANATION – Matter in *italics* is new, matter in brackets [~~omitted material~~] is material to be omitted.

AUTHORITY: §§ 1 and 2, NRS 639.070 and 639.1371.

A REGULATION relating to pharmaceutical technicians; revising provisions governing the registration of pharmaceutical technicians and pharmaceutical technicians in training; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law requires the State Board of Pharmacy to adopt regulations establishing the required qualifications for registration as a pharmaceutical technician. (NRS 639.1371) Existing regulations establish such qualifications, which include multiple possible combinations of education and experience. (NAC 639.240) **Section 1** of this regulation removes provisions authorizing the issuance of registration as a pharmaceutical technician to an applicant who: (1) is registered as a pharmaceutical technician in another state that has equivalent requirements for registration to this State and has certain experience; (2) has certain experience in another state that does not offer registration; or (3) is certified by the Pharmacy Technician Certification Board or the National Healthcareer Association and has certain education and experience in another state. Instead, **section 1** authorizes the issuance of registration to any applicant who is actively registered in good standing in another state. **Section 1** also removes a requirement that an applicant who attended a school outside of the United States must submit to the Board a copy of an evaluation of his or her academic transcript as to whether his or her grades are equivalent to the grades required for an applicant who attended a school or program of training in the United States. **Section 1** additionally: (1) prescribes the documentation required to prove that an applicant meets certain qualifications; and (2) revises the conditions for the issuance of registration.

Section 2 of this regulation similarly revises the conditions for the issuance of registration as a pharmaceutical technician in training. **Section 2** additionally revises the expiration date of such registration from 24 months after the date of issuance to October 31 of each even-numbered year. **Section 2** also revises certain documentation that a managing pharmacist of a pharmacy where a pharmaceutical technician in training is employed is required to submit to the Board.

Section 1. NAC 639.240 is hereby amended to read as follows:

639.240 1. No person may perform the duties of a pharmaceutical technician until the person has been issued a certificate of registration.

2. An applicant for registration as a pharmaceutical technician must:

(a) Be 18 years of age or older;

(b) Be a high school graduate or the equivalent;

(c) Have complied with the requirements of subsection 4 of NRS 639.1371, as amended by section 6 of Senate Bill No. 408, chapter 218, Statutes of Nevada 2021 at page 1018; and

(d) Have complied with one of the following requirements:

(1) The successful completion of a program of training for pharmaceutical technicians, including, but not limited to, a program of training offered by a postsecondary school, that is approved by the Board pursuant to NAC 639.256.

~~[(2) Registration]~~ ***The applicant must provide with the application a copy of a certificate evidencing successful completion of such a program.***

(2) Active registration and in good standing in another state as a pharmaceutical technician. ~~[, if the requirements for registration in that state are equivalent to the requirements of this State, and the successful completion of at least 240 hours of employment as a pharmaceutical technician in a pharmacy in that state, which must be verified by the managing pharmacist of the pharmacy.~~

~~(3) If the state in which the applicant has been employed does not offer registration, licensure or certification as a pharmaceutical technician:~~

~~(I) The successful completion of at least 1,500 hours of experience in a pharmacy in that state performing the duties set forth in paragraph (c) of subsection 3 of NRS 639.1371 during the 3 years immediately preceding the date on which his or her application was submitted;~~

~~(II) The successful completion of at least 350 hours of employment in a pharmacy in this State; and~~

~~(III) The acquisition of a written statement to the Board from the managing pharmacist of the pharmacy referred to in sub-subparagraph (II) stating that the applicant, during his or her employment, demonstrated competence to perform the tasks assigned to him or her.~~

~~→ Such an applicant must register as a pharmaceutical technician in training before he or she completes the requirements of sub-subparagraph (II).~~

~~(4)]~~ ***The applicant must provide with the application a copy of the registration issued by that state.***

(3) The successful completion of at least 1,500 hours of training and experience as a ***registered*** pharmaceutical technician in training ~~[.]~~ ***providing the services set forth in paragraph (c) of subsection 3 of NRS 639.1371 in a pharmacy in this State. The applicant must provide with the application a form prescribed by the Board and completed by the managing pharmacist of the pharmacy at which the applicant received training verifying the completion of such training and experience.*** A pharmaceutical technician in training may accumulate certified hours of training from each place of employment.

~~[(5)]~~ ***(4)*** The successful completion of a program of training for pharmaceutical technicians conducted by a branch of the Armed Forces of the United States, the Indian Health Service of the United States Department of Health and Human Services or the United States Department of Veterans Affairs.

~~[(6) Certification by the Pharmacy Technician Certification Board or the National Healthcareer Association as a pharmacy technician if:~~

~~(I) The applicant successfully completes a program of training for pharmaceutical technicians conducted by a postsecondary school in another state;~~

~~(II) The program is accredited or otherwise approved by the appropriate regulatory authority in that state; and~~

~~(III) The applicant successfully completes at least 240 hours of employment as a pharmaceutical technician in training in a pharmacy in another state, which must be verified by the managing pharmacist of the pharmacy.~~

~~3. An applicant who attended a school outside the United States must submit to an organization which evaluates educational credentials a copy of the transcript of his or her academic record from that school for a determination of whether the grades the applicant received are substantially equivalent to the grades required for an applicant who attended a school, or a program of training for pharmaceutical technicians that is accredited by the American Society of Health-System Pharmacists, in the United States. The applicant must ensure that a copy of the organization's evaluation of the transcript is submitted to the Board.~~

~~4.]~~ ***The applicant must provide with the application a copy of a certificate evidencing successful completion of such a program of training***

3. The Board may deny an application for registration as a pharmaceutical technician if the applicant has:

(a) Been convicted of any felony or a misdemeanor involving moral turpitude, dishonesty or the unlawful possession, sale or use of drugs; or

(b) A history of drug abuse.

~~[5. Upon receipt of an application and the required fee, the Executive Secretary shall, unless he or she has good cause to deny the registration, issue a certificate of registration to the pharmaceutical technician.]~~

4. If the Board does not deny the application pursuant to subsection 3 and determines that the applicant meets the requirements of this chapter and chapter 639 of NRS for registration as a pharmaceutical technician, the Board will issue a certificate of registration as a pharmaceutical technician to the applicant.

Sec. 2. NAC 639.242 is hereby amended to read as follows:

639.242 1. An applicant for registration as a pharmaceutical technician in training must:

(a) Be 18 years of age or older;

(b) Be a high school graduate or the equivalent; and

(c) Participate in training while on the job and acquire experience that is commensurate with the duties of his or her employment.

2. The Board may deny an application for registration as a pharmaceutical technician in training if the applicant has:

(a) Been convicted of any felony or a misdemeanor involving moral turpitude, dishonesty or the unlawful possession, sale or use of drugs; or

(b) A history of drug abuse.

3. A person may perform the duties of a pharmaceutical technician while the person is receiving the training and experience required by paragraph (c) of subsection 1 if he or she is registered with the Board.

4. ~~[Upon receipt of an application and the required fee, the Executive Secretary shall, unless he or she has good cause to deny the registration, issue a registration certificate for a~~

~~pharmaceutical technician in training to the managing pharmacist of the pharmacy where the trainee will be employed.]~~ ***If the Board does not deny the application pursuant to subsection 2 and determines that the applicant meets the requirements of this chapter and chapter 639 of NRS for registration as a pharmaceutical technician in training, the Board will issue a certificate of registration as a pharmaceutical technician in training to the applicant.***

5. Registration as a pharmaceutical technician in training ~~[is effective for 24 months after the date of issuance unless an extension is granted by the Board.]~~ ***expires on October 31 of each even-numbered year unless renewed before that date.***

6. ~~[The registration certificate of a pharmaceutical technician in training who is receiving the training and experience required by paragraph (c) of subsection 1 will specify the pharmacy where he or she will be employed. Termination of that employment voids the registration, and the trainee must reapply for registration before his or her services may be used by another pharmacy. This subsection does not prohibit a trainee from accumulating certified hours of training from each place of employment.~~

~~7.]~~ The managing pharmacist of the pharmacy where a pharmaceutical technician in training is employed to receive the training and experience required by paragraph (c) of subsection 1 shall file with the Board a ~~[signed affidavit]~~ ***completed form prescribed by the Board*** certifying:

(a) The number of hours of training and experience the trainee has successfully completed;

(b) The specific training and experience the trainee has completed; and

(c) That the trainee is competent to perform the duties of a pharmaceutical technician.

24C

SECOND REVISED PROPOSED REGULATION OF

THE STATE BOARD OF PHARMACY

LCB File No. R120-21

April 7, 2022

EXPLANATION – Matter in *italics* is new; matter in brackets [omitted material] is material to be omitted

AUTHORITY: §§ 1-8, NRS 639.070 and 639.2176.

A REGULATION relating to pharmacy; revising certain requirements governing continuing education for pharmacists; eliminating the Advisory Committee on Continuing Education; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing law authorizes the State Board of Pharmacy to adopt regulations relating to the practice of pharmacy in this State. (NRS 639.070) Existing law also requires the Board to adopt regulations which set forth continuing education requirements for pharmacists registered by the Board. (NRS 639.2176)

Existing regulations provide that the Board will not issue a certificate as a registered pharmacist, or renew the certificate of any registered pharmacist, until the applicant submits proof to the Board of receipt of 30 continuing education units within the biennium immediately preceding the current renewal period, which must include at least 15 continuing education units in accredited programs. (NAC 639.330) Existing regulations: (1) define "accredited material" as material for continuing education which has been endorsed by the Board after review by the Board, by its Advisory Committee on Continuing Education, by the Accreditation Council for Pharmacy Education or by a board of pharmacy of another state; (2) require any person seeking recognition from the Board as a provider of continuing education to apply to the Board for recognition; and (3) set forth requirements for a provider to seek accreditation for any material, course or program. (NAC 639.310, 639.340, 639.360) **Section 4** of this regulation eliminates the requirement that not less than 15 of the 30 continuing education units required per biennium be units in accredited programs. Instead, **section 4** requires all continuing education units to be obtained through a course or program for continuing education provided by certain schools or governmental entities or endorsed by the Accreditation Council for Pharmacy Education. **Section 8** of this regulation eliminates: (1) the requirement that a provider of continuing education obtain recognition from the Board; (2) the process for accreditation of materials by the Board; (3) certain associated definitions; and (4) the Advisory Committee on Continuing Education, which advises the Board concerning the accreditation of continuing education. **Sections 2, 3 and 7** of this regulation make conforming changes to reflect the elimination of the accreditation of continuing education. **Section 5** of this regulation exempts an applicant who is residing and practicing outside of this State, including an applicant who is on active duty in the Armed Forces

of the United States and stationed outside of this State, from certain requirements relating to continuing education units. **Section 5** exempts from all requirements to complete continuing education an applicant who is a student of a health profession and has attended at least 30 hours of instruction relating to health care during a biennial renewal period.

Existing regulations require a provider of continuing education to: (1) keep certain records and transmit to the Board certain information relating to continuing education courses or programs provided; and (2) furnish to each participant who completes a course or program a certificate of completion which contains certain information. (NAC 639.345, 639.350) **Section 6** of this regulation revises the information that a provider of continuing education is required to include on such a certificate of completion. **Section 8** eliminates requirements that providers keep certain records and transmit to the Board certain information relating to continuing education courses or programs provided. **Section 8** also eliminates certain requirements relating to the format, presentation and content of material for continuing education.

Section 1. NAC 639.300 is hereby amended to read as follows:

639.300 As used in NAC 639.300 to 639.390, inclusive, unless the context otherwise requires, the words and terms defined in NAC ~~[639.305 to]~~ ***639.315 and*** 639.320, inclusive, have the meanings ascribed to them in those sections.

Sec. 2. NAC 639.315 is hereby amended to read as follows:

639.315 "Continuing education unit" means 1 full hour devoted to ~~[approved]~~ continuing education ~~[, consisting of accredited or acceptable material.]~~ ***related to the practice of pharmacy.***

Sec. 3. NAC 639.320 is hereby amended to read as follows:

639.320 "Provider" means any person ~~[recognized by the Board as]~~ responsible and competent to provide material for continuing education **.** ~~[which is accredited or acceptable.]~~

Sec. 4. NAC 639.330 is hereby amended to read as follows:

639.330 1. Except as otherwise provided in NAC 639.335, the Board will not issue a certificate as a registered pharmacist to any person pursuant to NRS ~~[639.133,]~~ ***639.127,*** or renew the certificate of any registered pharmacist, until the applicant submits proof to the Board of receipt of 30 continuing education units within the biennium immediately preceding the current renewal period.

2. A program or course for continuing education described in this subsection shall be deemed to be accredited for the purposes of NRS 639.2171 to 639.2176, inclusive. Except as otherwise provided in subsection 3 and NAC 639.335, continuing education units must be provided through a program or course for continuing education:

(a) Provided by the University of Nevada, Reno, School of Medicine, the University of Nevada, Las Vegas, School of Medicine, Touro University Nevada, Roseman University of Health Sciences, the Department of Health and Human Services or the Board; or

(b) Endorsed by the Accreditation Council for Pharmacy Education.

3. The continuing education units must include not less than ~~[:~~

~~(a) Fifteen continuing education units in accredited programs; and~~

~~(b) One]~~ ***one*** continuing education unit earned:

~~[(1)]~~ ***(a)*** In a jurisprudence program approved or presented by the Board relating to the practice of pharmacy or the law relating to pharmacy in this State; or

~~[(2)]~~ ***(b)*** By attending an entire day of any meeting of the Board if:

~~[(I)]~~ ***(1)*** The Board meets for not less than 4 hours on that day; and

~~[(II)]~~ ***(2)*** The registered pharmacist attends the entire day of the meeting regardless of the length of time that the Board meets on that day.

~~[2.]~~ ***4.*** A registered pharmacist who attends a meeting of the Board as set forth in subsection ~~[1]~~ ***3*** is entitled to receive credit for four continuing education units.

~~[3.]~~ ***5.*** No applicant may carry over any excess continuing education units earned in a previous biennium for purposes of compliance with the requirements of this section.

~~[4.]~~ ***6.*** Work-related experience acquired in fields other than the practice of pharmacy is not acceptable as credit toward the requirements of continuing education established by NRS 639.2171 to 639.2176, inclusive, and NAC 639.300 to 639.390, inclusive.

Sec. 5. NAC 639.335 is hereby amended to read as follows:

639.335 ~~[1.]~~ Applicants within the following categories are excused from full compliance with NAC 639.330:

~~[(a)]~~ ***1.*** An applicant for certification or renewal is exempt for 2 years after receipt of a degree in pharmacy conferred by an accredited school or college of pharmacy.

~~[(b)]~~ ***2.*** An applicant who is registered pursuant to NRS 639.134 need complete only a number of continuing education units proportional to the number of months remaining until the next date for biennial renewal following his or her registration. Proration will be made at the rate of 1 1/4 units per month.

~~[(c)]~~ ***3.*** An applicant who is residing and practicing outside of this State ***, including, without limitation, an applicant who is on active duty in the Armed Forces of the United States and stationed outside of this State,*** is exempt from the requirement of one continuing education unit in a jurisprudence program.

~~[2. An applicant may earn all his or her required continuing education units in acceptable programs which are not accredited if the]~~ ***An applicant who is on active duty in the Armed Forces of the United States and is stationed outside of this State is additionally exempt from the requirements of subsection 2 of NAC 639.330.***

4. An applicant ***who*** is ~~[:~~

~~(a) A]~~ ***a*** student of a health profession and has attended at least ~~[15]~~ ***30*** hours of ~~[classroom]~~ instruction ***relating to health care*** during a ~~[calendar year;~~

~~(b) On active duty in the Armed Forces and stationed outside of this State; or~~

~~(c) Residing and practicing outside of this State.]~~ ***biennial renewal period is exempt from all requirements of NAC 639.330.***

Sec. 6. NAC 639.345 is hereby amended to read as follows:

639.345 Each provider shall:

1. Keep records sufficient to document:

(a) The participation of each pharmacist;

(b) The course or program in which the pharmacist participated;

(c) Whether the pharmacist completed the program or course; and

(d) The number of continuing education units awarded to the pharmacist.

↪ Such records must be maintained for a period of 4 years after completion of the course or program.

2. Furnish to each participant who completes a course or program a certificate of completion which contains the following information:

(a) The name of the participant.

(b) The name of the provider of the course or program.

(c) A description of the course or program.

(d) The number of continuing education units completed.

(e) The date of completion.

~~[(f) The course designation, either accredited or acceptable.]~~

Sec. 7. NAC 639.365 is hereby amended to read as follows:

639.365 1. A provider may hold himself or herself out as a provider of the material, course or program for continuing education under NRS 639.2171 to 639.2176, inclusive.

2. A provider of any accredited material, course or program ***described in subsection 2 of NAC 639.330*** may state in advertising, announcements or other promotional materials:

This course (or program) has been designated ACCREDITED by the State Board of Pharmacy for ..... continuing education units. ~~[This designation expires on ..... (date)~~

~~3. A provider of any acceptable material, course or program may state in announcements, advertising or other promotional materials:~~

~~This course (or program) has been designated as ACCEPTABLE under the guidelines for continuing education of the State Board of Pharmacy and has been assigned ..... units of credit toward continuing education.]~~

Sec. 8. NAC 639.305, 639.310, 639.340, 639.350, 639.360, 639.370, 639.380 and 639.385 are hereby repealed.

TEXT OF REPEALED SECTIONS

639.305 "Acceptable materials" defined.

"Acceptable materials" means material for continuing education which:

1. Complies with the statutory limits regarding the scope of continuing education; and

2. Is offered by a provider although the material is not endorsed by the Board, or has been submitted to and endorsed by the Board.

639.310 "Accredited material" defined.

"Accredited material" means material for continuing education which has been endorsed by the Board after review by the Board, by its advisory committee on continuing education, by the Accreditation Council for Pharmacy Education or by a board of pharmacy of another state.

639.340 Providers of continuing education: Request for recognition; grant, denial or withdrawal of recognition.

Any person seeking recognition as a provider must notify the Board of his or her intent to provide material or programs for continuing education and request recognition by the Board. The request will be granted if the Board finds that the person applying for recognition is competent to provide material or programs for continuing education, and the Board will communicate its recognition by mail. Recognition may be denied or withdrawn if the Board finds that the person has:

1. Failed to furnish material as advertised;

2. Engaged in any misleading or deceptive practice;

3. Failed to furnish material as required by law or NAC 639.300 to 639.390, inclusive;

4. Failed to comply with the laws or regulations governing continuing professional education in this State; or

5. If the material or programs are not accredited by the Accreditation Council for Pharmacy Education, failed to submit the material or programs to the Board at least 60 days before providing the material or programs.

639.350 Providers of continuing education: List of participants; reference to accreditation; information to be transmitted to Board.

1. Each provider of material:

(a) Shall maintain a list of all participants in the program for 4 years; and

(b) May use only the wording authorized in NAC 639.365 with reference to the provider's accreditation in this State.

2. In the case of any material, course or program intended to be presented at a specific time and place, the provider shall, within 60 days after completion of the course or program, transmit to the Board the following information:

(a) The names and the number of participants in the program or course.

(b) Any material changes in the program or course made since notice of accreditation was issued by the Board.

(c) The date, time and location of the presentation.

(d) The number of hours awarded for continuing education units.

(e) A brief description of the program, including the principal objective of the presentation.

639.360 Accreditation of material, course or program.

1. A provider who seeks accreditation for any material, course or program must submit it to the Board or its designee for review. The Board will notify the provider of the accreditation or denial thereof within 60 days after the submission of a completed application. In a notice of accreditation, the Board will designate the number of units of continuing education for which the course or program is accredited. Accreditation expires 2 years after issuance, unless sooner renewed.

2. In determining whether or not any submitted material, course or program should be accredited, the Board must be satisfied that:

(a) The material, course or program is presented by a provider;

(b) A certificate of completion will be issued to each participant who completes the course or program;

(c) The program includes some mechanism whereby each participant is allowed to evaluate the course with respect to the comprehensibility of the material;

(d) A complete syllabus is included;

(e) The material, course or program is accurate, applicable to pharmacy and of adequate technical quality; and

(f) If the material, course or program is not accredited by the Accreditation Council for Pharmacy Education, the material, course or program is submitted to the Board at least 60 days before the material, course or program is provided.

639.370 Materials for continuing education: Formats of programs; subject matter.

1. Approved programs for continuing education may consist of lectures, seminars, classes or correspondence courses. Presentations may be live or be given by audiotape or videotape. Material may be studied privately or in groups.

2. A provider of material for continuing education has primary responsibility for the format and presentation of the material and may designate or restrict the manner in which the material is presented.

3. Material for continuing education may cover any subject pertinent to the socioeconomic and legal aspects of health care, the properties and actions of drugs and dosage forms, and the etiology, characteristics and therapeutics of the disease state and may include:

(a) Pharmacology.

(b) Biochemistry.

(c) Physiology.

(d) Pharmaceutical chemistry.

(e) Pharmacy administration.

(f) Pharmacy jurisprudence.

(g) Public health and communicable diseases.

(h) Management of a professional practice.

(i) Anatomy.

(j) Histology.

(k) Other subject matter in the curricula of the accredited colleges and schools of pharmacy.

➥ Matter outside of these areas is subject to acceptance or rejection by the Board.

639.380 Advisory Committee on Continuing Education: Creation; number of members.

The Advisory Committee on Continuing Education is hereby created. The Committee consists of five members.

639.385 Advisory Committee on Continuing Education: Composition; powers and duties; quorum; review of materials for continuing education.

1. The composition of the Committee is as follows:

(a) A member of the Board, who is Chair of the Committee.

(b) The Executive Secretary, who is Vice Chair of the Committee.

(c) Three members appointed by the Chair of the Committee and approved by the Board.

2. The Committee:

(a) May adopt internal administrative policies and procedures.

(b) With the approval of the Board, shall establish criteria for accrediting and evaluating any material, course or program for continuing education which is not already accredited by the Accreditation Council for Pharmacy Education.

(c) May select a panel of reviewers to assist in the evaluation of various categories of materials, courses and programs for continuing education.

(d) Shall evaluate the material, course or program based on the Committee's own criteria, together with any reports from reviewers, and recommend to the Board for its final decision the accreditation of programs and the number of units of continuing education to be awarded to the programs.

(e) May adopt such rules as are necessary for its operation.

(f) Shall advise the Board on all matters relating to continuing education.

(g) May collect from each provider of continuing education a fee sufficient to allow this function of the Board to be self-supporting.

3. A quorum of the Committee is three members, at least one of whom must be the Chair or Vice Chair.

4. A provider wishing to have any material, course or program accredited must submit to the Committee:

(a) All the printed or recorded material intended to be distributed to participants;

(b) Biographical information on the persons who are responsible for the content of the course;

(c) Outlines of specifications for and the overall objectives of the presentations, if a major portion of the course or program consists of oral presentations;

(d) A copy of the provider's statement of evaluation; and

(e) An estimate of the appropriate number of units of continuing education to be awarded for completing the course or program.

5. The material so submitted may be evaluated by the Committee or, where appropriate, may be transmitted to members of a panel for its evaluation.

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